Pledge of Allegiance

The Speaker pro tempore will lead the Pledge of Allegiance.

Funding for Public Transportation

Mr. Sires asked and was given permission to address the House for 1 minute and to revise his remarks. Mr. Sires, Madam Speaker, I rise today in support of allowing public transit agencies to flex their Federal transit funding for operating expenses. Current law forbids transit systems in areas with a population of over 200,000 to use funds for operating. This has forced transit agencies across the country to cut services at a time when people are using transit more than ever. In 2008, transit use reached its highest level in five decades. In my home state of New Jersey, you can take a bus to nearly 1,000 miles of rail line. Building this dynamic transportation system took years to develop, yet routes are being slashed because of the high cost of operating expenses. All across our Nation, public transportation routes are being closed, and it is critical that we find a solution for our constituents. Congressman Cahn has introduced a bill, H.R. 2746, that would allow public transit agencies to use some of their Federal funding for operating expenses. I am proud to cosponsor this bill, and I urge my colleagues to support this legislation that gives transit agencies the flexibility necessary to continue their great service.

Job Creation

Mr. Wilson, Madam Speaker, 219 liberals on the other side of the aisle may have passed a government health care takeover, but the American people still have a voice to tell their lawmakers to repeal these job-killing mandates and finally focus on job creation proposals. Congress spent the better part of an entire year obsessed with cutting deals for a health care takeover full of tax increases and mandates while unemployment increased by over 3 million people. Let me repeat. For months, 219 lawmakers ignored the clear message that the American people sent about this job-killing takeover—that they didn’t want it—and after arm twisting, proceeded to ram it through anyway. When is Congress going to get it right? The American people want us to be debating job creation policies. They want to know when private sector jobs will be created, instead of 16,500 more IRS government jobs that this health care takeover will create. It’s high time we give the people some answers for jobs.

In conclusion, God bless our troops, and we will never forget September 11th in the Global War on Terrorism.

Seniors Benefit from Health Care Reform

Mrs. Dahlgren, Madam Speaker, I rise in support of allowing public transit agencies to flex their Federal transit funding for operating expenses. Current law forbids transit systems in areas with a population of over 200,000 to use funds for operating. This has forced transit agencies across the country to cut services at a time when people are using transit more than ever. In 2008, transit use reached its highest level in five decades. In my home state of New Jersey, you can take a bus to nearly 1,000 miles of rail line. Building this dynamic transportation system took years to develop, yet routes are being slashed because of the high cost of operating expenses. All across our Nation, public transportation routes are being closed, and it is critical that we find a solution for our constituents. Congressman Cahn has introduced a bill, H.R. 2746, that would allow public transit agencies to use some of their Federal funding for operating expenses. I am proud to cosponsor this bill, and I urge my colleagues to support this legislation that gives transit agencies the flexibility necessary to continue their great service.

Job Creation

Mr. Wilson of South Carolina asked and was given permission to address the House for 1 minute and to revise his remarks. Mr. Wilson of South Carolina, Madam Speaker, 219 liberals on the other side of the aisle may have passed a government health care takeover, but the American people still have a voice to tell their lawmakers to repeal these job-killing mandates and finally focus on job creation proposals. Congress spent the better part of an entire year obsessed with cutting deals for a health care takeover full of tax increases and mandates while unemployment increased by over 3 million people. Let me repeat. For months, 219 lawmakers ignored the clear message that the American people sent about this job-killing takeover—that they didn’t want it—and after arm twisting, proceeded to ram it through anyway. When is Congress going to get it right? The American people want us to be debating job creation policies. They want to know when private sector jobs will be created, instead of 16,500 more IRS government jobs that this health care takeover will create. It’s high time we give the people some answers for jobs.

In conclusion, God bless our troops, and we will never forget September 11th in the Global War on Terrorism.
for 1 minute and to revise and extend her remarks.)

Mrs. DAHLKEMPER. Madam Speaker, the new health care reform legislation will strengthen Medicare for the 118,000 beneficiaries in my district and for 45 million individuals across this country. Seniors in Medicare will receive free preventative care under this new reform and no copays for preventative services.

Every year, almost 13,000 seniors in my district are forced to pay the full cost of their prescription drugs because of the Medicare part D doughnut hole. Under the new reform, they will receive a $250 rebate to pay for these prescriptions this year, and the doughnut hole will completely close by 2020. The new health care reform strengthens Medicare and ensures that our seniors get the quality, affordable care they deserve.

THE REALITY OF HEALTH CARE REFORM

(Mr. FLAKE asked and was given permission to address the House for 1 minute.)

Mr. FLAKE. Madam Speaker, when the President signed the health care reform bill into law, he noted, "The overheated rhetoric of reform will finally confront the reality of reform." He's right.

Here is the reality: Insurance companies will now be required to accept children with preexisting conditions and carry adults up to the age of 26 on their parents' policies. New policies will have to cover preventative care without copays. Such requirements may or may not be in the public interest, but health insurance that is no longer a hedge against risk cannot accurately be called health insurance. Health insurance companies are now more like public utilities.

Keep in mind that individual mandates requiring the purchase of insurance to broaden the pool will not kick in for 4 years. New competition is not required, nor is there any serious effort to deal with legal liability. In other words, there is no downward pressure on cost, only upward pressure.

Madam Speaker, in this body we can pass all the laws that we want, but we cannot suspend the laws of economics, nor can we phase them in. Americans cannot suspend the laws of economics, pass all the laws that we want, but we must benefit the American people, not some special interest. Our work today will help us build a safer and stronger community tomorrow. Now is the time to answer the President's call.

HEALTH CARE, JOBS AND THE ECONOMY

(Mr. ROGERS of Alabama asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROGERS of Alabama. Today I rise to express how disappointed I am in this institution and the Presidency with what happened this last weekend. When we are in a Nation that is suffering from terrible unemployment and a dramatically poor economic position, to have this House and the President sign into law a job-killing piece of legislation that would put this Nation on the path to socialized medicine is unconscionable. Unfortunately, the country is going to suffer from now until the November elections when the Democratic majority will meet the consequences of their vote on Sunday.

However, in the meantime, I urge the President and Speaker PELosi to start working on the economy and jobs and trying to get people back to work. I don't know how they can sleep at night knowing that they haven't addressed this up till now, but we've got to start working on the economy, get cash back into the markets for small businesses and put people back to work.

REBOUNDING

(Mrs. MALONEY asked and was given permission to address the House for 1 minute.)

Mrs. MALONEY. Madam Speaker, this chart was produced by the Joint Economic Committee, and it shows the constant process of the creation and loss of jobs that occurs in our economy. The solid black line shows the number of private sector jobs created. The dotted line shows the number of private sector jobs lost. When the economy is expanding, as it did under Clinton, the job creation line just kept going up.

At point A, the beginning of the Bush administration, you can see that the number of jobs created is much lower than during the Clinton administration; and in 2008, you can see that it literally fell off the cliff.

Mr. POE. Madam Speaker, the American people want something smarter and rebuild the public's trust. We simply cannot afford to wait any longer for real reform.

Last year, I introduced House Resolution 614 which prohibits earmarks for for-profit entities. Last week, the Appropriations Committee took up the premise of this resolution by establishing a 1-year moratorium on earmarks for for-profits. We must make this ban permanent and act in an open and responsible manner, allowing for public scrutiny of all requests.

Moving forward, each dollar spent must benefit the American people, not some special interest. Our work today will help us build a safer and stronger community tomorrow. Now is the time to answer the President's call.

EARMARK REFORM

(Mr. QUIGLEY asked and was given permission to address the House for 1 minute.)

Mr. QUIGLEY. Madam Speaker, in January, President Obama stood in this Chamber and made an important request. He called on Congress to "continue down the path of earmark reform" as an important way to spend smarter and rebuild the public's trust. We simply cannot afford to wait any longer for real earmark reform.

And that's just the way it is.

REMEMBERING BOB ROHDENBURG

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Madam Speaker, I rise today to commemorate the life of Bob Rohdenburg who passed away on Saturday, March 6 of this year. Bob had been a dedicated pastor at the Garden Grove United Methodist Church and an Orange County Congregation Community Organization, or OCCCO, as we know it, board member for many years. He remained passionate about justice and the role of the church in public life until the day he passed. Bob particularly passionate about the accessibility of health care for everyone, having witnessed the dysfunction of the health care system through his son's experience as a doctor and, of course, his own experience as a patient.

He traveled to Washington, D.C., on more than one occasion to share his faith and his vision with our elected officials. Bob challenged OCCCO both with his vision and with the depth of his faith reflections.

He had a profound role in shaping OCCCO, and he was a positive influence on the members of his church and beyond. He will be deeply missed. I send my deepest condolences to his wife Cynthia, his daughter Denise, his son Paul and his granddaughter...
buckle and the false wealth that it created. As a result, we faced a rapid decline in job creation when the housing bubble burst.

Point B represents the beginning of a new administration with new policies and different results. The lines change direction rather sharply.

Madam Speaker, this is the picture of progress.

PATIENT-CENTERED HEALTH REFORM

(Mrs. BLACKBURN asked and was given permission to address the House for 1 minute.)

Mrs. BLACKBURN. Madam Speaker, it is so interesting to be a Member of the U.S. House of Representatives at this time. One of the things that makes it most interesting is the issues that we have to deal with, and it boils down to making choices: what are you going to support and what are you going to oppose.

The Republicans have supported health reform for the past 2 decades, and they have it centered. What we saw transpire in this House last weekend was a bill that is government centered and government first. There was a choice of how to move forward with health care, and decisions were made. The Democrat majority chose to put government at the top of health care decisions, government in charge of deciding what kind of health care you can access, what kind of insurance product you can buy, what will be available to buy by the time we get to the year 2013.

Those are not decisions that government should make. Those are decisions that should be made by individuals, by small businesses, by employers. And as our phones continue to ring as people find out more and more about the reconciliation bill, they say reconsider, pull the bill back and focus on the economy, focus on jobs and get this Nation on the right track.

HEALTH CARE REFORM

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Madam Speaker, in the wake of the phenomenal accomplishments we have this weekend, my constituent and Senator, M I T C H M C C O N N E L L, said, We have a new slogan for the fall, Repeal and Replace. Well, that really doesn’t surprise because while we have been legislating for the American people, our opponents on the Republican side have been doing little more than sloganeering.

I hope MITCH MCCONNELL does come home to Kentucky this year and tells parents like my niece, whose 1 year-old had an ear infection, that we are going to repeal that provision that guarantees kids be protected against being disqualified for preexisting conditions. I hope he says we are going to repeal the provision that says that 15,000 small businesses in my district alone, and in his district, his hometown, will be denied that tax credit providing insurance for their employees. I hope he says that we are going to repeal the provision that draws the doughnut hole for about 100,000 Medicare beneficiaries.

I say I have a slogan to combat Repeal and Replace, Just Wait and See.

HEALTH CARE REFORM

(Mr. HALL of New York asked and was given permission to address the House for 1 minute.)

Mr. HALL of New York. Madam Speaker, I am so proud to have been here this week when we finally answered the call of the American people to reform the health care system. This is not a government takeover. People woke up and said they still have their doctors, if they have one; and they still have an insurance policy, if they have one. And, in fact, medical stocks went up on the stock market.

Because of our actions here, people with preexisting conditions will be protected from their insurance companies. Seniors will see the cost of their prescription drugs drop. All plans for all Americans will offer free, preventative care. Small businesses will now get tax credits to provide health care to their employees, and 32 million Americans currently uninsured will have access to high-quality affordable health care.

I have heard the horror stories from my constituents. Many of them have told me that their insurance company refused to pay for treatment that their doctor ordered, or dropped them once they got sick and needed that coverage the most. Their stories inspired me to keep fighting for health reform, and I am proud to say that this body delivered.

HAPPY BIRTHDAY, JUSTICE O’CONNOR

(Ms. GIFFORDS asked and was given permission to address the House for 1 minute.)

Ms. GIFFORDS. Madam Speaker, today I rise to recognize the accomplishments of Justice Sandra Day O’Connor. She truly embodies the Arizona spirit of hard work and rugged individualism.

After growing up on her family’s ranch, the Lazy B located in the high deserts of Arizona, she quickly achieved success. Justice O’Connor graduated cum laude from Stanford University in 1950 and in the top three of her class at Stanford University Law School. Justice O’Connor began her career in public service as the Arizona Assistant Attorney General in 1965 and went on to the State legislature. She became the first woman in the country to serve as a Senate Majority Leader. Justice O’Connor was catapulted into the Nation’s limelight when President Ronald Reagan nominated her to the United States Supreme Court in 1981. She served 24 terms on the Supreme Court in a centrist role with her commitment to uphold law and our Constitution. Just last year she was awarded the Presidential Medal of Freedom by President Barack Obama, the highest recognition for any civilian.

Today we honor Justice Sandra Day O’Connor because this Friday we celebrate her 80th birthday. This resolution is a small birthday gift to a daughter of Arizona from a grateful Nation that she so proudly served.

UNDO FLAWED HEALTH BILL

(Mr. BOOZMAN asked and was given permission to address the House for 1 minute.)

Mr. BOOZMAN. Madam Speaker, America is a democracy, not a monarchy; but you wouldn’t know it by the way the American people’s voices have been ignored by President Obama, Speaker PELOSI, and Senator R A I D. The American people are angry. They are not adequately represented in Washington. As representatives of the people, it is necessary that we fix this bill and give Americans what they want: quality and affordable health care reform, not increased taxes and sweetheart deals.

We must fight to repeal and replace this bill. We must fight to uphold the Constitution of the United States. I am here today to speak for the people of Arkansas and the people of America who are overwhelmingly in opposition to the flawed health care bill. We see how the government is infringing on our rights. The American people have had enough and want to see legal action. I am convinced this bill is unconstitutional, and I am supportive of States challenging this flawed health care bill. We must abide by States’ rights. This bill is just another violation of those rights and it is something we must undo.

HEALTH CARE REFORM

(Mr. POLIS asked and was given permission to address the House for 1 minute.)

Mr. POLIS. Madam Speaker, I rise today in celebration of the historic passage of health care reform for our country. I am going to quote from our Declaration of Independence: All men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness. That to secure these rights, governments are instituted among men. Yes, it is the purpose of our government that we the people have set up to...
secure the rights to life, liberty and the pursuit of happiness. The pursuit of life, the right of living, to be able to live and get the right medical care you need shouldn’t depend on whether you had cancer as a 25-year-old, shouldn’t depend on whether you had a stroke when you were a kid. This is somebody’s fault; it can happen to anybody. And just because of a preexisting condition, you should not be denied coverage.

That is what this bill means for America. Our Founding Fathers would be proud today that we stood up for the principle to protect the lives of all Americans by ensuring that all Americans can access affordable, quality health care.

HEALTH CARE REFORM
(Mr. OWENS asked and was given permission to address the House for 1 minute.)

Mr. OWENS. Madam Speaker, our middle class families and small business owners need fast action if they are to pull themselves out of the recession. The health care legislation that passed the House floor Sunday evening does just that. Beginning this week, health care reform will begin to impact my district in upstate New York. My constituents’ number one concern is to create jobs. For our small business owners, tax credits of up to 35 percent of insurance costs are now available, allowing them to free up funds to hire new employees and expand.

The bill will help our seniors pay for their medication, closing the Medicare part D doughnut hole within a decade, and improve the system for over 100,000 Medicare beneficiaries in our communities. No longer will our neighbors have to worry about losing or being denied quality insurance because they get sick. The bill will end rescissions and claims based on preexisting conditions. The bill will make our health care more efficient, providing new investment in training programs for primary care professionals and fund 12 new health care facilities in upstate New York. Health care reform will set our college graduates off on the right foot, allowing 65,000 young adults in my district to obtain coverage through their parents’ plan until they are 26.

HEALTH CARE REFORM
(Ms. TITUS asked and was given permission to address the House for 1 minute.)

Ms. TITUS. Madam Speaker, yesterday marked a historic day as President Obama signed the reform legislation that will give families more control over their health care and the same kind of choices that Members of Congress have.

Yet here the ink was even dry on the President’s signature, Republicans pledged they would repeal health care reform if given the opportunity. Reform that will end discrimination from preexisting conditions, Republicans would repeal it. Reform that will close the prescription drug doughnut hole that so many seniors fall into, Republicans would repeal it. Reform that will give the largest health care tax cut in history to families and small businesses to provide insurance, Republicans would repeal it.

Yesterday we took an important step forward with commonsense reform that will improve coverage for over 11 million people in southern Nevada. Nevada’s families cannot afford a return to the status quo of skyrocketing costs, of living every day with the fear that they are just one illness or one injury away from losing it all. We cannot repeal that.

HEALTH CARE REFORM
(Mr. COHEN asked and was given permission to address the House for 1 minute.)

Mr. COHEN. Madam Speaker, it has been interesting listening to the other side of the aisle talk today. One gentleman got up and talked about the health care bill in a cold and calculating fashion that made me think that he wanted the trains to run on time. Never did he consider the fact that the Congressional Budget Office said that this is the largest deficit-reducing bill in the history of the United States, over a trillion dollars in the second 10 years, and $123 billion in the first 10 years.

Another said it is patient centered, patient centered. It sounds nice, Madam Speaker. What that means is that if the patient has money now, they can get health care; and if the patient doesn’t, they don’t get health care. And if you don’t get health care and you don’t get wellness programs and you don’t get prevention programs, you die. You don’t get mammograms and you don’t get colonoscopies. You don’t find out if you have cancer, and you die. Patient centered, very cold and calculating.

They say we need to fix this bill. They never explained what part of the bill they liked. They were against it all. Daniel Webster said to do something worthy to be remembered. What the other side did was say you lie, baby killer, and encourage outsiders that almost brought about civil unrest.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind Members not to traffic the well when other Members are speaking.

HEALTH REFORM HELPS SMALL BUSINESSES
(Mr. MURPHY of New York asked and was given permission to address the House for 1 minute.)

Mr. MURPHY. Madam Speaker, I rise today as someone who has been building and starting small businesses for my entire adult life. The small businesses in my district have been asking me for a long time what will this health insurance reform do for them. I think it is very important that we make it clear to them, for our small businesses that number more than 50 people, it will not require that they provide insurance but rather it will help if they are trying to provide insurance.

For our small businesses, they will be able to get tax incentives to help them purchase health insurance for their employees. It will allow them to band together and purchase as a group in a block on an exchange, much like they do with their local chambers of commerce today, to try to get purchasing power against those big insurance companies so they can hold their costs down.

It will also help solve one of the biggest costs they face. Today my small business owners know that they pay the cost of all of the people who use the emergency room for care and can’t pay the bills. That is all shifted to our small businesses. With this legislation, that will go away, providing a big help in terms of keeping their costs down and helping our small businesses provide insurance to their employees.

This bill is going to help our small businesses and help all Americans.

HEALTH BILL IS BAD MEDICINE
(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Madam Speaker, our colleagues on the other side of the aisle have voted for a bill that is a government takeover of the health care system of this country. They talk about all of the good things that they see in the bill that Republicans want to repeal. Republicans want to replace the bad parts of this bill with good things.

The main message of this bill is that it is going to tax us for 10 years for benefits for 6 years. The tax increases begin immediately, the benefits in most cases don’t begin for 4 more years, and that is not good news for the American people. We need to put the people in charge of their own health care. We do not need government bureaucrats making decisions for us. This is a bad bill. It is bad medicine for the United States. It is bad medicine for our people, and we are going to do everything we can to replace the bad aspects of the bill with good things.

MAKE MY DAY
(Mr. FILNER asked and was given permission to address the House for 1 minute.)

Mr. FILNER. My Republican friends need to chill out. The previous speaker said this is a government takeover of a health care system. Come on. Let it go. We’ve got a private system here. We’ve
got a private system of insurance. We’ve got private hospitals, we’ve got private doctors. This system is a private system. What government take-over is there?

She keeps talking about a government by getting between you and your doctor: What have we now is an insurance bureaucrat between us and our health providers. What we do is remove that. And if you want to repeal this bill, make my day. Try to repeal it.

Repeal the fact that small businesses are going to get tax credits right away. Repeal the fact that our children, who have preexisting conditions, will be able to be insured right away. Repeal the fact that we won’t have any more preexisting conditions to prevent health insurance.

Make my day.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

MAJOR CHARLES R. SOLTES, JR., D.D.S., O.D., DEPARTMENT OF VETERANS AFFAIRS BLIND REHABILITATION CENTER

Mr. FILNER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 4360.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. FILNER. I yield myself such time as I may consume.

I rise today to offer my support for H.R. 4360, a bill to name the VA Blind Rehabilitation Center in Long Beach, California, after the distinguished Iraq veteran Charles R. Soltes.

Mr. Soltes valiantly served his country in the United States Army as a major in the 426th Civil Affairs Battalion in Mosul, Iraq. He died on October 13, 2004, from wounds sustained in a blast conducting a combat patrol in Mosul. He was only 36 years old.

Major Soltes was a graduate of the New England College of Optometry and later completed his residency at Brooke Army Medical Center that focused on ocular trauma, acute eye conditions, medical contact lens applications, and glaucoma care. At West Point, Major Soltes served as the agent of the optometry residency program. In 1998, Major Soltes became clinical director of the Irvin Vision Institute, a refractive surgery specialty center where he served until his voluntary deployment in Iraq. While in Iraq, he was the first military optometrist to be killed in action while serving as a public health officer in Iraq.

He leaves behind a wife and three young children. Also an optometrist, Major Soltes’ wife, Dr. Sally Hong Dang, currently treats blinded veterans as a way to honor her husband.

Naming a VA facility after this hero and a strong veterans advocate is a proper honor for an honorable soldier who made the ultimate sacrifice for his Nation.

I reserve the balance of my time.

Mr. BOOZMAN. Madam Speaker, I rise in support of H.R. 4360, a bill to designate the Department of Veterans Affairs Blind Rehabilitation Center in Long Beach, California, as the Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4360

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

SECTION 1. NAME OF DEPARTMENT OF VETERANS AFFAIRS BLIND REHABILITATION CENTER, LONG BEACH, CALIFORNIA.

The Department of Veterans Affairs blind rehabilitation center in Long Beach, California, shall be known and designated as the “Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 4360.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. FILNER. I yield myself such time as I may consume.

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Major Soltes was a graduate of the New England College of Optometry and later completed his residency at Brooke Army Medical Center that focused on ocular trauma, acute eye conditions, medical contact lens applications, and glaucoma care. At West Point, Major Soltes served as the agent of the optometry residency program. In 1998, Major Soltes became clinical director of the Irvin Vision Institute, a refractive surgery specialty center where he served until his voluntary deployment in Iraq. While in Iraq, he was the first military optometrist to be killed in action while serving as a public health officer in Iraq.

He leaves behind a wife and three young children. Also an optometrist, Major Soltes’ wife, Dr. Sally Hong Dang, currently treats blinded veterans as a way to honor her husband.

Naming a VA facility after this hero and a strong veterans advocate is a proper honor for an honorable soldier who made the ultimate sacrifice for his Nation.

I reserve the balance of my time.

Mr. ROHRABACHER. Madam Speaker, today I rise in honor of an American patriot for his service and his sacrifice to our country, Major Charles R. Soltes of the United States Army.

The son of Colonel Soltes, who is now retired, Major Soltes had a distinguished career in the United States Army as well as in the city of Irvine, I might add, where he practiced medicine. It was in Irvine where he founded and set down his roots to raise a family.

Dr. Soltes subsequently joined the Army Reserve and was deployed to Iraq in 2004. He worked tirelessly as a public health officer in the 426th Civil Affairs Battalion building and upgrading hospitals for the Iraqi people.

On his way back from a hospital visit, his convoy was attacked by an improvised explosive device, and Major Soltes was killed October 13, 2004.

He was the first Army optometrist to be killed in action while on Active Duty. As such, it seems fitting that we honor him and his family by naming a soon-to-be-completed Veterans Affairs blind rehabilitation center in Long Beach, California, at the veterans hospital there, which is in my congressional district.

Once this facility is completed, the blind rehabilitation center, it will deliver the same compassion and care that Dr. Soltes dedicated his entire career and gave his life for. This new 24-bed inpatient-outpatient facility, which is expected to be completed this year, will be the first purpose-built blind rehabilitation center in the national Veterans Administration, and as I say, it’s located in my district, for which I have great pride.

Dr. Soltes was a graduate of New England College of Optometry. He entered the U.S. Army Medical Service Corps in 1984 and treated members of the military here in the United States as well as abroad. He was well liked and respected by his colleagues. One of
Madam Speaker, I urge my colleagues to support H.R. 4360. Mr. CAMPBELL. Madam Speaker, I rise today in support of H.R. 4360, to designate the Department of Veterans Affairs Blind Rehabilitation Center in Long Beach, California, as the "Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center." I was honored to introduce this legislation to recognize a true American hero who was a constituent of mine from Irvine, CA.

Major Soltes, 36, was the first military optometrist to be killed in action while on active duty. He was serving as a Public Health Officer with the 426th Civil Affairs Battalion, U.S. Army Reserve in Mosul, Iraq, assisting in the restoration of the medical infrastructure. On October 13, 2004, he was killed while returning from a hospital visit when his convoy was attacked with an improvised explosive device.

The son of an Army officer and Vietnam veteran, Major Soltes was a graduate of Norwich University, a military school in Vermont, and the American Academy of Optometry. After completing his military duties in 1999, he went on to attend optometry school in Boston, Massachusetts. He moved to Irvine, CA, where he started a private practice.

Major Soltes took his passion for medicine to the military when he joined the Army Reserve in 1990. He served on active duty as an optometrist from 1994—1999. In 2004, he was called to duty in Iraq, where he was a member of the 7214th Medical Support Unit, which was charged with helping to rebuild the public health infrastructure. On October 13, 2004, Major Soltes was tragically killed when an explosive device hit his convoy as it traveled back from a local Army hospital.

It is entirely fitting that we take this opportunity to honor this fallen soldier who led us to lessons we would all hope that Americans can ask for in heroes—courage, love of country, selflessness. Major Soltes touched many lives, but he will be missed most by his family. He was a devoted father and a loving husband. No matter how much time his military service and professional obligations demanded, he always put family first. They will miss him, as we all do. However, by-passing this bill today, we can ensure that he will not be forgotten.

Madam Speaker, I urge my colleagues to join me in support of H.R. 4360.

Mr. FILNER. Madam Speaker, I rise today in support of H.R. 4360, to designate the Department of Veterans Affairs Blind Rehabilitation Center in Long Beach, California, as the "Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center." I was honored to introduce this legislation to recognize a true American hero who was a constituent of mine from Irvine, CA.

Major Soltes, 36, was the first military optometrist to be killed in action while on active duty. He was serving as a Public Health Officer with the 426th Civil Affairs Battalion, U.S. Army Reserve in Mosul, Iraq, assisting in the restoration of the medical infrastructure. On October 13, 2004, he was killed while returning from a hospital visit when his convoy was attacked with an improvised explosive device.

The son of an Army officer and Vietnam veteran, Major Soltes was a graduate of Norwich University, a military school in Vermont, and the New England College of Optometry. He volunteered for active service in 1990. He served on active duty as an Army optometrist and provided eye care services to service men and women at home and abroad. Major Soltes served in Texas, the Republic of Korea, and at the United States Military Academy at West Point. During his military service, Major Soltes completed a residency at the prestigious Brooke Army Medical Center. He earned an adjunct faculty appointment at the University of Houston College of Optometry, the State University of New York College of Optometry, and the Northeastern State University College of Optometry. At the United States Military Academy at West Point, Major Soltes served as director of the Optometry Residency Program. In 1998, he earned his fellowship in the American Academy of Optometry. After completing his military duties in 1999, he moved to Irvine, CA, where he started a private practice, joined the Army Reserve and became the clinical director at Irvine Vision Institute, a refractive surgery specialty center in Irvine, CA.

Major Soltes leaves behind his wife, Sally Huang Dang, O.D., and three sons, Ryan, Brandon, and Robert Harrison. Major Soltes is also survived by his father, COL (retired) Charles R. Soltes, Sr., his mother, Nancy Soltes, and two siblings, Carolyn Soltes Matthies, and Jeffrey Soltes.

Madam Speaker, I am pleased this legislation has received wide bipartisan support with 73 cosponsors including Speaker NANCY PELOSI and Chairman of the House Committee on Veterans' Affairs BOOZMAN. It also has broad support outside of Congress from groups such as the American Optometric Association to the following Veteran Service Organizations: Blind Veterans Association, Vietnam Veterans of America, American Legion, Veterans of Foreign Wars, AMVETS, POW/MIA, Military Order of the Purple Heart, Disabled American Veterans, and Jewish War Veterans.

I have had the opportunity to meet with Major Soltes' widow, Dr. Sally Dang and their three outstanding sons. This is a family of such immense strength, but also of pride for their husband and father, his life, his accomplishments, his service and his sacrifice. Dr. Dang recounted that if her husband had the opportunity to come back and serve again, he would have, without hesitation.

May this honor today help us all to see—to see better with our eyes, of course, and to help those veterans suffering with blindness. But also, to see the selfless and wonderful people upon whom our freedoms as a people are built. Major Soltes lies amongst them. May God bless his family and his memory.

Mr. FILNER. I yield back the balance of my time.

Mr. COSTELLO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4915) to amend the Internal Revenue Code of 1986 to extend the Federal Aviation Administration Extension Act of 2010.

Mr. COSTELLO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4915) to amend the Internal Revenue Code of 1986 to extend the Federal Aviation Administration Extension Act of 2010.
SEC. 2. EXTENSION OF TAXES FUNDING AIRPORT AND AIRWAY TRUST FUND.

(a) FUEL TAXES.—Subparagraph (B) of section 4081(d)(2) of the Internal Revenue Code of 1986 is amended by striking ‘‘March 31, 2010’’ and inserting ‘‘July 3, 2010’’.

(b) TICKET TAXES.—
(1) IN GENERAL.—Clause (ii) of section 4201(b)(1)(A) of the Internal Revenue Code of 1986 is amended by striking ‘‘March 31, 2010’’ and inserting ‘‘July 3, 2010’’.

(2) EFFECTIVE DATE.—The amendments made by this section shall take effect on April 1, 2010.

SEC. 3. EXTENSION OF AIRPORT AND AIRWAY TRUST FUND EXPENDITURE AUTHORITY.

(a) IN GENERAL.—Paragraph (1) of section 9522(d) of the Internal Revenue Code of 1986 is amended—

(1) by striking ‘‘April 1, 2010’’ and inserting ‘‘July 4, 2010’’; and

(2) by inserting ‘‘the Federal Aviation Administration Extension Act of 2010’’ before the semicolon at the end of subparagraph (A).

(b) CONFORMING AMENDMENT.—Paragraph (2) of section 9522(e) of such Code is amended by striking ‘‘April 1, 2010’’ and inserting ‘‘July 4, 2010’’.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on April 1, 2010.

SEC. 4. EXTENSION OF AIRPORT IMPROVEMENT PROGRAM.

(a) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—Section 44303(b)(1) of title 49, United States Code, is amended—

(i) in the matter preceding subparagraph (A) by inserting ‘‘July 4, 2010’’;

(ii) by striking ‘‘April 1, 2010’’; and

(iii) by inserting ‘‘July 4, 2010’’; and

(2) EFFECTIVE DATE.—The amendments made by this section shall take effect on April 1, 2010.

(b) APPORTIONMENT AND FUNDING.

(A) E FFECTIVE DATE.—The amendments made by this section shall take effect on April 1, 2010.

(B) REDISTRIBUTION AMONG STATES.—Notwithstanding sections 1301(m) and 1302(e) of title 23, United States Code, the Secretary shall—

(i) make available to the State for the program previously specified in section 105(a)(2) of title 23, United States Code (except the high priority projects program), and in the same proportion for each such program that—

(II) the amount apportioned to the State for that program for fiscal year 2009 bears to the amount apportioned to the State for fiscal year 2010; and

(II) the amount apportioned to the State for fiscal year 2009 for all such programs; and

(3) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of the enactment of the Surface Transportation Extension Act of 2010 and shall be treated as being included in that Act at the time of the enactment of that Act.

The SPEAKER pro tempore. Is there any objection to the request of the gentleman from Illinois (Mr. PETRI) and extend their remarks and to include extraneous material on H.R. 4915.

The Speaker. There was no objection.

Mr. COSTELLO. I ask unanimous consent that all Members may have 5 legislative days within which to review and extend their remarks and to include extraneous material on H.R. 4915.

The Speaker. Without objection, the unanimous consent is in order.

Mr. COSTELLO. I yield myself as much time as I may consume.

Madam Speaker, I rise in support of H.R. 4915, the Federal Aviation Administration Extension Act of 2010. Last week, the House passed H.R. 4853, also entitled the Federal Aviation Administration Extension Act of 2010, to extend aviation program taxes and the Airport and Airways Trust Fund expenditure authority through July 3rd, 2010, to modify the formula by which high priority funds would otherwise be distributed under the HIRE Act.

Earlier this week, the Federal Aviation Administration requested a technical correction to H.R. 4853 as passed by the House. The FAA needs this technical correction to ensure sufficient airport improvement program funds are allocated to AIP formula grants rather than AIP discretionary grants.
Madam Speaker, the House has previously passed two FAA reauthorization bills in 2007 and again in 2009. We have been waiting on the other body to act. Finally on Monday, the Senate passed its FAA bill, H.R. 1586, using an unrelated House-passed tax bill.

Mr. CAPUANO. I thank the gentleman for calling me valued. It's nice to have the subcommittee, Congressman COSTELLO. Madam Speaker, I reserve the balance of my time.

Mr. COSTELLO. Madam Speaker, I yield 2 minutes to a valued member of the subcommittee, Congressman CAPUANO.

Mr. CAPUANO. I thank the gentleman for calling me valued. It's nice to have the subcommittee, Congressman CAPUANO.

Mr. COSTELLO. Madam Speaker, I yield 2 minutes to a valued member of the subcommittee, Congressman CAPUANO.
and look forward to it. This legislation is long overdue. It’s something that we have been working on now for, well, as long as I can recall. It has lots of important issues in there in the FAA and it also has an additional fix. As I see it, it’s about making sure that we have equitable provisions in it, but we did it because this economy needs a boost. And like every bill we ever vote on anything, there is some good and some bad. So that particular bill, in my opinion, had some bad things in it.

This bill has good things for the FAA, has good things for the country, has good things for all of us who fly, but it also had some provisions in there that will level the playing field for the people of this country, and that’s why I wanted to come over and ask it too often, but I do enjoy it on occasion, there is no fight here. I am not sure exactly who the fight is with, and in this particular instance, there is no fight. In this particular instance, it will be a miracle, but let me explain, in the formula for AIP fund distribution of those highway funds. So that’s why we support it on the Republican side.

Mr. OBERSTAR’s been working to get this done. We don’t want four States to benefit. We don’t want all the money going to just one or two States. We want to be able to fund and then distributed at the will of a few bureaucrats. We want everyone to be treated equitably.

So there’s at stake both the extension of the FAA authorization until July 3. There is the reformulation of the highway money that goes through December 31 in this measure. So that’s why we must pass this.

But this is not, I repeat, this is not the FAA bill that we do need to pass that Mr. COSTELLO, Mr. PETRI spoke about.

Now, Madam Speaker, if that hasn’t confused everyone, every single Member outside the committee and members of the public and everyone else who may be interested in this, I don’t know what will confuse them, that, folks, is basically where we are, and that’s why we need to pass this extension. Hopefully, we won’t see this for the 14th time, hoping and praying; but it may be possible because they like the way they play games as this process moves forward to the benefit of some, not everyone. We don’t want that to happen.

So I urge your passage of this extension. Don’t confuse it with the FAA extension that will still be around the corner.

And I thank our ranking member, I thank Mr. COSTELLO for their continued work, and my counterpart, the chairman, Mr. OBERSTAR, for their work in bringing this forward.

Mr. COSTELLO. Madam Speaker, at this time I would yield to my friend from Maryland (Mr. CUMMINGS) 3 minutes.

Mr. CUMMINGS. Madam Speaker, I rise today in strong support of the FAA Extension Act 2010, H.R. 4915, which would provide a short-term extension of existing FAA authorization legislation.

I want to thank the subcommittee chairman, Mr. COSTELLO, for his outstanding leadership constantly and on this legislation.

This legislation, and just picking up where Mr. MICA left off, also includes provisions that would ensure that an equitable distribution is made during the extension of the SAFETEA–LU surface transportation authorization of money designated for the Projects of National and Regional Significance and the National Corridor Infrastructure Improvement programs.

These programs established in the 2005 SAFETEA–LU legislation were intended to provide discretionary funds to major projects. However, the SAFETEA–LU conference committee designated the projects to receive funding under the programs.

As we have worked to develop a longer-term extension for SAFETEA–LU, the issue of how to apportion the...
approximately $302 million provided for these programs during the extension period has been of critical concern to our committee.

Under provisions developed by the Senate and included in the HIRE Act, this would continue to be distributed to those few States in which projects were designated by SAFETEA-LU. Under this allocation, four States, four States, would receive 58 percent of the available funding; 22 States would receive no funding, and the remaining States would receive varying levels of funding. Such a distribution is not equitable, particularly given that the designated projects were time-limited.

Chairman OBERSTAR has worked with the Senate majority leader and Speaker PELOSI to devise a more equitable funding distribution, and the legislation before us today includes the agreement they have resolved. Under this agreement, the funding would be distributed to all States pursuant to existing formulas for major highway programs. And at a time when State transportation budgets are experiencing significant cuts, an equitable distribution of available Federal funding is appropriate to ensure that each State has the funds to address its most pressing mobility needs.

I applaud Chairman OBERSTAR, Speaker PELOSI and Leader REID for their work on this measure, and I urge adoption.

Mr. PETRI. Madam Speaker, I have no further requests for time. I reserve the balance of my time.

Mr. COSTELLO. Madam Speaker, at this time, I would yield 2 minutes to a member of the subcommittee, the gentleman from Missouri (Mr. CARNAHAN).

Mr. CARNAHAN. Madam Speaker, as a member of the Transportation and Infrastructure Committee and the Aviation Subcommittee, and representing the St. Louis region where aviation is vital to our community and our economy, I rise today in strong support of passage of H.R. 4915, the Federal Aviation Administration Extension Act of 2010.

Although I believe a long-term reauthorization of the FAA is long overdue, I'm happy to see the Senate finally pass an FAA reauthorization bill earlier, so we are one step closer to passage of a much-needed long-term reauthorization.

I'm also happy to see this legislation include the provision to amend the HIRE Act so that all States, including my home State of Missouri, can receive funding under the Projects of National and Regional Significance and the National Corridors Program, rather than just 29 States. Both of these programs are designed to be competitive and discretionary programs under SAFETEA-LU where all States could fairly compete for funding.

I want to thank Chairman OBERSTAR, Chairman COSTELLO, Ranking Members MICA and PETRI for their work to bring about this compromise to move this forward so that States like Missouri can receive funding under these programs, not only those States that had designated appropriations in SAFETEA-LU.

It is critical for all States to be treated the same, to have these opportunities. This compromise is an agreement as we continue to work toward a long-term surface transportation bill that is so vital to our economy and growing out of this recession our country has been working through. This is important for jobs.

I thank the Senate majority leadership and our Members and recommend this bill to all of our Members.

Mr. PETRI. Madam Speaker, I continue to reserve.

Mr. COSTELLO. Madam Speaker, at this time I yield 3 minutes to the distinguished chairman of the full committee, Chairman OBERSTAR.

Mr. OBERSTAR. Thank the gentleman for yielding and compliment Mr. COSTELLO on the splendid job he has done in crafting the FAA authorization bill, and the partnership with Mr. PETRI, and also with Mr. MICA, the Republican leader on the committee who once chaired the aviation subcommittee. And together we have fashioned a really solid bill for the future.

We passed it in two Congresses. It's well past time for the Senate to act on this bill, and finally they did, 93-0.

However, the current program, the current law, has been expressed in my colleague with Mr. MICA, is the longest standing FAA authorization bill, simply because we haven't passed the next authorization.

The House has done its job, as it always does, in two Congresses. We first passed this bill in 2007, and were blocked by the White House that threatened veto over certain provisions of the bill. But the Senate never even took it up. We never got close to conference, so we passed it again last year. And now we need an extension.

And we passed the extension, but the FAA came back to us and said, well, before this extension is enacted, we request a technical correction to a provision of the bill relating to formula grants. Within the Airport Improvement Program, this technical correction ensures that sufficient funds will be allocated to formula grants, rather than discretionary grants. And without the correction, FAA said they discovered that insufficient funds to cover formula apportionments after July 4 of this year. So we're talking up this technical correction, sending it over to the other body, in addition to the bill we passed last week.

Now, there is another matter of importance that we've attached to this bill, and that is the correction to the HIRE Act that the House passed, Senate passed, and then we found that when the Senate moved their bill, there was an oversight—"There was an oversight"—I'll be kind about this—to the provision which has already been discussed by other speakers. Mr. MICA has talked about it; Mr. CUMMINGS just recently, in which four States get 58 percent of the funds, 22 States get nothing. The other 20 states get scraps. That's not right. And we need to—and we're correcting that in this bill.

The SPEAKER pro tempore. The time now for other Members has expired.

Mr. COSTELLO. Madam Speaker, I yield 1 additional minute to Mr. OBERSTAR.

Mr. OBERSTAR. So we're sending back the other body. Majority Leader REID had cleared the correction and sent the appropriate members of the Senate committee leadership and the Senate floor leadership, but somehow this correction has gotten bogged down.

I also urge the other body to act on H.R. 4786, which we passed March 10, to correct an additional problem created by the filibuster in the Senate that caused highway authorization to lapse and 1,922 Federal Highway Administration career employees to lose their salaries, their pay. So: their own, get a 20 percent cut in their bi-weekly pay check. That's unreasonable.

Now we've sent over a bill to the other body with a very clear payment restructuring.

The SPEAKER pro tempore. The time of the gentleman has again expired.

Mr. COSTELLO. I yield 1 additional minute to Chairman OBERSTAR.

Mr. OBERSTAR. And the Secretary of Transportation said today that he has made the shift within the administrative account, but cannot make the payment because he needs authority from Congress to do so. So we quickly drafted the bill with their technical input, moved the bill, with great bipartisan support, great enthusiasm over here; but then there is a Member of the other body who is holding it up, saying he wants it paid for.

Well, the Congressional Budget Office has certified to us in writing that there is no cost, there is no need for a pay-for. There is no need for an offset. We said that at the time we moved this bill. We had received it informally from CBO. So we now have it in writing from CBO. So there is no need to hold up justice for these 1,922 employees who, through no fault of their own, just standing there doing their jobs, were cut off from their pay because of one person's filibuster over in the other body, their body.

It's time to do justice for these people. Don't hold them up for a month if this goes on longer. This is just patently unjust. I urge the Senate to act on this bill.
that includes “to distribute funds for the projects of national significance and National Corridor Grant programs through existing formulas.”

Under the HIRE Act, funds for these programs went to only 29 States based on whether they had earmarked projects under SAFETEA-LU. Some States were big winners, and others were big losers. Twenty-two States would receive no funding at all, including my State of Nevada. California, Illinois, Louisiana, and Washington, however, would get $563 million of the $932 million allocated. The legislation we are considering today would correct this inequity.

In Nevada, it would mean an additional $7.7 million for transportation programs. It is an important piece of legislation, and I urge its passage.

Mr. COSTELLO. Madam Speaker, I would ask how much time we have remaining.

The SPEAKER pro tempore. The gentleman from Illinois has 1 minute. The gentleman from Wisconsin has 9½ minutes.

Mr. COSTELLO. Madam Speaker, let me say, with the action taken by the Senate on Monday of this week, we are one step closer to having a FAA reauthorization bill. It is an important piece of legislation. As I stated earlier, the industry generates nearly $900 billion in economic activity annually that represents 9 percent of our GDP and employs millions of American people.

As our nation struggles with high unemployment, it is necessary that we pass this legislation and move forward so that we can improve safety, improve congestion, and reduce delays.

I reserve the balance of my time.

Mr. PETRI. I join my colleagues in urging a speedy passage of the measure before us.

I yield back the balance of my time.

Mr. COSTELLO. Madam Speaker, I want to thank both Chairman MIKULSKI, Mr. MICA, and Mr. PETRI, and I would urge passage of H.R. 4915, the Federal Aviation Administration Extension Act of 2010.

I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from Illinois has 2 minutes.

Mr. PERLMUTTER. Madam Speaker, in order to consider the Appropriations Committee’s report on Transportation, I yield myself such time as I may consume.

Mr. PERLMUTTER. Madam Speaker, I also ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on House Resolution 1204.

The SPEAKER pro tempore. There was no objection.

The SPEAKER pro tempore. The gentleman from Illinois has 1 hour.

Mr. PERLMUTTER. Madam Speaker, the Appropriations Committee’s report on Transportation and Infrastructure emphasizes that includes “to distribute funds for the projects of national significance and National Corridor Grant programs through existing formulas.”

Under the HIRE Act, funds for these programs went to only 29 States based on whether they had earmarked projects under SAFETEA-LU. Some States were big winners, and others were big losers. Twenty-two States would receive no funding at all, including my State of Nevada. California, Illinois, Louisiana, and Washington, however, would get $563 million of the $932 million allocated. The legislation we are considering today would correct this inequity.

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Mr. PERLMUTTER. Madam Speaker, in order to consider the Appropriations Committee’s report on Transportation, I yield myself such time as I may consume.
of Labor Summer Jobs program—"jobs" in quotes—was introduced last Sunday, March 21, and was before the Rules Committee the following day.

In February of 2009, shortly after President Obama assumed office, The Hill newspaper quoted a group of Democrats as saying that, "Committees must function thoroughly and inclusively, and cooperation must ensue between the parties and the Houses to ensure that our legislative tactics enable rather than impede progress. In general, we must engender an atmosphere that allows partisan games to cease and collaboration to succeed. We are looking forward to working with you to restore this institution."

So much for good intentions.

Despite their best attempts to divert attention from the simple truth, it is worth remembering the pledge made in 2006 by the then-minority Democrats to ensure regular order for legislation, promising that, "Bills should be developed through full hearings and open subcommittee and committee markups, with appropriate referrals to other committees. Members should have at least 24 hours to examine a bill prior to consideration at the subcommittee level. It is generally considered to be good order for the floor under a procedure that allows open, full, and fair debate, consisting of a full amendment process that grants the minority the right to offer its alternatives, including a substitute."

Oh, how quickly we forget.

You know, $5.7 billion used to be a lot of money. But the ruling Democrats, who have apparently no concept of the value of money, have completely thrown that idea right out of the window.

In fairness to my liberal colleagues, working with such large numbers starts to get confusing. After all, who pays attention to all those zeroes? We hardly ever hear the word "million" anymore. It just hasn't been that long ago that Everett Dirksen said, "A million here, a million there, and pretty soon you are talking about real money."

I saw an article today in one of the newspapers from my district where they talked about the fact that they thought they weren't going to have money for a summer job program. Now, it looks like they are going to have it. And the article said, "Last year, 129 businesses that used this program benefitted from free labor provided by Uncle Sam."

We have established in the minds of many Americans that Federal dollars are somehow or another manna from heaven. They are not manna from heaven. Somebody has to pay this bill. It's not free. There is no free lunch. Every dime we are spending has to be borrowed. The American people understand that, and they are sick and tired of it.

Many of our colleagues support PAYGO, which, they argue, forces Congress to "pay for" certain spending increases with tax increases. This bill is a perfect example of the sham that is PAYGO.

First off, PAYGO applies only to certain kinds of nondiscretionary spending, so they exhaust themselves spending on social welfare programs without so much as a PAYGO-speed bump.

When looking for another reason to increase taxes, they simply look for an excuse to increase automatic spending. That way, they tell their tax-conscious constituents that they were declared a disaster—floods, severe winter weather. These are the counties that were declared a disaster: Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Haywood, and on and on and on. I looked through the list.

We have had 16 or 17 disasters declared already this year across the country. Luckily, none of them were in Colorado. I looked at last year. We had dozens and dozens all across the country. None were in Colorado. But I can tell you, Coloradans understand that this is a national issue. This is something that we take care of as citizens, as Americans across the country, because we're in this together. It's not just. Let's wait until the whole thing runs out and then scurry around and try to figure out what to do. We are dealing with disasters.

When I'm listening to my friend from North Carolina, it's like she wants to have Katrina happen all over again, where we're not prepared, the country is not prepared to deal with a massive emergency. That's what this is all about. This is about funding FEMA so that it can respond to the emergencies that we know are going to arise. And so all of this conversation about procedural tricks and "You aren't getting this done," this is about funding the emergency management of this country. I'm surprised, especially when North Carolina just enjoyed the ability to take advantage of this—well, nobody would enjoy having to draw on the disaster relief. I take that back. That was an empty statement. I think they're just, Let's wait until the whole thing runs out and then scurry around and try to figure out what to do. We are dealing with disasters.

Ms. FOXX. I appreciate my colleague pointing out the fact that we did have some areas in North Carolina. Indeed, two of the counties that I mentioned were in my district, because of the rain that we had recently. But, you know, declaring a disaster and allocating money to those counties are two different things.

Mr. PERLMUTTER. I yield myself such time as I may consume.

I have listened to the gentlelady, and I guess I'm very surprised by her argument that with FEMA's funding running out within the next 2 weeks, that the Republican side of the aisle would argue against any funding for future disasters that we know are going to come. For instance, in Representative Foxx's district just this past month, a disaster was declared because of flooding and severe winter weather. These are the counties that were declared a disaster: Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Haywood, and on and on and on. I looked through the list.

We have had 16 or 17 disasters declared already this year across the country. Luckily, none of them were in Colorado. I looked at last year. We had dozens and dozens all across the country. None were in Colorado. But I can tell you, Coloradans understand that this is a national issue. This is something that we take care of as citizens, as Americans across the country, because we're in this together. It's not just. Let's wait until the whole thing runs out and then scurry around and try to figure out what to do. We are dealing with disasters.

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So I'm not seeing any merit to the argument that's being made that the issue is not before us properly. It's a five-page bill. The other side of the aisle, the Republicans, have been complaining about big bills, too hard to read, take too long. This is five pages that says we're going to fund our emergency management administration so that we can deal with the disasters that we know are going to come.

With that, I would reserve the balance of my time.
I would bet—and I'm sorry I don't have time to do it while we're here on the floor, but I bet it'll be 18 months before any of those people see a dime of the money because the bureaucracy is so incompetent in terms of responding to people. So the money won't be given out for a long, long time from those disasters, unfortunately, because usually when there is a disaster, people need help right away, but it doesn't get done.

We could have gone through regular order on this. There's no reason not to have gone through regular order. But what you wanted to do was get this jobs money out there, is my guess, so that you could declare jobs being created through more government funding.

Madam Speaker, I was in the Congress when Katrina hit, and here's what happened. We were on August break. Katrina hits on Saturday, Sunday, Monday. The Speaker of the House had a conference call on Wednesday of that week and he said, I either can call everybody back into session and we will allocate the $10 billion that needs to be allocated for Katrina right now, in an emergency. We've unanimously sent, no one will come forward and object. I will bring a few people back in. We'll take care of this need immediately. That's exactly what happened. Everybody knew there was an emergency occurring even then.

I don't understand my colleague saying we are not prepared for a massive disaster. If we aren't, with all the money that we spend on things, then we have a major problem. I think we are prepared for major disasters. We showed that on 9/11. We showed it with the stimulus last year, perhaps this bill will be the model for how we respond to emergencies, and we reacted to it.

Now, my good friend from North Carolina had tremendous response to Katrina, as the model for how we respond to emergencies. There couldn't be any-thing further from the truth in that respect. It was a terrible mess, a terrible response. I don't think anybody in this country would say otherwise. The country was not prepared under the Bush administration. This Congress was not prepared. This is about preparing for emergencies. Right now, even though the flood has crested in North Dakota and Minnesota, it still is a state of emergency. Those States near the river are under water. So there is an emergency occurring even as we speak.

Now, my good friend from North Carolina has her posters. Of course, we have ours. Now let's take a look at what really is going on in the economy.

Under the Bush administration, we had tremendous job loss beginning in 2007, but certainly in the fall of 2008. Mr. PERLMUTTER. Would the gentleman yield?

Mr. PERLMUTTER. Let me explain my poster and then you and I can debate our posters.

This is private payroll. Drops like a rock until January 2009, which is the greatest loss of jobs. During that month, some 780,000 jobs—780,000 jobs lost in January 2009. Twenty thousand jobs lost in the year into the Obama administration in January 2010. It's too many. It's not right, but it's a heck of a lot better than 780,000 jobs lost in the last month of the Bush administration.

The Senate health care overhaul, replete with its backroom deals, mandates of dubious constitutional standing, a dozen tax increases that break the President's tax pledge, is now law. It remains to be seen how this health care overhaul will be implemented, but one White House advisor said it must be implemented "effectively, efficiently, and with great accountability." If that sounds familiar, it's because last year the White House was saying the same thing about the stimulus bill. It turns out the trillion-dollar boondoggle wasn't nearly as stimulative as advertised. Job creation, not so much. This is the proof.

Our colleagues continually say that we don't represent things accurately. I know we can argue about numbers, but these are not Republican numbers. These are numbers that make no sense. Madam Speaker, this bill is not going to do anything to create more jobs. It's going to continue to hurt the economy.

With that, I will reserve the balance of my time.

Mr. PERLMUTTER. I yield myself such time as I may consume.

A couple of things. I'm very surprised that my friend from North Carolina could hold up the response to Katrina as the model for how we respond to emergencies. There couldn't be anything further from the truth in that respect. It was a terrible mess, a terrible response. I don't think anybody in this country would say otherwise. The country was not prepared under the Bush administration. This Congress was not prepared. This is about preparing for emergencies. Right now, even though the flood has crested in North Dakota and Minnesota, it still is a state of emergency. Those States near the river are under water. So there is an emergency occurring even as we speak.

Now, my good friend from North Carolina has her posters. Of course, we have ours. Now let's take a look at what really is going on in the economy.

Under the Bush administration, we had tremendous job loss beginning in 2007, but certainly in the fall of 2008. Ms. FOXX. Would the gentleman yield?

Mr. PERLMUTTER. Let me explain my poster and then you and I can debate our posters.

This is private payroll. Drops like a rock until January 2009, which is the greatest loss of jobs. During that month, some 780,000 jobs—780,000 jobs lost in January 2009. Twenty thousand jobs lost in the year into the Obama administration in January 2010. It's too many. It's not right, but it's a heck of a lot better than 780,000 jobs lost in the last month of the Bush administration.

So my friend complains about the status of jobs, but this country was in free fall when it came to the economy, the financial system, and jobs. That has turned around. We have so much farther to go, and that's part of what this bill does. It provides for summer jobs being training for many of those people who have been out of work. We have got to get those people back to work. But we turned around. You see this sea of red, jobs being lost again in January, month after month. Still, it has improved dramatically in the last year.

So, I would entertain my friend's question.

Ms. FOXX. Well, my question is: Who was in charge of the Congress beginning in January of 2007, when the economy started going south?

Mr. PERLMUTTER. The Democrats. Well, you say when the economy started going south. The economy started going south, I would say to my friend, in September of 2008, when, because of very lax regulations on Wall Street, the bottom fell out of the financial system and jobs were lost at an ever-increasing number. And so the Bush administration, by tradition, cost thousands and millions of jobs across this country, and that's what we're trying to stop.

We've been able to slow it down, Madam Speaker. Now it's time to start adding jobs. And again, this bill provides for job training. It provides for summer jobs, as well as dealing with the disaster relief that has to be managed for the rest of this season of tornados and fires and floods. And we're in a flood right now in North Dakota and Minnesota. We have to address that and we have to fill that emergency fund so we can address these things promptly and without any delay, as I believe occurred with Katrina down in Louisiana.

With that, I would reserve the balance of my time.
should do in the government. We should go through regular order. We should have debate. We should have some idea of where money is going to need to be spent in advance in terms of how we respond at the Federal level.

The American people don’t want more government. They want more jobs. The recent health care overhaul and last year’s stimulus bill illustrate the Congress is very good at growing government; not so good at spurring job growth.

The simple truth is that if the Democrats really wanted to stimulate youth employment, there’s one sensible, effective policy change that could do so without spending a dime.

As articulated in a March 10 Wall Street Journal editorial: “The recent act of Congress that has caused the most economic hardship goes to the May 2007 law raising the minimum wage in three stages to $7.25 an hour from $5.15. Rarely has a law hurt more vulnerable people more quickly. A higher minimum wage has the biggest impact on those with the least experience or the fewest skills. That means in particular those looking for entry-level jobs, especially teenagers. As we noted in our editorial side several years from now.

According to the Employment Policies Institute, 85 percent of people who earn the minimum wage are not the primary bread winner in a family. Most readers remember the work habits they learned from their first job. Showing up on time, being courteous to customers, learning how to use technology—such habits are often more valuable than the actual paycheck.

Studies have confirmed that when teens work during summer months or after school, they have higher lifetime earnings than those who don’t work. So raising the minimum wage may inadvertently reduce lifetime earnings.

“Most Democrats won’t bend on the minimum wage because it is a core union demand, but free thinkers ought to at least consider the teenage job problem. The long-term danger is that we are building in a higher level of structural unemployment as our least skilled workers find it harder to climb onto the first rung of the job market.”

This will not solve problems. It creates more.

With that, Madam Speaker, I reserve the balance of my time. Mr. PERRYMUTTER. Madam Speaker, first I would ask how much time remains on both sides.

The SPEAKER pro tempore. The gentleman from Arizona has 13 minutes.

Mr. PERRYMUTTER. Having no further speakers, I will reserve the balance of my time.

Ms. FOXX. I now yield such time as may consume to our colleague from Arizona (Mr. FLAKE).
to age 26 can stay on their parents' policy; preventative care now has to be covered with no deductibles or copays. Now those may or may not be good policies. That's not what I'm arguing here. But when you do that, insurance is no longer a hedge against risk. We've just created a situation where insurance is supposed to be, and insurance companies will now be treated like public utilities where government simply regulates them. And all the pressure is upward. There's no downward economic pressure because when a company will lose, it's going to lose $800 million also that's going to be spent—borrowed—whether it's taken from another existing program or not, we're borrowing that money as well. We're borrowing more money, adding to the deficit, adding to the deficit.

Mr. PERLMUTTER. I yield myself so much time as I might consume.

I'm so glad that my friend Arizona was roused from his office because of our conversation about FEMA to come down and talk about health insurance.

So I appreciate his statement that higher insurance premiums are going to be the reality. That's the reality today. That was the reality yesterday. That was the reality the day before that. That was the reality in California when they wanted to take the rates up 40 percent, I would say to my friend. That was the reality last year. That was the reality the year before. If we keep doing the same thing, we're going to get the same answers. You have to change the underlying equation. That is, is what I would say to my friend from Arizona.

I would also say to my friend from Arizona, to argue against eliminating discrimination against preexisting conditions, which is what I thought I heard you say, touches pretty much everybody's life in America. Somebody, either a close friend, a family member, a neighbor of everybody in this Chamber today, whether on the floor or in the gallery, has somebody who they know closely has a preexisting condition, and that is something that has to be addressed.

Mr. FLAKE. Will the gentleman yield?

Mr. PERLMUTTER. Not yet.

So I would say to my friend that I appreciate him coming up here to talk to us about health insurance premiums which are constantly on the rise. We've got to deal with folks who suffer from preexisting conditions and can't find assistance otherwise when it comes to their health insurance. Personally—and I have said many times that I think it's a violation of the 14th Amendment, the Equal Protection Clause of the 14th Amendment by not allowing people to have equal access to insurance. And part of what was addressed by the historic bill that was signed yesterday by the President is that those people can get insurance. Those folks who have preexisting conditions can get insurance. We can have portability, the ability to go from one job to another, not be locked into a job for fear of losing our insurance. I appreciate the gentleman. You'll get another chance. I'm sure the gentleman has a lot of time, so she'll yield to you.

Mr. FLAKE. The other thing I wanted to say to my good friend because he brought up the economics, in the last 18 months of the Bush administration, this country has taken in $2 trillion in wealth; in homes; in 401(k)s and pension plans; and in jobs. Since last year, the country, each one of us, in our little way, each one of us has gained about $5 trillion back. Our 401(k)s have improved; our pension plans have improved; there has been a stabilizing of home prices; and jobs, as we talked about earlier, are starting to come back after being lost at an unbelievable rate under the Bush administration. So the stock market is up by 4,000 points in the last year. It lost 7,500 points in the last 18 months of the Bush administration.

We are not anywhere near where we need to be, but I say to my friend who is complaining about the laws of economics, that those laws seem to be working in a positive sense now.

I yield 2 minutes to the gentleman from New Jersey (Mr. PASCRELL) who will actually speak about the bill that is before us which is about FEMA funding and job training.

Mr. PASCRELL. Madam Speaker, I thank the gentleman for yielding. What got me to the floor was not to talk about FEMA, but when the gentleman brought out a chart about the economy and jobs, that is what I wanted to talk about.

The gentleman mentioned preexisting conditions. What I said was this may or may not be good public policy to deal with that. I think it is, but we ought to deal with it in a responsible way. The American plan was to assist jobs in having high-risk pools for those with preexisting conditions to go into. And that way you simply don't even pretend you are suspending the laws of economics and telling the insurance companies you can't raise your rates because we have suspended the laws of economics. You recognize that is a cost and that is a subsidy that will have to be borne, but you do it honestly, not this way, not the way we did it by saying, hey, we are just going to pass a law, have everybody covered, and assume we have suspended the laws of economics and insurance rates will not go up.

The gentleman mentioned that insurance rates have been rising over the years; you bet they have. And part of the reason for which is we have shielded insurance companies from competition. We don't allow them to sell insurance across State lines. And nowhere in this legislation do we allow them to do that. We also give the individuals to have the same purchasing power that companies have so you can't as an individual with pretax dollars go out
and shop for health insurance. So we have shielded them from competition, and of course rates are going to go up. But they are going to go up rapidly now because we have imposed these costs upon them.

Again, when we talk about jobs, this seems to be the mantra now. If we can’t allow the job-creating sector to create jobs by having a reasonable tax and regulatory environment out there, then we are just going to create government jobs. So that is what we are doing. We are going to borrow $600 million because even if it is in another program, we are going to be borrowing that money, too. We are going to be borrowing $600 million and saying to people, we are going to create more temporary government jobs throughout the summer. That is not the answer to our economic woes.

Ms. FOXX. Madam Speaker, I yield myself the balance of my time to close.

We keep talking about the economic situation in this country because it is extraordinarily important to all of us, and all of these bills that are being passed are exacerbating the problem. As my colleague from Arizona said and we have said over and over, you cannot repeat it in the economics, the leaguers across the aisle think they can.

Right now, just the interest on U.S. debt in FY 2010 is going to be $425 billion. That’s like paying interest on a credit card and never paying off the principal. The enormous burden of the interest cost on our debt takes money out of the economy for future generations and diverts funds from being used for other pressing priorities. In addition, the U.S. dependence on borrowing money to fund our budget deficit places our Nation in the precarious situation of being beholden to foreign nations like China to finance our Federal spending. High national debt also diminishes confidence in an economy.

As even President Obama said in November 2009: I think it is important to recognize if we keep on adding to the debt, even in the midst of this recovery, that some people can lose confidence in the U.S. economy in a way that can actually lead to a double-dip recession.

The President and our colleagues on the other side of the aisle talk a good game, and then they do the opposite. Despite their rhetoric of fiscal prudence, the President’s budget more than doubles the debt, drives spending to a new record of $3.8 trillion in fiscal year 2011, pushing the deficit to a new record of $1.6 trillion in FY 2010, and raises taxes by over $2 trillion through 2020 by the administration’s own estimates.

The President’s FY 2011 budget doubles the debt in 5 years and triples it by 2019 from FY 2008 levels. It pushes the deficit to $3 trillion this year, or 63.6 percent of gross domestic product, the largest debt in history and the largest debt as a share of our economy in 59 years. Despite the Senate’s passage of a $1.9 trillion increase in the debt limit, Congress would need to increase this limit again before October 1, 2011, under the President’s budget. The interest bill on the debt would more than quadruple by the end of the decade, reaching $840 billion in 2020.

The budget deficit to a record level this year, $1.6 trillion, or 10.6 percent of GDP. This is the largest deficit as a share of the economy since World War II. Deficits never fall below $700 billion, never below 3.6 percent of GDP, and the decade at more than $1 trillion.

Even with a decline in spending due to the repayment of most TARP funds and the eventual spend-out of stimulus funds, spending reaches a record level of $3.8 trillion in FY 2011. The budget does not include the spending impact of the administration’s cap-and-trade proposal. Even so, spending is still 23.7 percent of the economy at the end of the decade when the historical average has always been 20 percent.

Madam Speaker, we are in a critical time in our country. Economists have told me that unless we stop spending in a very short period of time, we are going to become like a Third World nation. We have lost so long and far from the rest of the world has been the rule of law and the fact that we have been fiscally conservative. The American people are fiscally conservative; they expect their government to be so. We do not have to be afraid. Democrats and Republicans are sounding the call. We want to help the American people, but we know the best way we can do that is for the Federal Government to get out of the way and let the entrepreneurial spirit and the freedom that has always characterized this country allow people to do what is the right thing to do for our economy. This direction is wrong. We are going to continue to say that it is wrong, and we know the American people understand that.

I urge my colleagues to vote "no" on this rule, to vote "no" on the underlying bill. We don’t need to create more government jobs. We need to let people have control of their lives and of their money. They will bring the economy back.

I yield back the balance of my time.

Mr. PERLMUTTER. Madam Speaker, I just would remind my friend from North Carolina that she was a member of her party that when you cut taxes for the wealthiest of Americans, as was done under the Bush administration and the Republican Congress, prosecute two wars without paying for them, and have absolutely no regulation of Wall Street, you get a financial disaster. We are talking about natural disasters, but they created a financial disaster that we saw caused the loss of millions of jobs beginning in 2008.

We need to reverse that, and that is precisely what is happening. The job loss has gone from 780,000 jobs lost in January 2009, the last month that George Bush was in office, to 20,000 jobs lost in January 2010. Not good enough, but a lot better. The stock market lost 7,500 points; and in the last year, it has gained 4,000 points back. Not where we want to be, but a heck of a lot better.

There was $17 trillion lost by each American in their home, in their pension, in their 401(k)s and in their jobs in the last 18 months of the George W. Bush administration. We have gained $5 trillion back. Not good enough, but a heck of a lot better.

Finally, the fourth quarter of 2008, the last quarter of the Bush administration, the steepest drop in the gross domestic product, what this country produces, really since the Depression, 6 percent, and we need 5.7 percent that so the fourth quarter of 2009. It hasn’t gotten us back to even, but it is a lot better. That is what is going on. And what we want to do on our side of the aisle is get those Americans back to work who lost their jobs. That is what this bill is about, the $600 million for job training, for summer jobs. It is to get people back to work.

When we get people back to work, when this country has employment that is better than today, then we can really take a good look at the debt, as they suggest, because that is true, we need to look at the debt that exists in this country; but we have to get people back to work.

Now, let’s talk about what is the guts of the bill that is before us, and that is to fund disaster relief. The disaster relief fund for FEMA is just about out of money, and we need 5.7, and that is to deal with the disasters that are existing today in North Dakota, in Minnesota, New Jersey, North Carolina, but also the ones that we know are coming over the course of the next 6 or 8 months.

The previous question was ordered.

Ms. FOXX. Madam Speaker, I yield the balance of my time to close. I urge a "yes" vote on the previous question and on the rule.

I yield back the balance of my time.

Mr. PERLMUTTER. Madam Speaker, on that I yield back the balance of my time. The question was taken; and the previous question was ordered.

The previous question was ordered.

The SPEAKER pro tempore. The question is on the resolution. The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.
Providing for an Adjournment or Recess of the Two Houses

Mr. PERLMUTTER. Madam Speaker, I send to the desk a privileged concurrent resolution and ask for its immediate consideration.

The Clerk read the concurrent resolution, as follows:

H. Con. Res. 257

Resolved by the House of Representatives (the Senate concurring), That when the House adjourns on any legislative day from Wednesday, March 31, 2010, through Monday, March 29, 2010, 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, April 13, 2010, 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 Thursday, March 25, 2010, through Wednesday, March 31, 2010, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until 2 p.m. on Tuesday, April 13, 2010, 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.

So the SPEAKER pro tempore. The question is on the concurrent resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. FOXX. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on House Concurrent Resolution 257 will be followed by 5-minute votes on Adjournment House Resolution 1204 and suspending the rules and adopting House Resolution 917.

The vote was taken by electronic device, and there were—yeas 236, nays 175, not voting 18, as follows:

YEA—236

Aderholt
Adler (NJ)
Akin
Altmire
Arnuck
Bachman
Bachus
Balitakis
Bauer (UT)
Blackburn
Riordan
Bonner
Boozman
Bouy
Boucher (LA)
Boucher
Bourgeois
Brennan
Berry
Bilirakis
Bishop (GA)
Bishop (NY)
Blinken
Boozman
Boren
Boozman
Boustead
Boucher

NAY—175

Adler (NY)
Adler (IL)
Akin
Altmire
Arnuck
Bachman
Bachus
Balitakis
Bauer (TX)
Bibbitt
Bilirakis
Bishop (GA)
Bishop (NY)
Blinken
Boozman
Boren
Boustead
Boucher

Providing for Consideration of H.R. 4899, Disaster Relief and Summer Jobs Act of 2010

The SPEAKER pro tempore. The unfinished business is the vote on adoption of House Resolution 1204, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the resolution.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 233, nays 191, not voting 5, as follows:

YEA—233

Ackerman
Altmire
Andrews
Arcuri
Baca
Baldwin
Barrow
Bartlett
Bean
Becerra
Berkley
Bernie
Berry
Bigelow
Bilirakis
Bishop (GA)
Bishop (NY)
Blumenauer
Bono
Booster
Boozman
Boucher

YEARS—233

Ackerman
Altmire
Andrews
Arcuri
Baca
Baldwin
Barrow
Bartlett
Bean
Becerra
Berkley
Bernie
Berry
Bigelow
Bilirakis
Bishop (GA)
Bishop (NY)
Blumenauer
Bono
Booster
Boozman
Boucher

Providing for an Adjournment or Recess of the Two Houses

Mr. PERLMUTTER. Madam Speaker, I send to the desk a privileged concurrent resolution and ask for its immediate consideration.

The Clerk read the concurrent resolution, as follows:

H. Con. Res. 257

Resolved by the House of Representatives (the Senate concurring), That when the House adjourns on any legislative day from Wednesday, March 31, 2010, through Monday, March 29, 2010, 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, April 13, 2010, 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 Thursday, March 25, 2010, through Wednesday, March 31, 2010, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until 2 p.m. on Tuesday, April 13, 2010, 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.

So the SPEAKER pro tempore. The question is on the concurrent resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. FOXX. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on House Concurrent Resolution 257 will be followed by 5-minute votes on Adjournment House Resolution 1204 and suspending the rules and adopting House Resolution 917.

The vote was taken by electronic device, and there were—yeas 236, nays 175, not voting 18, as follows:

(Roll No. 178)
Mr. DONELLY of Indiana changed his vote from "yea" to "nay.

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING THE FLORIDA KEYS SCENIC HIGHWAY

The SPEAKER pro tempore.

The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 917, as amended, on which the yea and nay votes are ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore.

The question is on the motion offered by the gentleman from Virginia (Mr. FERRIELLO) that the House suspend the rules and agree to the resolution, H. Res. 917, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 420, nays 2, not voting 7, as follows:

[Roll No. 180]
Subtitle B—Limitations and Reporting on Certain Penalties

Sec. 111. Limitation on penalty for failure to disclose certain information.

Sec. 112. Annual reports on penalties and certain other enforcement actions.

Subtitle C—Other Provisions

Sec. 121. Nonrecourse small business investment company loans from the Small Business Administration treated as amounts at risk.

Sec. 122. Increase in amount allowed as deduction for start-up expenditures.

Title II—Infrastructure Incentives

Sec. 201. Extension of Build America Bonds.

Sec. 202. Exempt-facility bonds for sewage and water supply facilities.

Sec. 203. Extension of exemption from alternative minimum tax treatment for certain tax-exempt bonds.

Sec. 204. Elective payments in lieu of low-income housing credits.

Sec. 205. Extension and additional allocations of recovery zone bond authority.

Sec. 206. Allowance of new markets tax credit against alternative minimum tax.

Title III—Revenue Provisions

Sec. 301. Limitation on treaty benefits for certain tax years.

Sec. 302. Treatment of securities of a controlled corporation exchanged for assets in certain reorganizations.

Sec. 303. Reporting of securities acquired without consideration and dividends received from persons meeting the 80-percent foreign business requirements.

Sec. 304. Information reporting for rental property expenses.

Sec. 305. Application of levy to payments to Federal vendors relating to property transactions.

Sec. 306. Application of continuous levy to tax liabilities of certain Federal contractors.

Sec. 307. Required minimum 10-year term, etc., for grantor retained annuity trusts.

Sec. 308. Increase in information return penalties.

Sec. 309. Crude tall oil ineligible for cellulosic biofuel producer credit.

Sec. 310. Tax on payment of corporate estimated taxes.

Titie IV—Extension of Emergency Contingency Fund for State Temporary Assistance for Needy Families Programs

Sec. 401. 1-year extension of the emergency contingency fund for state temporary assistance for needy families programs.
**SEC. 201. EXTENSION OF BUILD AMERICA BONDS.**

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<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tr>
<td>2012</td>
<td>31 percent</td>
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<tr>
<td>2013</td>
<td>30 percent</td>
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**SEC. 202. EXEMPT-FACILITY BONDS FOR SEWAGE AND WATER SUPPLY FACILITIES.**

- **(a) BONDS FOR WATER AND SEWAGE FACILITIES EXEMPT FROM VOLUME LIMIT ON PRIVATE ACTIVITY BONDS.**
  - **(1) IN GENERAL.**—Paragraph (3) of section 146(q) is amended by inserting “(4), (5),” after “(2),”.
  - **(2) CONFORMING AMENDMENT.**—Paragraphs (2) and (3)(B) of section 146(k) are both amended by striking “(4), (5), (6),” and inserting “(6),”.
- **(b) TAX-EXEMPT BONDS ISSUED BY INDIAN TRIBAL GOVERNMENTS.**
  - **(1) IN GENERAL.**—Paragraph (c) of section 7871 is amended by striking “January 1, 2011,” and inserting “April 1, 2013,”.
  - **(2) CONFORMING AMENDMENT.**—Paragraph (3)(B) of section 7871 (as amended by the amendment made by section 201(a)(2)) is amended by striking “and” and inserting “or”.

**SEC. 203. EXTENSION OF ALTERNATIVE MINIMUM TAX TREATMENT FOR CERTAIN TAX-EXEMPT BUILDING BONDS.**

- **(a) IN GENERAL.**—Clause (vi) of section 57(a)(5)(C) is amended—
  - **(1) by striking “and 2010” in the heading and inserting “, 2010, and 2011”**, and
  - **(2) EFFECTIVE DATE.**—The amendments made by this section shall apply to obligations issued after December 31, 2010.

**SEC. 204. ELECTIVE PAYMENTS IN LIEU OF LOW INCOME HOUSING CREDITS.**

- **(a) IN GENERAL.**—Chapter 65 (relating to allocating credits, and refunds) is amended by adding after the end of such chapter:
  - **Subtitle C—Direct Payment Provisions**
    - **Sec. 6451. Elective payments in lieu of low income housing credit for bond-financed buildings.**
      - **(a) IN GENERAL.**—Any person making an election under this section with respect to any qualified bond-financed low-income building originally placed in service by such person during the taxable year shall be treated as making a payment, against the tax imposed by subtitle A for the taxable year, equal to the direct payment amount with respect to such building. Such payment shall be treated as made on the date of the return of such tax or the date on which such return is filed.
      - **(b) QUALIFIED BOND-FINANCED LOW-INCOME BUILDING.**—For purposes of this section, the term ‘qualified bond-financed low-income building’ means any qualified low-income building for which paragraph (1) of section 42(h) does not apply by reason of paragraph (4)(B) of such section.
      - **(c) DIRECT PAYMENT AMOUNT.**—For purposes of this section, the term ‘direct payment amount’ means, with respect to any building, 29 percent of the qualified basis of such building.
      - **(d) SPECIAL RULES FOR CERTAIN NON-TAXPAYERS.**
      - **(e) DENIAL OF PAYMENT.**—Subsection (a)(1)(A) shall not apply with respect to any building placed in service by—
        - **(A) any governmental entity, or**
        - **(B) any organization described in section 501(c)(4), (5), or (15) and exempt from tax under section 501(a).**
      - **(2) SPECIAL RULES FOR PARTNERSHIPS AND S CORPORATIONS.**—In the case of property originally placed in service by a partnership or an S corporation—
        - **(A) the election under subsection (a) may be made on behalf of such partnership, or**
        - **(B) such partnership or S corporation shall be treated as making the payment referred to in subsection (a) only to the extent of the proportionate share of such partnership as is owned by persons who would be treated as making such payment if the building were placed in service by such persons, and**
        - **(c) the return required to be made by such partnership or S corporation under section 6031 or 6038 (as the case may be) shall be treated as a return of tax for purposes of subsection (a).**
    - **(f) OTHER DEFINITIONS AND SPECIAL RULES.**—For purposes of this section—
      - **(1) OTHER DEFINITIONS.**—Terms used in this section which are also used in section 42 shall have the same meaning ascribed to them in such section as when used in such section.
      - **(2) APPLICATION OF RECAPTURE RULES.**—Except as otherwise provided by the Secretary, the rules similar to the rules of section 42 shall apply, including the recapture rules of section 42(j).

**TITLE II—INFRASTRUCTURE INCENTIVES**

**SEC. 201. EXTENSION OF BUILD AMERICA BONDS.**

- **(a) IN GENERAL.**—Subparagraph (B) of section 54A(a) is amended by striking “January 1, 2011” and inserting “January 1, 2012”, and inserting “April 1, 2013”,.
- **(b) EXTENSION OF PAYMENTS TO ISSUERS.**—
  - **(1) IN GENERAL.**—Subsection (a) of section 6431 is amended by striking “January 1, 2011” and inserting “January 1, 2013”, and
  - **(2) CONFORMING AMENDMENT.**—Subparagraph (3) of section 54A(a)(3) is amended—
    - **(A) by striking “and” and inserting “or the date on which such return is filed.”**, and
    - **(B) by striking “or the date on which such return is filed.” and inserting “April 1, 2013”.**
- **(c) EFFECTIVE DATE.**—The amendments made by this section shall apply to obligations issued after the date of the enactment of this Act.

**SEC. 202. EXEMPT-FACILITY BONDS FOR SEWAGE AND WATER SUPPLY FACILITIES.**

- **(a) BONDS FOR WATER AND SEWAGE FACILITIES EXEMPT FROM VOLUME LIMIT ON PRIVATE ACTIVITY BONDS.**
  - **(1) IN GENERAL.**—Paragraph (3) of section 146(q) is amended by inserting “(4), (5),” after “(2),”.
  - **(2) CONFORMING AMENDMENT.**—Paragraphs (2) and (3)(B) of section 146(k) are both amended by striking “(4), (5), (6),” and inserting “(6),”.
- **(b) TAX-EXEMPT BONDS ISSUED BY INDIAN TRIBAL GOVERNMENTS.**
  - **(1) IN GENERAL.**—Subsection (c) of section 7871 is amended by striking “January 1, 2011,” and inserting “January 1, 2013”, and
  - **(2) CONFORMING AMENDMENT.**—Paragraph (4) of section 7871(c) is amended by striking “paragraph (3) and
  - **(4).”**, and inserting “(3) and (4).”.
- **(c) EFFECTIVE DATE.**—The amendments made by this section shall apply to obligations issued after the date of the enactment of this Act.

**SEC. 203. EXTENSION OF ALTERNATIVE MINIMUM TAX TREATMENT FOR CERTAIN TAX-EXEMPT BUILDING BONDS.**

- **(a) IN GENERAL.**—Clause (vi) of section 57(a)(5)(C) is amended—
  - **(1) by striking “January 1, 2011” in the heading and inserting “January 1, 2012”, and**
  - **(2) by striking “January 1, 2011” in substitute (I) and inserting “January 1, 2012”,**, and
(‘‘3) PROVISION OF INFORMATION.—A person shall not be treated as having elected the application of this section unless the taxpayer provides such information as the Secretary may require for purposes of verifying the proper amount to be treated as a payment under subsection (a) and evaluating the effectiveness of this section.

(‘‘4) EXCLUSION FROM GROSS INCOME.—Any credit or refund allowed or made by reason of this section shall not be includible in gross income or alternative minimum taxable income.

(‘‘5) TERMINATION.—Subsection (a) shall not apply with respect to any building placed in service during a taxable year beginning after December 31, 2010.

(‘‘b) COMING AMENDMENTS.—

(1) Subparagraph (A) of section 6221(b)(4) is amended by inserting ‘‘and subsection C of chapter 65 (including any payment treated as made under such subsection)’’ after ‘‘6221’’.

(2) Subparagraph (B) of section 6425(c)(1) is amended—

(A) by striking ‘‘the credits’’ and inserting ‘‘the sum of—’’,

(B) by striking the period at the end of clause (i) thereof (as amended by this paragraph) and inserting ‘‘, and’’,

(C) by adding at the end the following new clause:

‘‘(ii) the credits allowed (and payments treated as made) under subsection C.’’.

(3) Paragraph (3) of section 6654(f) is amended—

(A) by striking ‘‘the credits’’ and inserting ‘‘the sum of—’’

‘‘(A) the credits’’,

(B) by striking the period at the end of subparagraph (A) thereof (as amended by this paragraph) and inserting ‘‘, and’’,

(C) by adding at the end the following new subparagraph:

‘‘the credits allowed (and payments treated as made) under subsection C of chapter 65.’’.

(4) Subparagraph (B) of section 6655(g)(1) is amended—

(A) by striking ‘‘the credits’’ and inserting ‘‘the sum of—’’

‘‘(A) the credits’’,

(B) by striking the period at the end of clause (i) thereof (as amended by this paragraph) and inserting ‘‘, plus’’, and

(C) by adding at the end the following new clause:

‘‘(ii) the credits allowed (and payments treated as made) under subsection C of chapter 65.’’.

(5) Paragraph (2) of section 1224(b) of title 31, United States Code, is amended by inserting ‘‘, or from regulations of subsection C of chapter 65 of such Code’’ before the period at the end.

(6) The table of subchapters for chapter 65 is amended by adding at the end the following new item:

SUBCHAPTER C. DIRECT PAYMENT PROVISIONS

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to buildings placed in service during the date of the enactment of this Act.

SEC. 505. EXTENSION AND ADDITIONAL ALLOCATIONS OF RECOVERY ZONE BOND AUTHORITY.

(a) EXTENSION OF RECOVERY ZONE BOND AUTHORITY.—Section 1400U–2(b)(1) and section 1400U–3(b)(1)(B) are each amended by striking ‘‘January 1, 2011’’ and inserting ‘‘January 1, 2012’’.

(b) ADDITIONAL ALLOCATIONS OF RECOVERY ZONE BOND AUTHORITY BASED ON UNEMPLOYMENT.—

(1) ALLOCATION OF RECOVERY ZONE BOND LIMITATIONS BASED ON UNEMPLOYMENT.—

The Secretary shall allocate the 2010 national recovery zone economic development bond limitation and the 2010 national recovery zone facility bond limitation among the States in the proportion that each such State’s 2009 unemployment number bears to the aggregate of the 2009 unemployment numbers for all the States.

(2) MINIMUM ALLOCATION.—The Secretary shall adjust the allocations under paragraph (1) for each State to the extent necessary to ensure that no State (prior to any reduction under paragraph (3)) receives less than 0.99 percent of the 2010 national recovery zone economic development bond limitation or less than 0.9 percent of the 2010 national recovery zone facility bond limitation.

(3) ALLOCATIONS BY STATES.—(A) IN GENERAL.—Each State with respect to which an allocation is made under paragraph (1) shall receive such allocation among the counties and local municipalities (as defined in subsection (a)(2)(B) in such State in the proportion that each such county’s or municipality’s 2009 unemployment number bears to the aggregate of the 2009 employment numbers for all the counties and large municipalities (as so defined) in such State.

(B) 2010 ALLOCATION REDUCED BY AMOUNT OF PREVIOUSLY USED ALLOCATION.—Each State shall reduce (but not below zero)

(i) the amount of the 2010 national recovery zone economic development bond limitation allocated to each county or large municipality (as so defined) in such State by the amount of the national recovery zone economic development bond limitation allocated to such county or large municipality under subsection (a)(2)(A) (determined without regard to any waiver thereunder), and

(ii) the amount of the 2010 national recovery zone facility bond limitation allocated to each county or large municipality (as so defined) in such State by the amount of the national recovery zone facility bond limitation allocated to such county or large municipality under subsection (a)(3)(A) (determined without regard to any waiver thereunder).

(C) WAIVER OF SUBALLOCATIONS.—A county or municipality may waive any portion of an allocation made under this paragraph. A State may by its own treat a county or municipality as waiving any portion of an allocation made under this paragraph if there is a reasonable expectation that such allocation would not otherwise be used.

(D) SPECIAL RULE FOR A MUNICIPALITY IN A COUNTY.—In the case of any large municipality any portion of which is in a county, such portion shall be treated as if such municipality and not part of such county.

(3) 2009 UNEMPLOYMENT NUMBER.—For purposes of this subsection, the term ‘‘2009 unemployment number’’ means the number of persons who were unemployed in such State during 2009 as determined by the Bureau of Labor Statistics for December 2009.

(4) 2010 NATIONAL LIMITATIONS.—

(A) RECOVERY ZONE ECONOMIC DEVELOPMENT BONDS.—The 2010 national recovery zone economic development bond limitation is $10,000,000,000. Any allocation of such limitation under this subsection shall be treated for purposes of paragraph (3) as an allocation of national recovery zone economic development bond limitation.

(B) RECOVERY ZONE FACILITY BONDS.—The 2010 national recovery zone facility bond limitation is $15,000,000,000. Any allocation of such limitation under this subsection shall be treated for purposes of paragraph (3) as an allocation of national recovery zone facility bond limitation.

(C) AUTHORITY OF STATE TO WAIVE CERTAIN 2009 UNEMPLOYMENT NUMBER.—The Secretary shall allocate the 2010 national recovery zone economic development bond limitation in the same manner as an allocation of national recovery zone facility bond limitation.

(D) TITLE III—REVENUE PROVISIONS

SEC. 301. LIMITATION ON TILTHENTION FOR CERTAIN DEDUCTIBLE PAYMENTS.

(a) IN GENERAL.—Section 894 (relating to includible related-party payment’’ means any payment made, directly or indirectly, by any person to any other person if the payment is allowable as a deduction under this chapter and both persons are members of the same foreign controlled group of entities.

(3) FOREIGN CONTROLLED GROUP OF ENTITIES.—For purposes of this subsection, the term ‘‘foreign controlled group of entities’ means a controlled group of entities the common parent of which is a foreign corporation.

(b) CONTROLLED GROUP OF ENTITIES.—The term ‘‘controlled group of entities’’ means a controlled group of corporations as defined in section 1563 (as defined in section 1563 (as defined in section 1563). A partnership or any other entity (other than a corporation) shall be treated as a member of a controlled group of entities if such entity is controlled (within the meaning of section 954(d)(3)) by members of such group (including any entity treated as a member of such group by reason of this sentence).

(4) FOREIGN PARENT CORPORATION.—For purposes of this subsection, the term ‘‘foreign parent corporation’’ means a foreign controlled group of entities which is directly or indirectly owned by a controlled group of entities.

(c) EFFECTIVE DATE.—The amendments made by this section shall be effective on the date of the enactment of this Act.
(2) GRANDFATHER RULE FOR OUTSTANDING DEBT OBLIGATIONS.—
(A) IN GENERAL.—The amendments made by this section shall not apply to payments of interest on obligations existing before the date of the enactment of this Act.
(B) EXCEPTION FOR RELATED PARTY DEBT.—
Subparagraph (A) shall not apply to any interest which is payable to a related person (determined under rules similar to the rules of section 954(d)(3)).
(C) SIGNIFICANT MODIFICATIONS TREATED AS NEW ISSUES.—For purposes of subparagraph (A), a significant modification of the terms of any obligation (including any extension of the term of such obligation) shall be treated as a new issue.

SEC. 304. INFORMATION REPORTING FOR RENTAL PROPERTY EXPENSE PAYMENTS.
(a) IN GENERAL.—Section 6041 is amended by adding at the end the following new subsection:
(1) by redesignating paragraphs (1), (2) and (3) of section 6041 as paragraphs (1), (2), and (3), respectively.
(b) CONFORMING AMENDMENT.—Paragraph (3) of section 6051 is amended by striking the last sentence.
(c) EFFECTIVE DATE.—
(1) In general.—Except as provided in paragraph (2), the amendments made by this section shall apply to exchanges occurring after the date of the enactment of this Act.
(2) Transition rule.—The amendments made by this section shall not apply to any exchange pursuant to a transaction which is—
(A) made pursuant to an agreement which was binding on March 15, 2010, and at all times thereafter.
(B) described in a ruling request submitted to the Internal Revenue Service on or before such date, or
(C) described on or before such date in a public announcement or in a filing with the Securities and Exchange Commission.

SEC. 305. APPLICATION OF CIVIL PENALTIES TO FEDERAL VENDORS RELATING TO PROPERTY.
(a) IN GENERAL.—Section 6721(b)(3) is amended—
(1) by redesigning paragraphs (1), (2), and (3) as paragraphs (A), (B), and (C), respectively.
(b) CONFORMING AMENDMENTS.—
(1) Section 6721 is amended by striking subsection (c) and by redesignating subsections (d), (e), and (f) as subsections (c), (d), and (e), respectively.
(2) Paragraph (9) of section 904(h) is amended to read as follows:
"(9) TREATMENT OF CERTAIN DOMESTIC CORPORATIONS.—In the case of any dividend treated as not from sources with the United States under section 861(a)(2)(A), the corporation paying such dividend shall be treated for purposes of this subsection as a United States-owned foreign corporation.".
(3) Subsection (c) of section 204 is amended in the last sentence by striking "or to a debt obligation of the Federal Government" and all that follows and inserting a period.
(d) EFFECTIVE DATE.—
(1) In general.—Except as provided in paragraph (2), the amendments made by this section shall apply to years beginning after December 31, 2010.
(2) Grandfather Rule for Outstanding Debt Obligations.—
(A) In General.—The amendments made by this section shall not apply to payments of interest on obligations existing before the date of the enactment of this Act.
(B) Exception for Related Party Debt.—
Subparagraph (A) shall not apply to any interest which is payable to a related person (determined under rules similar to the rules of section 954(d)(3)).
(C) Significant Modifications Treated as New Issues.—For purposes of subparagraph (A), a significant modification of the terms of any obligation (including any extension of the term of such obligation) shall be treated as a new issue.
“(A) is not less than $75,000 and is not a multiple of $500, such amount shall be rounded to the next lowest multiple of $500, and
(B) is not described in subparagraph (A) and is not a multiple of $10, such amount shall be rounded to the next lowest multiple of $10.”.

(g) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to information returns required to be filed on or after January 1, 2011.

SEC. 309. CRUDE TALL OIL INELIGIBLE FOR CELULOSIC BIOFUEL PRODUCER CREDITS.

(a) IN GENERAL.—Section 40(b)(6)(E) of the Internal Revenue Code of 1986 is amended by adding at the end the following new clause:

“(5) the median wage in any jurisdiction operated or maintained by the family, or
(A) by striking any reference to subparagraphs (B) and (C) of section 553 of title 5, United States Code—
(i) in paragraph (2)(A), by inserting ‘‘(i) specify priority criteria for awarding grants to States in each of fiscal year 2011, and’’;
(ii) by striking paragraph (2)(B), and inserting the following:
‘‘(ii) LIMITATION ON EXPENDITURES FOR SUBSIDIZED EMPLOYMENT.—An expenditure for subsidized employment shall be taken into account only if the expenditure is used to subsidize employment for—
(1) a member of a needy family (without regard to whether the family is receiving assistance under the State program funded under this part); or
(2) an individual who has exhausted (or, within 60 days, will exhaust) all rights to reemployment compensation under Federal and State law, and who is a member of a needy household (regardless of whether the household includes a child).’’;
(b) CONFORMING AMENDMENTS.—Section 2101(c)(2)(C) and (D) of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) is amended—
(I) by striking paragraph (2) and inserting the following:
‘‘(2) the median wage in any jurisdiction operated or maintained by the family, or
(A) by striking any reference to subparagraphs (B) and (C) of section 553 of title 5, United States Code—
(i) in paragraph (2)(A), by inserting ‘‘(i) specify priority criteria for awarding grants to States in each of fiscal year 2011, and’’;
(ii) by striking paragraph (2)(B), and inserting the following:
‘‘(ii) LIMITATION ON EXPENDITURES FOR SUBSIDIZED EMPLOYMENT.—An expenditure for subsidized employment shall be taken into account only if the expenditure is used to subsidize employment for—
(1) a member of a needy family (without regard to whether the family is receiving assistance under the State program funded under this part); or
(2) an individual who has exhausted (or, within 60 days, will exhaust) all rights to reemployment compensation under Federal and State law, and who is a member of a needy household (regardless of whether the household includes a child).’’;’’.

SEC. 401. 1-YEAR EXTENSION OF THE EMERGENCY CONTINGENCY FUND FOR STATE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAMS.

(a) IN GENERAL.—Section 401(c) of the Social Security Act (42 U.S.C. 603(c)) is amended—
(1) in paragraph (2)(A), by inserting ‘‘, and for fiscal year 2011, $2,300,000,000’’ before ‘‘for payment’’;
(2) by striking paragraph (2)(B) and inserting the following:
‘‘(B) AVAILABILITY AND USE OF FUNDS.—
(1) FISCAL YEARS 2009 AND 2010.—The amounts appropriated to the Emergency Fund under subparagraph (A) for fiscal year 2009 shall remain available through fiscal year 2010 and shall be used to make grants to States in each of fiscal years 2009 and 2010 in accordance with the requirements of paragraph (3).
(2) FISCAL YEAR 2011.—Subject to clause (iii), the amounts appropriated to the Emergency Fund under subparagraph (A) for fiscal year 2011 shall remain available through fiscal year 2012 and shall be used to make grants to States based on the principles and guidance, without regard to the requirements of section 535 of title 5, United States Code, which ensures that funds provided under the amendments made by this section for subsidized employment do not support any subsidized employment position the annual salary of which is greater than the Federal minimum wage.
(3) RESERVATION OF FUNDS.—Of the amounts appropriated to the Emergency Fund under subparagraph (A) for fiscal year 2011, $500,000,000 shall be placed in reserve for use in fiscal year 2011; and
(4) in paragraph (3)—
(A) in clause (i) of each of subparagraphs (A), (B), and (C), by striking ‘‘year 2009 or 2010’’ and inserting ‘‘years 2009 through 2011’’;
(B) by striking ‘‘and’’ at the end of subclause (I); and
(C) by adding at the end the following:
‘‘(iii) by striking the period at the end of subclause (II) and inserting ‘‘; and’’; and
(iv) by adding at the end the following:
‘‘(III) if the quarter is in fiscal year 2011, has a 1-cent. That is the fastest rate in 6 years, when we grow jobs, as we did in November and December, and it is progress. Success will be measured by the number of jobs that are added, not the number of jobs that are subtracted. And that is the number that we have added in the last 4 months. And since President Obama took office, monthly job losses are down 96 percent, from 726,000 over a 4-month average during the latter part of the Bush administration, to 27,500 over the last 4 months, a 96 percent improvement in job loss. That is not success, but it is progress. Success will be when we grow jobs, as we did in November and December.
Our economy is growing again. In the most recent quarter, it grew by 5.9 percent. That is the fastest rate in 6 years,
and the second straight quarter of growth under President Obama. In addition, it is a 12.3 percent turnaround from the last quarter of 2008 to the last quarter of 2009.

The Dow is up some 60 plus percent from where it hit shortly after President Obama signed the Recovery Act, the S&P 500 is up 72 percent from its low, and the NASDAQ is up 87 percent now, since we passed the Recovery Act. That is progress to be proud of.

We know that, to a family struggling through chronic unemployment, all the positive economic numbers in the world must look like they bear little relation to reality. That is because, time and again, employment numbers are the last part of a recession to turn around.

The families who are struggling and suffering right now did not create this economic collapse, but they are bearing its brunt. So it is imperative that we act for them.

This month, the President signed the HIRE Act, which eliminated the payroll tax for every employed worker who is hired. Now, the good news by that is that we don’t pay anything unless we accomplish the objective. If they add the jobs, they get the credit, which the nonpartisan CBO calls one of the most effective methods of job creation.

The HIRE Act also gives businesses tax credits for keeping new employees on the payroll, helps small businesses finance their expansion, and extends job-creating and much-needed highway programs.

When the House passed the HIRE Act, Democrats made it clear on this floor that it was an important step, but by no means the last one. That is why we are here today, and that is why I urge my colleagues to support the Small Business and Infrastructure Jobs Act.

This bill expands the successful Build America bonds and Recovery Zone bonds, which helps State and local governments fund needed projects and put people to work. As of this month, Build America bonds helped State and local governments pay for $78 billion in infrastructure programs, projects that were needed but did not have the funds. Build America bonds assured that they had the funds and created the jobs.

This bill also contains provisions to help small business innovate and grow. It increases the deduction for business startup expenses, so enterprises across America—all over our country will have stronger incentives to open the books of new businesses, an important measure to achieve this goal. Congressman Frank Kratovil

And, it excludes 100 percent of small business capital gains from taxation, which will lead to a new influx of investment, the investment small businesses need to expand and hire new workers.

For Democrats, job creation is our single-most important job. I think, frankly, Republicans share that sentiment. I think that is a bipartisan sentiment. This bill carries that work forward, and I believe it will provide significant relief to the Americans who are still feeling the recession’s harsh effects.

Again, I congratulate Mr. LEVIN for the work this committee on bringing this to the floor. I also want to congratulate my friend, CHARLIE RANGEL, who has been so instrumental in working on these jobs bills for so long. Madam Speaker, I urge my colleagues to strongly support this legislation.

Mr. CAMP, Madam Speaker, I yield myself such time as I may consume.

It’s tough to see this bill either as a small business bill or as a jobs bill, and, specifically, I have three concerns: One, the limited and very narrow tax provisions, even if well-intentioned, will not do enough to help employers create jobs.

Under this bill, American jobs will be taxed. That’s the simple truth regarding the provision limiting treaty benefits for certain deductible payments. This is very similar to a provision offered previously by the gentleman from Texas (Mr. DOGGETT) and accounts for about 40 percent of the $19.4 billion in tax increases in the bill.

There’s never a good time to raise taxes on employers and American workers. We do it at our peril. And, in this particularly weak economy, today may be the worst time. Data from the Department of Labor confirms that 48 States have lost jobs since the Democrats’ stimulus bill passed, 3.3 million jobs have been eliminated since the Democrat stimulus bill passed, and a record 16 million Americans are out of work.

In case you need more evidence that the Democrat stimulus bill failed, just look at the $2.5 billion in “emergency” welfare they spent under this bill. This money will be paid out in the third fiscal year since stimulus money first started flowing. That’s the third year. This bill increases spending, it increases taxes and will not create private sector jobs. In that respect, this is the “Mini Me” of the Democrat stimulus bill.

I encourage my colleagues to vote “no,” and I reserve the balance of my time.

Mr. LEVIN, I yield myself such time as I may consume.

This, indeed, is a jobs bill. It’s a continuation of the work in this Congress by some of us to spur job creation to recover from the 8.4 million jobs lost in this recession and to improve the quality of life in our communities. The cornerstone, indeed, of this package is an extension of the Build America Bonds program. It’s been an effective tool in job creation. It’s been a vital resource for State and local governments looking to advance infrastructure programs.

Mr. CAMP talks about the number of States—I think you referred to 47—where jobs have been lost. I think every one of those States—‘it’s 47—has benefited from the Build America Bonds program. The money goes to local communities for infrastructure, and that creates jobs. That’s what finance experts have said about BABs.

It’s one of the economic recovery effort’s biggest successes. As I mentioned, as of March 1, 2010, State and local governments have used BABs to finance more than $78 billion in infrastructure programs.

Now, as to small business. The legislation excludes 100 percent of capital gains on small business stock to help encourage immediate investments in growth. It will, in turn, help our small businesses hire new workers and continue fueling our economic recovery. Also included are provisions to remove onerous and very narrow penalties from small businesses so they can create more jobs.

Also, there’s a provision, an important one, to reduce the barrier of startup expenses on new businesses.

The bill would also extend, for 1 year, the TANF emergency contingency fund. The Governors Association has said this fund helps “speed economic recovery through subsidized employment and training programs.”

This bill is completely offset and will not add a dime to the Federal deficit. The bill is offset with provisions to ensure compliance with our tax laws, close down a loophole that allows paper companies to claim a $1.01 per gallon credit for tax avoidance, take away tax-free status for waste products, and it does crack down on foreign tax haven corporations that are taking advantage of the U.S. tax treaty network in order to dodge U.S. taxes. And to just say you’re opposed to any tax increases? Tax increases on people who are avoiding paying legitimate taxes. I have a chart here, in very simple terms, that spells out how these companies, these foreign corporations that are not part of a tax-treaty country, they evade taxes through a gimmick. And to oppose this because of that, I think, is very, very inappropriate.

So, in a word, this bill is another significant step towards helping our country continue down the path of economic recovery and job creation. It should be a bipartisan bill. In the markup that we held, there wasn’t a single amendment offered by the minority to strike a specific jobs provision. This bill will continue to take additional targeted and effective steps to accelerate economic recovery for American families. And I
Mr. RANGEL. Madam Speaker, the American people still want to know: Where are the jobs? This bill fails to answer that question, and the House should reject it.

Mr. LEVIN. It's now my privilege to yield 2 minutes to my colleague and friend, the gentleman from New York (Mr. RANGEL).

Mr. RANGEL asked and was given permission to revise and extend his remarks.

Mr. RANGEL. Thank you, Mr. Chairman.

I really can't understand how this discussion is dealing with Republicans and Democrats. When someone loses his job and loses his health care, loses his dignity and pride and ability to take care of his or her rent or pay the mortgage or tuition in school, when they make applications for unemployment compensation, I really don't think that people ask: Are you a Republican or a Democrat? And this is true of health insurance as well as it is for almost any job training. This is what makes America unique, not the majority or minority party. At the end of the day, what have we done as Congress and a part of government to allow people to put their hopes and dreams toward so that we can get a full recovery?

For those who are critical of this bill for what it hasn't done, it's only one step as we attempt to move forward to get America back to work. That's what we all want. For those who say that too much is given to government, my God, we're talking about putting people back to work so that they have the ability to buy from small businesses.

We eliminate taxes for capital gains if you invest in small businesses. We provide incentives for startup funds so that people can have the small businesses. And there's not a mayor, there's not a governor who doesn't truly believe that putting people to work on infrastructure, building schools, getting involved in low-income housing—we're talking about jobs. Not Democratic jobs, not Republican jobs, but jobs that put money in people's pockets to fulfill their obligations and their dreams.

So let's get away from this partisan-ship, Why don't we just ask: Is it good for America and not just good for our party?

Mr. CAMP. At this time, Madam Speaker, I reserve the balance of my time.
of Counties, all of them urging the Congress to extend this program.

Kevin Hassett of the conservative American Enterprise Institute said, “Given the state of the labor market, it is hard to imagine how any sensible person could argue against extending this emergency fund. If they are to be more than the party of ‘no,’ Republicans need to rally around the Democrats who have shown such reserved pragmatism.”

I appeal to my colleagues on both sides of the aisle to support this bill.

Mr. CAMP. Madam Speaker, I yield myself such time as I may consume.

I have heard that this welfare expansion is about jobs. Frankly, it’s not. Democrats propose to expand the welfare emergency fund that was contained in last year’s failed stimulus bill by $2.5 billion. They just extend it for another year and add that money. But since this legislation doesn’t really alter how the money is spent, we can only assume the new spending will be a lot like the current spending. So what has the money been spent on so far? Almost none of it has been spent on jobs. Almost all of it has been spent on more and larger welfare checks.

I would like to insert in the Record from the recent Congressional Research Service report on how the welfare emergency funds have been spent to date. As of March 18, 2010, only 13 percent of those funds have been spent on subsidies. Less than 7 percent was spent on short-term aid and basic assistance. That is, on welfare checks.

(From the Congressional Research Service, Mar. 23, 2010)

The TANF Emergency Contingency Fund
(By Gene Falk, Specialist in Social Policy)
State and Tribal Use of TANF Emergency Funds

As of March 18, 2010, states and tribes have been awarded $1.9 billion of the total $5 billion appropriated. Figure 1 shows the TANF ECF grant awards by category of spending.

The figure shows cumulative grant awards through March 18, 2010. It shows that $948 million, or 40 percent of the total grant awards of $1.9 billion was to help finance increases in expenditures for basic assistance. Another $728 million, or 40 percent was spent on short-term aid and $231 million, 13% of the total, was for subsidized employment.

Mr. Speaker, I now yield 3 minutes to the gentleman from Illinois (Mr. Roskam), a distinguished member of this committee, the Ways and Means Committee.

Mr. ROSKAM. I thank the gentleman for yielding.

During the markup on this bill, Mr. RANGELE of New York was very magisterial in his concern for our emotional well-being on our side of the aisle. And he said that no matter how sincere they are in their argument, it must be awkward and embarrassing just to say no. I really do appreciate that gesture and his concern for how we’re treated. But the good news is, Mr. RANGELE is, we don’t feel embarrassed, and this isn’t awkward. In fact, it is with a sense of duty that we stand up and say, You know what, this bill is a classic underperformer.

If you notice something, we’re hearing echoes of the exact same rhetoric that we heard during the stimulus debate. The stimulus, as you will remember, was $787 billion, plus or minus, plus interest, so you are at a trillion dollars worth of commitment and a stampede argument of spending that said, If we would only do this now, only do this quick, only do this right now, unemployment was going to peak at 8 percent. Well, it’s open in my home State of Illinois. In fact, the Chicago Tribune recently quoted a civic leader, the Civic Federation of Chicago, and this is what they said regarding the State of Illinois’ budget morass, notwithstanding all the help that the majority has claimed that they’ve foisted on these States. They’ve said, This is historic. It is epic. It is impossible to overstated the level of peril. That’s with the majority’s help.

So now two Senators, “Well, you Republicans talk about small government all the time. Let’s help small government here.” I think that’s an inherently flawed argument because what we’re doing is borrowing and then foisting more mandates.

Look, I think ultimately the most difficult and troublesome component of this is the overriding of 60 bilateral trade agreements. I have over 3,400 employees in my district alone in suburban Chicago. I have a manufacturer there, another over a quarter of a million employees who are employed by companies that are insourcing jobs.

I think the National Association of Manufacturers and the U.S. Chamber of Commerce got it just right when they opposed this bill for all the right reasons.

Mr. LEVIN. I yield 2 minutes to the very distinguished gentleman from Georgia, my friend JOHN LEWIS.

Mr. LEWIS of Georgia. Madam Speaker, I want to thank the chairman, my friend, for yielding.

Madam Speaker, not long ago, the American economy was headed toward disaster. In the past year, businesses have closed their doors, and more and more of our sisters and brothers have joined the unemployment line. In my district, unemployment is still over 10 percent. That is unacceptable. And with this bill, with this piece of legislation, we can help.

While this Congress and this administration have brought our economy back from the brink of depression, there is still so much left to do. Today with this bill, we can take another step down that long road to recovery. This bill will create jobs. It will save jobs, and it will save our small businesses. Is it possible? Is it too much to ask for? Is there someway and somehow that we all could come together and create jobs to put our people back to work? This is the bill that will help the family-owned restaurant that has served our community for years. It will help businesses that are facing cutbacks, and it will help people follow their dreams to open their own businesses.

I urge my colleagues to pass this bill, for all of our small businesses, and to pass it now.

Mr. CAMP, Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. MANZULLO).

Mr. MANZULLO. Madam Speaker, you can’t talk to the people in Rockford, Illinois, whose unemployment is at 20 percent that all these stimulus bills are working. In fact, for the President was sworn in, because he mentioned a carbon tax, near the city of East Dubuque over on the Mississippi River in the congressional district that I represent, Rentech, which makes anhydrous ammonia and urea, was all set to make an $800 million investment to substitute coal for natural gas in the Fischer-Tropsch process resulting in the production of aircraft fuel. So 1,000 manufacturing jobs, an $800 million investment, was wiped out because the cap and trade had the investors pull the plug on it.

And now we come up with still another bill, still another government program, this one to tax foreign direct investment, many of them involved in the manufacturing sector. There are 240,000 jobs in Illinois that directly depend upon foreign direct investment.

The Speaker pro tempore. The time of the gentleman has expired.

Mr. CAMP. I yield the gentleman an additional 15 seconds.

Mr. MANZULLO. Madam Speaker, we just passed the health care bill, the cap-and-trade.

Every time we pass these bills, the people in the congressional district that I represent lose more jobs. We don’t need help from Congress. We need Congress to leave the people alone.

Mr. LEVIN. I yield 2 minutes to my friend from Massachusetts (Mr. NEAL), who is such an active member of this committee on the issues before us.

Mr. NEAL. Madam Speaker, I want to thank the chairman of our committee, and I rise in support of the Small Business and Infrastructure Jobs Tax Act. As a former mayor, I am pleased that this bill contains a number of infrastructure tools to lower the costs for State and local development.

Let me put to rest the argument here that there was no cooperation on this bill. Mr. RYAN, a prominent Republican on the committee, and I supported legislation that would exempt private activity bonds from AMT. And it’s working. The U.S. Department of Transportation cited this provision as saving $655 million for construction projects at 38 airports around the country, including Cleveland, Milwaukee and Houston, among others. We don’t check those airports to find out if they have a Republican Congressman or a Democratic Congressman. We think they are worthwhile undertakings.

These construction projects have created thousands of jobs nationwide at a time that our economy really needs
them. In my office, if you want to secure the information, we would be happy to provide you with the information about airport expansion which in many communities is a public and private partnership, but they have taken advantage of this initiative. The bond status for student loans, and protection from AMT means lower rates on borrowers. In Massachusetts alone, 26,000 students will benefit.

The bill we are debating today also includes a provision offered by, yes, my friend from New York. We want to protect the New Markets Tax Credit from the AMT, a reasonable undertaking, a reasonable provision. Since its inception, this program has generated over $15 billion of private sector investment in some of the poorest communities in this country. I will repeat. Mr. Tiberi and I sponsored this provision. Mr. Ryan and I have cosponsored provisions here. Protection from AMT means financing costs are lowered, freeing up greater investment for struggling neighborhoods.

And I want to submit, Mr. Chairman, and to the Speaker as well, there is not a Republican mayor in America who would be against the provisions that are offered.

Mr. CAMP. Madam Speaker, I yield 2 minutes to the distinguished gentleman from New York (Mr. Lee).

Mr. LEE of New York. Madam Speaker, it is past time that we -- Mr. Chairman.

Mr. LEVIN. Madam Speaker, I yield 2 minutes to the very distinguished gentleman from Texas (Mr. Doggett).

Mr. DOGGETT. Madam Speaker, regarding these ill-considered arguments against the treaty-shopping provisions that allow a handful of firms to dodge their responsibilities to fund our national and homeland security, let's get the facts straight.

First, there is not one company headquartered in the United States that will pay one cent of additional taxes as a result of these provisions. Number two, there is not one company that is headquartered in a foreign country with whom we have a tax treaty that will pay one cent of additional taxes. And that covers, by the way, over 90 percent of all foreign investment in the United States that we were just hearing about, over 90 percent not touched whatsoever if they are headquartered in a country with a tax treaty.

What it does touch is the minority, defended by the Republican Party, that are determined to dodge their fair share of the cost of running America. Those companies are that are headquartered in tax havens that set up their operations specifically to dodge their responsibilities. We believe they ought to follow the same rules as American-owned companies, as American-headquartered companies. It is amazing to me that the same folks who would defend the film-flam artists at Enron from dodging their tax responsibilities, that would defend the American corporations that renounce their American citizenship to move to some sunny tax haven, are now defending this small minority of firms that will not pay their fair share of American taxes.

And what of this phony argument that we are somehow violating our tax treaty responsibilities? Well, it is just that, it is phony because this measure is actually an incentive to support the tax treaty system. That is where over 90 percent of the investment already is; and so we are saying, as the non-partisan Joint Committee on Taxation concluded, this provides an incentive for any responsible foreign investor to locate in a treaty country. The treaties are set up to help American companies. That is what these companies should do.

Mr. CAMP. Madam Speaker, I yield myself such time as I may consume, and I place in the Record a letter to Mr. Levin and myself from the Organization for International Investment, a large association representing over 5 million Americans. It is an association of U.S. subsidiaries of companies headquartered abroad which also accounts for one-fifth of all exports which says that the language in this legislation would override many of our bilateral income tax treaties and could lead to retaliatory actions by other countries.

I would also note that during the markup of this legislation in committee, even the Obama administration’s own witness, the Deputy Assistant Secretary of Tax Policy, testified that the Treasury Department has, and I quote, “Concerns about the specifics of this provision and whether it will override many of our income tax treaties.” She also stated the administration prefers a more targeted approach.

Hon. SANDER LEVIN, Chairman, Committee on Ways and Means, House of Representatives, Washington, DC.

Hon. DAVE CAMP, Ranking Member, Committee on Ways and Means, House of Representatives, Washington, DC.

DEAR CHAIRMAN LEVIN AND REPRESENTATIVE CAMP, On behalf of the Organization for International Investment (OFII), I am writing to express concern with a tax provision included as Section 401 of the discussion draft of the Small Business and Infrastructure Tax Act of 2010. This section would override many of our bilateral income tax treaties and could lead to retaliatory actions by other countries.

Since a similar proposal was introduced in 2007, the Treasury has taken great strides to ensure that the three bilateral tax treaties with the People’s Republic of China, Taiwan, and Japan were fully protected from those provisions. A similar protocol with Hungary has been negotiated and initiated and could be ratified.
this year, Treasury is expected to pursue a similar amendment to the treaty with Poland during 2010–2011. Consistent with the conclusions in the Treasury Report that was released in November 2007 that reviewed potential abuse of income tax treaties, OFII believes re-negotiation of existing income tax treaties without grandfathering a more specific and substantiated way to address the concerns underlying this provision and we urge you to oppose including Section 401 in the final version of the Small Business Jobs Bill. We would be pleased to discuss our concerns with your staff in greater detail.

Sincerely,

NANCY MCLERNON
President & CEO.

ORGANIZATION FOR INTERNATIONAL INVESTMENT

OFII is the only business association in Washington D.C. that exclusively represents U.S. subsidiaries of foreign companies and advocates for their non-discriminatory treatment under state and federal law.

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I yield 2 minutes to the distinguished gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. Madam Speaker, I thank the gentleman for yielding, and I have to say I am confused. Now I am confused maybe because I am not on the Ways and Means Committee—I’m on the Appropriations Committee—and on March 16 at 10 o’clock we had a hearing, and our special guest at the hearing was the Treasury Geithner, Secretary of OMB Orzag, and the President’s Economic Adviser, Ms. Romer. All of them said to the full committee the stimulus program is working. It is the greatest program. In fact, I thought there was going to start high-fiving and hugging each other right there in the committee, they were so excited about it.

But now I am like you. You Democrats on the Ways and Means Committee, CAMP you’re not working. We know that it is not working. That is why we are now debating the third stimulus jobs bill in the House. We had one a couple of weeks ago, we had one in December, and all it is spend, spend, spend. The $862 billion stimulus program was supposed to keep unemployment from getting to 8 percent, and it is now pushing 10 percent. Of course it is not working.

But does this work? It is just more spending for our municipal governments. I keep hearing the mayors like it and the county commissioners like it. Oh, yeah, we are sending them more money; I guess they do like it. They envy us because we can print it, and we can borrow it. In fact, if you look at it, every dollar that we spend, we actually borrow 40 cents. Now you would never do that back home, but that is what is going on. We borrow to pay for the military, to pay for education, transportation, to pay for the National Park Service. We borrow foreign aid. Can you think of the absurdity of that: we borrow money to give it to other countries. That’s what is going on. And here comes this bill with more borrowing.

You know, if you look at what has gone on, May of 2008, a $168 billion stimulus bill failed. I voted no. It was a George Bush bill. All of these stimulus bills of all the spending does not create jobs. We need to vote this down.

Mr. LEVIN. Mr. Speaker, I yield myself 15 seconds.

To the gentleman who just spoke, this bill is paid for unlike bills you voted for. And also let me say to the distinguished gentleman, you are opposed to this bill because it isn’t big enough or it is too small. It’s not clear. The recovery program is beginning to work. This will make it work better, and yet you are standing here opposed to it.

I now yield 1 minute to the gentleman from California (Mr. BECERRA).

Mr. BECERRA. Madam Speaker, I thank the gentleman for yielding, and just to correct the record once again, this bill, unlike previous bills passed by our colleagues and friends on the other side of the aisle, is completely paid for. There is not a cent that would not be paid for. You have to make some tough decisions when you pay for things, but this bill is completely taken care of and paid for. So the tax cuts we give to small businesses, we take care of that. We don’t do just this welfare one, we do it here. That is why we should vote for this legislation.

We need to put this country back on track and back to work, and this bill continues a series of legislation that have come through this House, gone to the Senate and been signed by the President which put America back to work. The economic recovery package which too many of our colleagues rail against, the independent, nonpartisan Congressional Budget Office has already created at least 2 million jobs in America; and we still have more of the economic recovery package effects to take place over this coming year.

What we do know is if we keep at it and do it responsibly, we can put America back to work. That is what this is all about. That is why we should support this legislation. I urge my colleagues to support this bill.

Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. BOUSTANY), a distinguished member of the Ways and Means Committee.

Mr. BOUSTANY. Madam Speaker, I thank Ranking Member CAMP for yielding this time.

We are talking about jobs, and this bill purports to be a job-creation bill, but I have deep reservations about one of the pay-fors in the bill. It is in section 301. It raises $7.7 billion in taxes, and where do these taxes come from? Where does this tax increase come from? Well, it comes from U.S. companies who happen to be headquartered...
Mr. CAMP. I reserve the balance of my time.

Mr. LEVIN. Madam Speaker, I yield 1 minute to the gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. Madam Speaker, the support of this important jobs bill in general, and two provisions in particular. The SBA provision makes a change to the Tax Code to encourage private investment in the Small Business Investment Company program, which in turn will help small businesses hire more employees.

The extension of the AMT exemption for private activity bonds is critically important to creating jobs and growing our economy. Bonds have been one of the economic recovery efforts' biggest successes, and they are responsible for creating jobs and funding important projects in nearly every State in our country.

One example can be seen at the Sacramento International Airport in my district. They sold bonds to complete their terminal renovation. This money was directly responsible for preserving 1,200 construction jobs and generating over $1 billion in the surrounding community.

We must do everything we can to put Americans back to work. Today's jobs bill is paid for. Today's job bill is paid for and is one more way to spur economic development.

Mr. LEVIN. I yield 1 minute to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Madam Speaker, there is a certain amount of irony hearing our friends on the other side of the aisle talking about a recovery package that hasn't worked as well as all of us would like because it was deliberately scaled down in an effort to try to secure Republican support. More of it was put in tax cuts than we would have liked rather than in infrastructure to rebuild and renew America. We know if it would have been done the way the Democrats wanted, it would have worked better. Nonetheless, I hate to think what would happen in the State of Michigan without economic recovery money, in the State of Oregon without this money.

I have three brief points. One, by putting more money in infrastructure, we are helping the people who need it. Second, this is fully paid for, unlike what we have seen with the efforts of our friends on the Republican side of the aisle when they were in charge. And, third, the pay-for is incorporating recommendations that came from the Bush administration Treasury that recognized there were corporations that were not meeting their obligations to the United States Treasury.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. LEVIN. I yield the gentleman an additional 30 seconds.

Mr. BLUMENAUER. These provisions will affect companies in a small number of countries—there are less than 10 percent of the countries that don't have a tax treaty with us—they will be encouraged to have a relationship to avoid tax avoidance. It will be an opportunity for people who are not paying their fair share now to put some money behind renewing and rebuilding America.

It is a good bargain for the taxpayer, it is a good bargain for revitalizing our communities, and I appreciate the committee bringing this bill forward.

Mr. CAMP. I yield 30 seconds to the gentleman from Louisiana (Mr. BOUSTANY).

Mr. BOUSTANY. I want to respond to what was just said about these tax provisions, and that is, the previous administration actually wanted to work through these treaties and to have made that there were some problems but did not just simply want to abrogate 60 tax treaties.

Mr. LEVIN. I yield 15 seconds to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. The last Administration offered proposals to address this time after time, and a Republican Congress wouldn't approve them. That is one of the reasons we need to take this firm action today. We see the benefits of that in the almost $50 billion that are raised not from American companies but from companies that are located in these tax-haven locations.

Mr. CAMP. I yield myself such time as may consume.

I would just say to the gentleman and to those on the floor, to say this is the same proposal that occurred in the previous administration is really an oversimplification. The previous administration really wanted to have a more targeted approach to this. They wanted to, certainly through treaty amendments, targeted domestic law provisions, that would address the problem of potential abuses under this administration. But they didn't want to damage our treaty relationships with all of the other countries.

And as the gentleman from Louisiana has said, this would damage our treaty relationships with over 60 countries. We have a letter in the record from the organization overseeing nearly 5 million U.S. workers and companies headquartered abroad. The Treasury testified at the committee that this is not the approach they want to take. They would much prefer to take similar approaches to the Bush administration. So in terms of tax policy, we actually have the Treasury Department wanting to do the same thing.

This is outside of that. This is over broad. It would hurt our relationships.

I reserve my time.

Mr. LEVIN. I yield 30 seconds to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. We are in no way saying this is the absolute language that the Bush Administration recommended. We are saying it addresses the same problem and that you
didn’t like the Bush Administration approach any better than you liked the Obama Administration approach, any better than you like this approach. And the only beneficiaries of this obstruction to a legislative answer are the special tax�designers in these tax havens that have been avoiding their responsibilities. We want to level the playing field. We don’t want to shirk treaty responsibilities. We want an incentive to encourage every one of these companies to go to a tax treaty country.

Mr. LEVIN. I now yield 1½ minutes to the distinguished gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Thank you for yielding, Mr. Chairman.

No more loopholes. No more sheltered tax havens. No more privileged class perks. Period. That is how we’re paying for this bill.

Mr. Speaker, once again, the day after significant legislation has been passed, we’re back at our greatest priority—putting people back to work. There are many sections of this bill that do that. I want to highlight just one of them: the Sustainable Water Infrastructure Investment Act. I hope you support that part of the legislation.

As it was introduced, this provision will generate significant investment through the use of tax-exempt bonds, and if we don’t go that way, our communities are going to have to find the money to fix their infrastructure, to fix their sewer systems, to fix their water systems, and you know that is not going to happen. Our communities look to us for help. Our infrastructure is in disrepair, and it’s just not our roads and it’s just not our bridges.

Earlier this year the American Society of Civil Engineers gave the nation’s water and water system the lowest grade of any infrastructure category, a D minus. This legislation aims to repair our crumbling water infrastructure while leveraging private capital to create jobs. Every dollar invested in public water and sewer infrastructure will add $8.97 to the national economy. Economists estimate a $1 billion investment will generate 28,500 jobs.

For anybody to stand up here and say that this particular legislation does not specifically face off against the job lag in this country, they haven’t read the bill.

Mr. CAMP. I reserve my time.

Mr. LEVIN. I now have the privilege of yielding 1½ minutes to the gentlelady from Pennsylvania, ALLYSON SCHWARTZ.

Ms. SCHWARTZ. Democrats are committed to rebuilding America’s economy, putting our workers back to work and ensuring our businesses can compete in a global 21st century economy.

Today we will vote on the Small Business and Infrastructure Jobs Tax Act, which makes smart investments, including: expanding Build America Bonds, which have been used by State and local governments across the country, 116 times in my own home State of Pennsylvania, to finance $2 billion in essential infrastructure projects; excluding capital gains taxes on the sale of small business stock; exempting water and sewer facility bonds from State volume caps initiating new infrastructure water projects which will improve the quality of our drinking water; and ending unfair tax penalties for small businesses that offer start-up expenses will provide new opportunity for growth and investment in Las Vegas and help entrepreneurs build job-creating small businesses.

Mr. CAMP. I reserve my time.

Mr. LEVIN. I now have the privilege of yielding 1 minute to the gentlelady from North Carolina (Mr. ETHERIDGE).

Mr. ETHERIDGE. I thank the gentleman for yielding. It’s my privilege to support this bill for our small businesses and local communities. Small businesses are the engine of our economy and right now they need help in order to grow, expand, and hire new workers. Research shows that every "new job" in this country is created by entrepreneurs who simply have an idea and the energy and the vision to make it a reality. We should support them, and this bill does so.

This bill also invests in our local communities by expanding successful Build America Bonds and water and sewer bonds which our communities badly need to restore our infrastructure and, more importantly, create jobs.

I met recently with a North Carolina housing finance agency, and yesterday I received a letter from the National Association of Counties, who both support this bill. Helping our small businesses, investing in infrastructure, and creating jobs should be a nonpartisan issue. We must come together to fix our economy. And as a former small business owner, I support this legislation for creating jobs on Main Street.

I urge a "yes" vote.

Mr. CAMP. I reserve my time.

Mr. LEVIN. It is now my privilege to yield 1 minute to the gentlelady from California (Ms. LINDA T. SÁNCHEZ) a member of the committee.

Ms. SÁNCHEZ. I would like to thank the chairmen for their leadership.

This legislation is yet another strong step towards economic recovery for Las Vegas, the State of Nevada, and the Nation. The provisions of this bill will spur the creation and growth of small businesses and help State and local governments make critical job-creating infrastructure investments that are essential to long-term economic recovery. Build America Bonds have been an essential source of funding for critical infrastructure projects in my district. That includes millions for investments by McCarran International Airport, millions for essential upgrades to water and sewer systems by the Las Vegas Water Authority, millions in highway and transit improvements by Clark County.

The extension of Recovery Zone Bond programs will make my district eligible for yet another source of financing for infrastructure projects that will spur economic growth and help bring down one of the highest unemployment rates in the Nation. Fifty percent of the building trades in Las Vegas are idle. Families are suffering.

Speaking of families, families and small businesses are going to directly benefit from this legislation. The increased deduction for small business start-up expenses will provide new opportunity for innovation and help create jobs we so desperately need.

And Temporary Assistance for Needy Families, this is incorporated in the bill and will help many Nevada families who struggle daily to help make ends meet.

The people of my district are struggling with difficult economic times. This Congress continues to focus on policies that will create new opportunity for growth and investment in Las Vegas and help entrepreneurs build job-creating small businesses.

Mr. CAMP. I continue to reserve.

I urge a "yes" vote on this legislation.
strengthen the low-income housing tax credit. A stable roof over a child’s head contributes to his or her education, emotional well-being, and overall physical health.

In California alone, 4 percent low-income housing credits will fund about $2.5 billion for 125,000 new housing units in the last 20 years. By reviving the value of these credits, we will revitalize the housing sector, creating not just affordable homes but new jobs.

Additionally, this bill extends the Recovery Act’s successful Build America Bonds program. These bonds are responsible for almost 30 percent of the current municipal bond market. As of the end of February, $78 billion in Build America Bonds have been issued by State and local governments to build roads, bridges, and schools. And the jobs that are created pay a living wage. They are an investment in our community.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. LEVIN. I yield the gentleman an additional 30 seconds.

Ms. LINDA T. SÁNCHEZ of California. They are an investment in our community and an investment in our workforce, investments that are going to pay dividends for years to come.

I want to thank the chairman and the committee staff for their hard work on this bill, and I urge my colleagues to support this legislation.

Mr. CAMP. Madam Speaker, I am prepared to close. I yield myself such time as I may consume. I urge my colleagues to support this legislation. From this debate, I think it’s difficult to see whether this legislation is either a small business bill or a jobs bill. Frankly, it’s neither one. The reason is the tax increases in this bill will hurt an already weak economy. Not only are tax increases on employers during a recession makes it even harder for Americans to find work.

Second, roughly 80 percent of the tax relief in this bill goes to State and local governments and to pay State and local governments. To borrow more money, as this bill does, is not what America needs right now.

I would also say there are some tax provisions, very small ones, that have received bipartisan support. But, frankly, those good things are outweighed by the structure of the bill and the way the bill is drafted, because even those well-intentioned measures will not do enough to help employers create jobs; and, particularly, the provision that will override our tax treaties with 60 countries, that even the Deputy Assistant Secretary for Tax Policy, when testifying before the committee, said she had concerns over, and also which has been rejected by the Senate, which means the almost $7 to $8 billion we are using to fund this bill will not see its way across the floor of the United States Senate. So I think we would do better to come back and try to do something that would actually potentially do something about job creation and see its way to the President’s desk for signature.

With that, I urge a ‘‘no’’ vote on this bill.

I yield back the balance of my time.

Mr. LEVIN. I yield myself the balance of my time.

I strongly urge a ‘‘yes’’ vote on this. I really urge my colleagues on the minority side to think twice, but to think thrice before voting against this bill. I don’t think everyone has to march in a partisan way in this place, especially on a bill that will help create jobs.

I have a letter regarding the continuing (TANF) Emergency Contingency Fund and a Democratic Governor, which states that, ‘‘currently, 23 States are drawing down the fund for subsidized jobs, with several more State applications pending approval. Many of these programs take time to develop and implement. States need more time to access these funds, Congress can help maximize the impact of TANF ECF in providing crucial skill development and training to our workforce.’’

Regarding the Build America Bonds, almost every State has taken advantage of these. It’s for local communities and States to build—to build. Who builds roads? Who builds bridges? Not robots. Basically, it’s human beings. So when you come here and vote ‘‘no,’’ you are voting against jobs for human beings.

In terms of the pay-for, the only entities that will pay taxes will be those who are evading them, who are essentially using tax havens to avoid paying taxes.

I think the Senate will take a second look at this. I think this can become law, and we should join together to help make this become law. We owe it to the people of this country. This is a jobs bill.

Vote ‘‘yes.’’

Mr. LINDER. Madam Speaker, I oppose this legislation.

Since the Democrats’ 2009 stimulus law, 3.3 million jobs have been eliminated, not the 3.7 million jobs they forecast it would create. Unemployment has risen to 10 percent, not the 8 percent peak Democrats promised. And 16 million Americans are currently unemployed, an all time record.

That stimulus legislation created numerous welfare expansions, including a new $5 billion welfare ‘‘emergency fund.’’ This fund directly undermines the successful 1996 welfare reforms by paying States more money if they increase welfare dependence instead of work.

The legislation before us would extend and expand that welfare emergency fund, costing taxpayers another $2.5 billion.

Democrats claim this welfare expansion will create jobs, as they claimed their stimulus bill would. The facts show stimulus didn’t create jobs, and this won’t either.

Why are we doing this? According to the latest MI5 figures, States have not spent over $3 billion in the current welfare emergency fund. By the end of the year, the Congressional Budget Office estimates one-third of the fund—about $1.5 billion—will remain unspent.

But instead of letting this ‘‘emergency’’ fund expire, or even just giving States more time to spend current funds, Democrats insist on shoving another $2.5 billion in welfare out the door. That will cost taxpayers another $2.5 billion more, and benefit especially those few States that spent all of what Democrats promised in last year’s stimulus bill. So the more you spend, the more you get. All on top of last year’s trillion-dollar stimulus bill, and the trillion-dollar health takeover bill the President signed last week.

But it’s not enough, because it’s never enough.

Two weeks ago, in a hearing on welfare spending, one expert testified to the subcommittee on which I serve as Ranking Republican that government will spend $953 billion on means-tested welfare programs next year, a nearly 50 percent increase since 2007. I asked the Obama Administration witness, who supported the welfare expansion before us today, whether her testimony was that the legislation is not enough. She responded: ‘‘Who’s to say what is enough?’’

The reality is we are the ones elected to represent the American people in saying what is enough. And after a trillion dollars in failed stimulus spending, and a trillion dollars for the government health care takeover yet to come, I say enough. Oppose this unnecessary welfare spending increase.

Mr. CONyers. Madam Speaker, today I rise in support of H.R. 4849, the ‘‘Small Business and Infrastructure Jobs Tax Act of 2010.’’

Today I am offering a reduction in needed tax relief to small businesses, as well as assistance to states for infrastructure projects, housing tax credits, and direct aid for communities hit the hardest by job losses. This is a very timely bill and will provide a real benefit to States suffering through periods of unemployment, like my own State of Michigan.

As we are all too aware, states have been struggling with staggering budget deficits and have painfully cut back on many vital programs. One of the important proposals within the Act would extend $2.5 billion funding for the Temporary Assistance for Needy Families (TANF) Emergency Contingency Fund through 2011. TANF gives a one-time aid for needy families and subsidizes employment programs.

I also support provisions in H.R. 4849 that would allocate over two billion dollars in additional funding for Recovery Zone bonds and extend the popular Build America Bonds initiative. Recovery Zone bonds are low interest bonds aimed at funding investment in economically depressed areas, such as my congressional district. Build America Bonds, lauded as one of the most successful parts of the Recovery Act, are bonds with tax exemption on interest and will be extended for three years under this bill. Build America Bonds will allow for the construction of new schools, roads, environmental projects, public safety facilities, and government housing projects.

Madam Speaker, this. Congress has passed sweeping legislation such as the Recovery Act, health insurance reform and fair pay for women. These actions have shown the American people that we can act in times of crisis. In this vein, I believe tax relief, coupled with aid to the States, can spur substantial job creation. I urge my colleagues to support this legislation.
Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I rise today in support of H.R. 4849, the Small Business and Infrastructure Jobs Tax Act.

Specifically, I am pleased one of the provisions of this bill is the text of H.R. 537, The Sustainable Water Infrastructure Investment Act of 2010. This provision will help our local communities by removing the federally mandated State Volume Cap on Private Activity Bonds for water and wastewater projects. Lifting this cap will allow additional private investment through the use of tax exempt bonds to address our critical water infrastructure needs.

Other infrastructure projects, such as airports, intercity high-speed rail, and solid waste disposal sites are already exempt from these bond caps. Removing state volume caps on Private Activity Bonds for water and wastewater facilities is expected to reduce the cost of water projects, increase the number of water projects that communities initiate, improve our Nation’s water infrastructure, and encourage public-private partnerships.

I am proud to support this bill that will enhance our water infrastructure, create local jobs, and encourage private capital investment in our communities.

Mr. LARSEN of Washington. Madam Speaker, I rise today in support of H.R. 4849, the Small Business and Infrastructure Jobs Tax Act of 2010.

This bill is another important step forward in helping small businesses create jobs in our communities and in assisting state and local governments to crawl out of their financial holes.

I agree with Secretary Geithner that by extending the Buy America Bonds program we are providing an important financing tool for state and local governments and investing in our country’s long term economic growth in a cost-effective way.

As local governments continue to struggle financially, local officials can look forward to using the Buy America Bonds to build bridges, fix roads, and upgrade schools—all while creating jobs in our communities.

Snoshomish County, in my district, is about to utilize the Buy America Bonds to fund public and private capital improvements that promote economic development and job growth throughout the county.

In addition, this bill includes provisions that will help small businesses obtain additional capital and encourage the formation of new businesses.

Small business is the engine that drives our economy, having created 65 percent of all new jobs in the last decade, and continues to play an important part of our economic recovery.

I will continue to do all I can to support our small businesses and create jobs.

Mr. DINGELL. Madam Speaker, I rise today in support of H.R. 4849, the Small Business and Infrastructure Jobs Tax Act. First, I would like to commend my friend and colleague from Michigan, Chairman of the Ways and Means Committee, SANDER LEVIN, for sponsoring this legislation. As an economist note, any true recovery must contain healthy and sustained growth in our small business sector. Fortunately, the Small Business and Infrastructure Jobs Act will spur growth among our small businesses, provide incentives to invest in small businesses, and encourage small businesses to hire workers and entrepreneurs to take risks and start new businesses. Moreover, the bill does this without increasing the deficit.

The Small Business and Infrastructure Jobs Tax Act contains several small business tax provisions to spur investment, such as excluding capital gains taxes for those that purchase stock in small businesses, providing relief from burdensome tax penalties, and increasing the amount that can be expenditures made for starting a small business.

I am also pleased to see that this legislation emphasizes the job creation potential through local rebuilding. By extending the Build America Bonds program, state and local governments will be able to continue rebuilding our schools, hospitals and transit in an affordable manner. More importantly, extending this program through 2013 would allow our state and local governments to plan further into the future for necessary rebuilding projects. The Small Business and Infrastructure Jobs Tax Act also extends the Recovery Zone bonds for economically distressed areas through 2011, which will ensure areas like Southeast Michigan, now struggling with over 16 percent unemployment, can continue to invest in infrastructure projects, job training programs, education and economic development in our communities.

In addition, this legislation extends the Temporary Assistance for Needy Families Fund. This fund was created in the American Recovery and Reinvestment Act to help States handle increasing expenditures on assistance for families and to help create jobs programs that subsidize employers or small businesses that hire unemployed workers. With the Fund already helping to employ 160,000 workers, this one-year extension will allow this good work to continue.

Finally, the bill will help to save American jobs by cracking down on foreign tax haven shelters and gain an advantage over American companies that play by the rules.

Madam Speaker, I urge my colleagues to join me in voting for this job-creating legislation.

Mr. POMEROY. Madam Speaker, helping North Dakota business create jobs is my top priority and today, Madam Speaker, Congress takes another step forward with a sharp focus on small businesses.

Small businesses are a proven engine of job creation. During the last economic expansion, companies with less than 20 employees accounted for 40 percent of the job growth while accounting for only 25 percent of all jobs.

One of the lingering difficulties of this recession is that many small businesses have limited access to the capital they need to operate, grow, and create new jobs. By providing small business tax relief, Congress can free up money and help small businesses feel they can afford to hire new employees and make investments that will build demand for goods and services.

In rural America, small business is business. For example, nearly 80 percent of North Dakota farms are employed by companies with less than 500 employees and nearly 60 percent work for companies with less than 100 employees.

These small businesses are the companies on our small town Main Streets. Across numerous towns in North Dakota, ambitious business persons are finding opportunities to start up business, and the ranks of these new businesses are growing. A recent article in the Dickinson Press, reported that a number of small Dakota towns are seeing several new businesses starting up during the year. I ask permission to enter the article into the RECORD.

The Small Business and Infrastructure Jobs Act, H.R. 4849, will help new start-up businesses like KZ Photography, a company launched by Kim Zachmann last August. The bill would allow her to deduct from income, up to $20,000 for expenses she might have incurred to set up her photography studio and get her business up and running in the town of Beach, North Dakota. Without the bill before us today, her deduction from income for those start up costs would be limited to only $5,000.

The 100 percent exclusion from tax of gains on small business stock and the change to allow Small Business Investment Companies to deduct the investment losses would expand the access to capital for small business across the country.

While the Internal Revenue Service must act to stop abusive tax shelters, Congress today will vote to eliminate a disproportionate effect that some tax penalties have on small businesses. We have heard from individuals facing outlandish penalties. Under the bill, the tax penalty for failing to disclosure on their taxes reportable transactions would be brought into proportion with the underlying tax savings for small businesses and not put the small business owner out of business.

These are provisions that have bipartisan support and will make a difference and spur job creation among small businesses. My colleague across the aisle, JERRY MOCAN from Kansas, agreed that these provisions were needed to help small business and we introduced the “Small Business Jobs and Tax Relief Act.”

I thank Chairman LEVIN for including small business tax incentives and relief that I authored the bill we are considering today. I also appreciate that we will have a highly successful Build America Bond program so that payments for the bonds to state and local governments would last through 2013.

When I held a roundtable with small businesses in Fargo, North Dakota, sharp and savvy business owners told me that Recovery Act funding is making a big difference and that they were vying with new national competitors. So, I urge my colleagues to pass the extension and expansion of the successful Build America Bonds, which have made it cheaper for state and local governments to finance the rebuilding of schools, sewers, hospitals and transit projects.

Communities like West Fargo and Rugby have used these bonds to launch projects and the bill also opens this funding opportunity to tribal governments for funding of water and sewer infrastructure improvements.

The Small Business and Infrastructure Jobs Act is good for North Dakota small businesses. I urge my colleagues to vote “yes” on H.R. 4849.
The question is on the engrossment and third reading of the bill. The bill was ordered to be engrossed and read a third time, and was read the third time.

**MOTION TO RECOMMIT**

Mr. CAMP. Madam Speaker, I have a motion to recommit.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. CAMP. In its current form.

Mr. LEVIN. Madam Speaker, I reserve a point of order against the gentleman’s motion.

The SPEAKER pro tempore. The gentleman from Michigan reserves a point of order.

The Clerk will report the motion to recommit.

Mr. CAMP moves to recommit the bill H.R. 4849 to the Committee on Ways and Means with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE, ETC.**

(a) Short Title.—This Act may be cited as the “Tax Incentives for Small Business Growth and Health Care Corrections Act of 2010.”

(b) Amendment of 1986 Code.—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Internal Revenue Code of 1986.

(c) Table of Contents.—The table of contents for this Act is as follows:

Sec. 1. Short title; etc.

**TITLE I—SMALL BUSINESS TAX INCENTIVES**

Subtitle A—General Provisions

Sec. 101. Temporary exclusion of 100 percent of gain on certain small business stock.

Sec. 111. Limitation on penalty for failure to disclose certain information.

Sec. 112. Annual reports on penalties and certain other enforcement actions.

Sec. 121. Repeal of limitations on medicines.

Sec. 122. Repeal of dollar limitation on health flexible spending arrangements.

Subtitle D—Other Provisions

Sec. 131. Nonrecourse small business investment company loans from the Small Business Administration.

Sec. 132. Increase in amount allowed as deduction for start-up expenditures.

**TITLE II—REVENUE PROVISIONS**

Sec. 201. Exclusion of certain low-quality fuels from the cellulose biotic fuel credit.

Sec. 202. Time for payment of corporate estimated taxes.

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Sec. 132. Increase in amount allowed as deduction for start-up expenditures.

**TITLE II—REVENUE PROVISIONS**

Sec. 201. Exclusion of certain low-quality fuels from the cellulose biotic fuel credit.

Sec. 202. Time for payment of corporate estimated taxes.
Subtitle C—Preservation of Health Savings Accounts and Health Flexible Spending Arrangements

SEC. 121. REPEAL OF LIMITATIONS ON MEDI-CINES.
Effective as of the enactment of the Patient Protection and Affordable Care Act, section 9003 of such Act (relating to distributions for medicine qualified only if for prescribed drug or insulin) is hereby repealed and any provision of law amended by such section is amended to read as such provision would read if such section had never been enacted.

SEC. 122. REPEAL OF DOLLAR LIMITATION ON HEALTH FLEXIBLE SPENDING ARRANGEMENTS.
Effective as of the enactment of the Patient Protection and Affordable Care Act, section 9005 of such Act (relating to limitations on health flexible spending arrangements for health savings accounts, including FSAs and health savings accounts, also known as HSAs, to which any health flexible spending account is treated as amounts at risk) is hereby repealed and any provision of law amended by such section is amended to read as such provision would read if such section had never been enacted.

Subtitle D—Other Provisions

SEC. 131. NONRECURSE SMALL BUSINESS INVESTMENT COMPANY LOANS FROM THE SMALL BUSINESS ADMINISTRATION TREATED AS AMOUNTS AT RISK.
(a) In General.—Subparagraph (B) of section 6655 of such Act (relating to limitations on the deductibility of interest other than interest on qualified small business investment company bonds) means any financing—
``(I) which is qualified real property financing or qualified SBIC financing,
``(II) except to the extent provided in regulations, with respect to which no person is personally liable for repayment, and
``(III) which is not convertible debt.
``(ii) QUALIFIED REAL PROPERTY FINANCING.—The term 'qualified real property financing' means any financing which—
``(I) is borrowed by the taxpayer with respect to the activity of holding real property,
``(II) is secured by real property used in the production of income, and
``(III) is borrowed by the taxpayer with respect to the activity of holding real property or used on or after January 1, 2010.
``(iii) QUALIFIED SBIC FINANCING.—The term 'qualified SBIC financing' means any financing which—
``(I) is borrowed by a small business investment company (as defined in section 301 of the Small Business Investment Act of 1958), and
``(II) is borrowed from, or guaranteed by, the Small Business Administration under the authority of section 303(b) of such Act.
``(b) CONFORMING AMENDMENTS.—Subparagraph (B) of section 6655(b)(6) is amended—
``(1) by striking 'in the case of an activity of holding real property', and
``(2) by striking 'which is secured by real property used in the production of income, and used on or after January 1, 2010.'
``(c) EFFECTIVE DATE.—The amendments made by this section shall apply to loans and guarantees made after the date of the enactment of this Act.

SEC. 132. INCREASE IN AMOUNT ALLOWED AS DE- DUCTIBLE EXPENSES.
(a) In General.—Subsection (b) of section 180 of such Act (relating to deduction for interest on qualified small business investment company bonds) is amended by striking $15,000,000 and inserting $65,000,000.
``(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2010.

TITLE II—REVENUE PROVISIONS

SEC. 201. EXCLUSION OF CERTAIN LOW-QUALITY FUELS FROM THE CELLULOSIC BIOFUELS PRODUCTION DEDUCTION.
(a) In General.—Subparagraph (E) of section 40(b)(6) of such Act (relating to the production and processing deduction for cellulosic biofuel) is amended—
``(I) by substituting '$20,000' for '5,000', and
``(II) by substituting '$75,000' for '50,000'.
``(b) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 202. TIME FOR PAYMENT OF CORPORATE ES- TIMATED TAXES.
Notwithstanding section 6656 of the Internal Revenue Code of 1986, and section 3101(b) of such Code, with respect to each year:
``(a) the amount of the next required installment of estimated income tax which is other than the minimum annual contribution to flexible spending accounts, which will be capped at $2,500 per year under the health care bill that would hit middle class families and violate the President's pledge that you can keep the health care plan you have and like,
``(b) the amount of the next required installment of corporate estimated tax which is otherwise due in July, August, or September of 2010 shall be 100.75 percent of such amount, and
``(2) by striking ''which is secured by real property used in the production of income, and used on or after January 1, 2010.''
``(c) EFFECTIVE DATE.—The amendment made by this section shall apply to taxes sold or used on or after January 1, 2010.

SEC. 203. AMENDMENT TO PROHIBIT PAYMENT OF AMOUNTS AT RISK.
(a) IN GENERAL.—Subsection (b) of section 131 of such Act (relating to the Small Business Investment Company Act of 1958) is amended—
``(1) by striking 'in the case of a corporation with assets of not less than $1,000,000,000 (determined as of the end of the preceding taxable year)—
``(I) the amount of any installment of corporate estimated tax which is otherwise due in July, August, or September of 2010 shall be 100.75 percent of such amount, and
``(2) the amount of the next required installment after an installment referred to in paragraph (1) shall be appropriately reduced to reflect the amount of the increase by reason of such paragraph.

Mr. CAMP (during the reading). The SPEAKER pro tempore. The Clerk will continue to read.

Mr. LEVIN. Madam Speaker, I ask that the motion be considered as read.

Mr. CAMP. Mr. LEVIN, I object.

Mr. LEVIN. The SPEAKER pro tempore.

Mr. CAMP. Madam Speaker, today we begin to repeal some of the most troubling aspects of the Democrats' health care bill. This Republican motion is straightforward. It strikes troubling tax increases, it maintains tax relief for small businesses, it repeals unpopular provisions of the health care bill that force middle class families to pay more taxes and more for their medical care, and it brings our tax code into compliance with the PAYGO rules.

To meet the PAYGO rules, the motion eliminates the so-called emergency welfare spending and closes the Black Liquor tax loophole that's regularly passed the House but has yet to become law.

Here's what we keep: the few provisions that directly help small businesses, including an exclusion from capital gains tax on investments and qualifying small businesses; new protections for small businesses from excessive penalties if they unknowingly fail to disclose certain information related to their participation in tax shelters; the General Welfare Expenditure provision that allows a company to use money for start-up expenses, and the Repeal of the Black Liquor tax loophole to pay for billions of dollars in additional Medicaid spending.

In addition to this tax relief, we begin today to repeal some of the troubling aspects of the Democrats' health care bill. Today we seek to eliminate two of the tax increases in the health care bill that would hit middle class families and violate the President's pledge that you can keep the health care plan you have and like.

First, the motion repeals the cap on the minimum annual contribution to flexible spending accounts, which will be capped at $2,500 per year under the health care plan you have and like.

Second, the motion repeals the ban on using several forms of health savings, including FSAs and health savings accounts, also known as HSAs, to purchase over-the-counter medicines. Not only does this ban discourage tax-free savings, it discourages Americans from choosing cheaper, nonprescription medicines when they're available. By repealing this provision, we'll not only save the American people $15.6 billion in tax relief, but we'll also help American families lower their health care bills.

This motion offers Members a clear choice. A vote against this motion is effectively a choice to close the Black Liquor tax loophole and funnel billions of dollars in additional Medicaid spending. A vote in favor of this motion is a choice to close the Black Liquor tax loophole to pay for small business tax relief that will actually help create jobs and undo some of the harmful tax increases on American families passed by the House in the dark of night on Sunday.
I urge my colleagues to vote “yes” on the motion, and I yield back the balance of my time.

Mr. LEVIN. Madam Speaker, I continue to reserve my point of order.

The SPEAKER pro tempore. The point of order is in order.

Mr. LEVIN. Madam Speaker, I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) is recognized for 5 minutes.

Mr. LEVIN. Well, I guess here we start. You know, what’s interesting here is the following: Mr. CAMP says that they pay for the small business provisions. They’re already paid for in this bill. And so how inconsistent can he be?

He wants to continue to pay for them when they’re already paid for, but he intends to vote against the bill. That is the height of inconsistency, and I think that’s a reason to object, even if this turns out to be a motion to recommence that’s in order.

And then let me just talk a bit about Black Liquor so we know what’s going on. Talking about inconsistency, that’s a charitable word. The Black Liquor provision is now in the health bill in the Senate awaiting action. You’ve precisely that. So what you’re now suggesting is, take it out of that bill that’s being considered in reconciliation, and put it in here, and you’re claiming you’re paying for it.

“Improperly charitable.” There could be other words used for that, including the unwillingness of the minority to face up to the need to pay for bills.

We pay for the bill that is now before us. We pay for the bill in ways that are more than defensible; they are necessary. And so a reason to object to this on its substance is that, essentially, this approach here is a sleight of hand.

I suggest to the gentleman from Michigan (Mr. CAMP) that you walk over to the Senate and ask them what’s in order.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) is recognized for 5 minutes.

Mr. LEVIN. Madam Speaker, I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) is recognized for 5 minutes.

Mr. LEVIN. So as a result, not only do I think that that motion to recommit deserves to be defeated on its substantive basis, but I now want to press my point of order that the motion violates section 303 of the Budget Act because it includes a change in revenue in fiscal year 2011 before a budget resolution for that year has been adopted.

Mr. CAMP. Madam Speaker, before being recognized, would the gentleman please state his point of order?

Mr. LEVIN. You want me to restate it? You’re getting more notice on the restatement than you gave to us on your motion to recommit. I’ll be glad to repeat it once or twice.

I make a point of order that the motion violates section 303 of the Budget Act because it includes a change in revenue in FY 2011 before a budget resolution for that year has been adopted.

Mr. CAMP. Madam Speaker, I would like to be heard on the point of order.

The SPEAKER pro tempore. The Chair recognizes the gentleman from Michigan.

Mr. CAMP. Madam Speaker, my point would be that we actually raise revenues in years 2010 and 2011. We do not reduce revenues, so I would suggest that the point of order is without merit.

Mr. LEVIN. If I could speak briefly.

The SPEAKER pro tempore. The Chair recognizes the gentleman from Michigan.

Mr. CAMP. Madam Speaker, my point would be that we actually raise revenues in years 2010 and 2011. We do not reduce revenues, so I would suggest that the point of order is without merit.

Mr. LEVIN. If I could speak briefly.

The SPEAKER pro tempore. The Chair recognizes the gentleman from Michigan.

Mr. CAMP. Madam Speaker, I would like to be heard further on the point of order.

The SPEAKER pro tempore. The Chair recognizes the gentleman from Michigan.

Mr. CAMP. Madam Speaker, I am informed that the underlying bill has a Budget Act problem, and the waiving of all points of order against the consideration of the bill in the full House, including 303, would make the gentleman’s point of order unacceptable and would make his point of order invalid.

Mr. LEVIN. Madam Speaker, if I could respond briefly.

The SPEAKER pro tempore. The Chair recognizes the gentleman from Michigan.

Mr. CAMP. Madam Speaker, I think that trying to do this through a motion to recommit is inappropriate. And I suggest that before they bring up motions to recommit, that they very much should look at what the rules of the House are.

Therefore, I insist on the point of order.

The SPEAKER pro tempore. If no Member wishes to be heard, the Chair is going to consult the precedents before ruling:

Mr. LEVIN. Mr. Speaker, I believe there has been much consultation, and I now withdraw the point of order.

The SPEAKER pro tempore. The point of order is withdrawn.

The gentleman from Michigan may proceed for the 1 minute that was remaining.

Mr. LEVIN. I have withdrawn the point of order after there has been consultation with the parliamentarian, and so now we are back to the substance of the motion to recommit.

I want to strongly urge everyone to vote against this motion to recommit. It is wrong in substance in trying to change the bill that we passed. And also, what it does by a trick of hand is to pretend to pay for this motion to recommit by taking a provision that is in the bill that is now in the Senate, subject to reconciliation, and that I trust will pass fairly soon.

That is reason enough. I don’t think it is appropriate for this body to vote for a motion to recommit pretending it is paying for it by taking a provision that we have included in a bill that we have passed and now is in the Senate for its consideration.

So I would urge every single Member on the majority side to vote “no” on this motion to recommit.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken, and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. CAMP. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on the passage of the bill, if ordered, and motions to suspend the rules with regards to H.R. 4096 and H.R. 1879, if ordered.

The vote was taken by electronic device, and there were—yeas 184, nays 239, not voting 6, as follows:

[Roll No. 181]

YEA—184

Aderholt Blackburn Buyer

Akin Blunt Calvert

Alexander Boehner Camp

Alison Broun Campbell

Austria Bono Mack Cantor

Bachmann Boozman Cao

Boucher Boozman Capito

Barrett (SC) Boustany Carter

Bartlett Brady (TX) Cassidy

Beguzar (TX) Bright Castle

Biggert Broun (GA) Chaifetz

Bilbray Buchanan Cole

Bilirakis Buyens Coffman (R)

Bishop (UT) Burton (IN) Cole
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The question was taken; and the RECORDED VOTE OF the Members was ordered to be taken.

The SPEAKER pro tempore. This is a question of the passage of the bill. The SPEAKER pro tempore announced that the ayes had appeared to have it.

RECORDED VOTE

Mr. LEVIN, Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute recorded vote.

The vote was taken by electronic device, and there were—ayes 246, noes 178, not voting 5, as follows:

[Roll No. 182]

AYES—246

Bilirakis, Michael P. (FL) "*" Boucher, Frank A. (VA) "*" Boozman, Thomas "*" Bradtke, Charles "*" Bracy, Stephen "*" Barber, David "*" Bailey, Charles "*" Anderman, Theresa "*" Ackerman, Peter "*" Ackerman, David "*" Ackerman, Jay "*" Ackerman, Zach "*" Akin, John "*" Akin, Joe "*" Akbary, Michael "*" Alameel, Ansar "*" Alcala, Raul "*" Anderman, Annette "*" Anderson, John "*" Anders, Larry "*" Angeles, Lynn "*" Ansolabehere, Stephen "*" Anderson, Jim "*" Anderson, Dan "*" Anderson, Kay "*" Anthony, Jim "*" Arata, Robert "*" Armstrong, Frederick "*" Armitage, Frank "*" Askins, Steve "*" Askar, Nicholas "*" Atchison, Mark "*" Atchison, Scott "*" Atkinson, Howard "*" Attar, Yvonne "*" Attles, Joseph "*" Augusta, Charlie "*" Aumuller, Terry "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "*" Aumuller, Frank "***
Barrow
Arcuri
Adler (NJ)
answered “present” 1, not voting 7, as amended.  

The question is on the motion offered by the gentleman from New York (Mr. TOWNS) that the House suspend the rules and pass the bill, H.R. 4098, as amended.

The vote was taken by electronic device, and there were—yeas 408, nays 13, answered “present” 1, not voting 7, as follows:

(Roll No. 183)

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SECURE FEDERAL FILE SHARING ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4098, as amended, on which the yeas and nays were ordered.  

No (two-thirds being in the affirmative) the rules were suspended and the bill as amended, was passed.  

The result of the vote was announced as above recorded.  

A motion to reconsider was laid on the table.

So the bill was passed.  

The vote was taken by electronic device, and there were—yeas 408, nays 13, answered “present” 1, not voting 7, as follows:

(Roll No. 184)
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the following amounts are appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2010, and for other purposes, namely:

Mrs. OBbx, Mr. Speaker, pursuant to House Resolution 1204, I call up the bill (H.R. 4899) making emergency supplemental appropriations for disaster relief and summer jobs for the fiscal year ending September 30, 2010, and for other purposes, and ask for its immediate consideration.

Mr. Speaker pro tempore. The motion to reconsider was laid on the table.

Mr. Speaker pro tempore. The clerk read the title of the bill.

THE SPEAKER pro tempore. The result of the vote was announced as above recorded.

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

For an additional amount for “Disaster Relief”, $5,100,000,000, to remain available until expended, of which $5,000,000,000 shall be transferred to the Department of Homeland Security Office of the Inspector General for audits and investigations related to disasters.

PAYMENT TO WIDOWS AND HEIRS OF DECEASED MEMBERS OF CONGRESS

For a payment to Joyce Murtha, widow of John P. Murtha, late a Representative from Pennsylvania, $174,000: Provided, That section 102 shall not apply to this appropriation.

INDEPENDENT AGENCIES

For an additional amount for “Business Loans Program Account” for fee reductions and eliminating the burden of reporting, that the Secretary of the Treasury, acting through the Federal Reserve Bank of New York, may enter into an agreement with a qualified lender to collect the fees due under the small business loan guarantee program, that such fees, after payment of expenses, shall be used to maintain the fund to carry out the government guarantee program.

GENERAL PROVISIONS

SEC. 101. There are hereby rescinded the following amounts from the specified accounts:

(a) “Department of Commerce—National Telecommunications and Information Administration—Digital-to-Analog Converter Box Program”, $111,500,000, to be derived from unobligated balances made available under this heading in title II of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) and for the cost of guaranteed loans under section 502 of such title II, to remain available until expended: Provided, That such costs shall be as defined in section 502 of the Congressional Budget Act of 1974: Provided further, That up to $40,000,000 of the amount made available under this heading in Public Law 111–117 also may be utilized for the purposes specified in this paragraph: Provided further, That section 502(a) of title V of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) is amended by striking “March 25, 2010” and inserting “April 30, 2010”.

CONGRESSIONAL RECORD — HOUSE

March 24, 2010

H2300

DEPARTMENT OF HOMELAND SECURITY

FEDERAL EMERGENCY MANAGEMENT AGENCY

DISASTER RELIEF (INCLUDING TRANSFER OF FUNDS)

For an additional amount for “Disaster Relief”, $5,100,000,000, to remain available until expended, of which $5,000,000,000 shall be transferred to the Department of Homeland Security Office of the Inspector General for audits and investigations related to disasters.

DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

For an additional amount for “Training and Employment Services” for activities under the Workforce Investment Act of 1998 (“WIA”), $600,000,000, which shall be available for obligation on the date of enactment of this Act, for grants to the States for youth activities: Provided, That such funds shall be used solely for summer employment programs for youth: Provided further, That no portion of such funds shall be reserved to carry out section 127(b)(1)(A) of the WIA: Provided further, That for purposes of section 127(b)(1)(B)(iv) of the WIA, funds available for youth activities shall be allotted as if the total amount available for youth activities under the fiscal year did not exceed $1,000,000,000: Provided further, That the work readiness performance indicator described in section 136(b)(2)(A)(i)(I) of the WIA shall be the only measure of performance used to assess the effectiveness of summer employment for youth provided with such funds.

LEGISLATIVE BRANCH

HOUSE OF REPRESENTATIVES

PAYMENT TO WIDOWS AND HEIRS OF DECEASED MEMBERS OF CONGRESS

INDEPENDENT AGENCIES

SMALL BUSINESS ADMINISTRATION

BUSINESS LOANS PROGRAM ACCOUNT

FRANK MURTHA

(4) Accounts under the heading “Department of Agriculture—Rural Development Programs”, $102,675,000, to be derived from the unobligated balances of funds that were provided for such accounts in prior appropriation Acts (other than Public Law 111–5) and that were designated by the Congress in such Acts as an emergency requirement pursuant to a concurrent resolution on the budget or the Balanced Budget and Emergency Deficit Control Act of 1985. SEC. 102. Each amount in this Act is designated as an emergency requirement and necessary to meet emergency needs pursuant to sections 403 and 423(b) of S. Con. Res. 13 (111th Congress), the concurrent resolution to sections 403 and 423(b) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010. SHORT TITLE SEC. 103. This Act may be cited as the “Disaster Relief and Summer Jobs Act of 2010”.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin? There was no objection. Mr. OBEY. Mr. Speaker, I yield myself and the gentleman from California (Mr. LEWIS) each will control 30 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. OBEY. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 4099.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin? There was no objection. Mr. OBEY. Mr. Speaker, I yield myself and the gentleman from California.

This is a very simple bill. It provides $5.1 billion as requested by the President for FEMA disaster relief because FEMA will run out of money in the next 2 or 3 weeks. Consistent with all prior year FEMA supplementals and the President’s request, this $5.1 billion is designated as an emergency. The bill also provides $600 million for youth summer jobs. This funding will support over 300,000 jobs for youth ages 16 to 21. This age group had some of the highest unemployment rates in the country.

Last, the bill extends the successful small business lending provisions that are contained in the Recovery Act for another month and provides up to $50 million for that effort. Again, that new funding is offset. The bill rescinds emergency funding that is not needed in order to provide for the offsets.

With that, I reserve the balance of my time. Mr. LEWIS of California. Mr. Speaker, I believe that most Members would agree that the fiscal path that our country is currently on is unsustainable. With an annual deficit of $1.6 trillion, a growing mountain of debt, and unemployment hovering near 10 percent, it’s clear that we must change our course now or face catastrophic consequences in the very near future.

My colleagues, the simple truth is that Uncle Sam needs a diet. The single greatest challenge of this Congress and our best hope for lasting recovery lies in curbing Uncle Sam’s appetite for spending. It’s time to cut up the government’s credit card and live within our means every day.

Just two nights ago, Congress passed a $1 trillion health care bill that was opposed by every Republican House member and 39 Democrat House members. Never before in our Nation’s history has such historic legislation been passed by one party over such widespread bipartisan opposition. Now, here we are again preparing to vote on yet another huge spending bill that was crafted without any transparency or bipartisan input.

Most Members would agree that providing relief to Americans suffering from natural disasters is a responsible and worthy use of taxpayer dollars. Most Members would also agree we don’t need a disaster bill with hundreds of millions of dollars on a summer youth program—especially when there is already $1.4 billion in the jobs pipeline.

It’s worth noting that the $600 million for a summer youth jobs program is being offset by various rescissions in unused funding from the stimulus bill and other past spending bills. But my underlying question is this: If there is $1.4 billion already in the pipeline for a Department of Labor jobs program, why can’t we return the rescinded $600 million dollars back to the Treasury for deficit reduction? Why must my Democrat friends continue to spend and spend and spend and spend?

At the House level, the Appropriations Committee consisted of 60 members—37 Democrats and 23 Republicans. It’s worth noting, however, that my chairmanship has made it a habit to write his bills and completely bypass the Democrat and Republican members of the committee. Do not for one minute believe that this legislation reflects the work of the House Appropriations Committee or even the Democrats on the Appropriations Committee, because I do not. To my knowledge, this bill has had no input from any members other than the chairman himself. There’s been no markup, no amendments, and no potential offsets debated or even discussed by the committee.

Like the trillion-dollar stimulus package and the subsequent “son of stimulus” passed by the House prior to Christmas, this legislation will pass without any opportunity for a Member to amend it. With billions and billions of stimulus funding still unspent, there is no reason why the entire emergency relief portion of this legislation cannot be entirely paid for or be used to begin paying down that $1.6 trillion deficit for the year.

Mr. OBEY has argued that Republicans didn’t “pay for” disasters when we were in charge. On that point, he is correct. However, when Republicans were the majority party, annual deficits were not $1.6 trillion as they are today, and we didn’t have hundreds of billions of dollars in unnecessary funding sloshing around in Federal coffers. Surely we can cut $5.1 billion in unspent stimulus funding to pay for the FEMA spending involved here. We shouldn’t continue to spend money we don’t have.

Mr. Speaker, we can agree to disagree on the cause of our economic troubles, but the fact remains that we cannot spend our way into economic health. In five out of six Congresses, the gentleman from California’s apetite for spending, our economy will continue to suffer.

With that said, I urge Members on both sides of the aisle to insist, especially after Sunday’s budget-busting health care vote, that full offsets on the entire cost of this legislation so we do not further burden future generations with even more debt.

I will close, as I began, with this comment: The simple truth is that Uncle Sam needs a diet. I reserve the balance of my time.

Mr. OBEY. I yield myself 2 minutes. Mr. Speaker, I would simply note that the gentleman is complaining because the committee is using precisely the same procedures that it used in the past when he was chairman and his party was in control of the situation.

When Republicans controlled the House, they brought supplementals to the floor in five out of six Congresses that were handled by the chairman and the chairman alone. That is no different than is happening today. In fact, from 1995 through 2006, while Republicans controlled the institution, the House considered 12 supplemental appropriation bills handled in just that same way.

Secondly, with respect to the so-called runaway spending for summer youth jobs, that spending is fully offset by other cuts in the bill. So much for runaway spending. I can’t recall similar fiscal rectitude when the other party was running this place.

Thirdly, let me suggest that when the gentleman complains about not offsetting the funding for the emergency disaster relief program, I would point out that the past administration asked us to do the very same thing eight times in a row, and the Congress did. I also say, that I would invite the gentleman from California to join me in cosponsoring legislation, which I have introduced in this House several times, which would set up a State-funded disaster program which would be experience rated so that we could take the State would pay into that fund ahead of time on the basis of how much they have drawn out of it in the past.
Mr. OBEY. I yield myself 30 seconds. I would simply say, Mr. Speaker, that the White House submitted this request for disaster relief over a month ago. Everyone in this institution has known about it; in addition to which, Congress has been considering a stimulus bill, a point that Chair-
man Lewis has made repeatedly here in this chamber. And if the administration and FEMA could have been forthright on true disaster costs, we might have had a more disciplined bill and a bill that included some tough and badly needed oversight on how the administration and FEMA are budgeting for disaster relief funding. Needless to say, the majority seems hell-bent on spending taxpayer money without even giving lip service to an offset.
Mr. Speaker, at this rate, we are simply passing an impossible financial emergency to our children and our grandchildren. To say that I am disappointed at this bill's cost and lack of oversight and discipline is a gross understatement. The administration and this Democrat majority must do better.
Mr. OBEY. Mr. Speaker, I yield 5 minutes to the distinguished gentleman from North Carolina (Mr. PRICE).
Mr. PRICE of North Carolina. I thank the chairman for yielding.
Mr. Speaker, I rise in support of the disaster relief and supplemental appropriations bill, which includes $5.1 billion for the Federal Emergency Management Agency's Disaster Relief Fund. The administration has requested this amount in emergency supplemental funding to pay for recovery from catastrophic events and to be able to respond to disasters and emergencies through the balance of the fiscal year.
This bill is about making sure that FEMA keeps its promises to devastated communities that are getting back on their feet as well as to those who may face disasters in the months to come. In addition to ongoing recovery costs associated with an active hurricane season and extraordinary flooding in the Midwest in 2008, FEMA is still required to pay for some very expensive outstanding costs related to Katrina, such as the devastated Louisiana schools and Charity Hospital.
Because we are still dealing with these monumental recovery efforts, the Disaster Relief Fund is being depleted at a rate of nearly $500 million per month this fiscal year. This has nearly doubled the noncatastrophic 5-year average that FEMA bases its estimates on. Our Democrat projects FEMA will be completely out of disaster relief funds by the end of March.
It's unfortunate that we find ourselves in the position of running low on funds just halfway through the fiscal year. I agree that FEMA needs to find a better way to budget, to account for the known costs of these catastrophic events when formulating the budget requests. I have pressed them to do that and will continue to do so. But it is dis-
genuous for those on the other side of the aisle to shift the costs of real emergencies. Sadly, the majority hasn't even notionally consulted the minority or, for that matter, the committee on finding ways to pay for this and is choosing, instead, to just ram this bill through the House with only an hour of debate.
I would like to think that had this bill been handled properly with at least some minority input, we could have put together a more fiscally disciplined bill and a bill that included some tough and badly needed oversight on how the administration and FEMA are budgeting for disaster relief funding. Needless to say, the majority seems hell-bent on spending taxpayer money without even giving lip service to an offset.
previous administration. And by “the mess,” I mean the practice of lowballing projected disaster costs as well as billions in deferred obligations.

The fact of the matter is the last administration failed to bring these major infrastructure projects in the Gulf Coast to a resolution. We are talking about billions of dollars worth of liabilities that were just kicked down the road. So no lectures, please, on irresponsible budgeting. Our $2 billion in supplemental costs are spent dealing with unresolved Katrina costs.

The FEMA administrator brought these issues to light in a recent hearing before our subcommittee. He has now committed to correcting these deficiencies, to cleaning up the mess he inherited, and to making sure FEMA accounts for its recovery costs, fully accounts, rather than putting them to the next administration.

Based on the impending shortfall in the fund, FEMA announced last month that it could only pay for “immediate needs” for disasters, which includes assistance to families and individuals, as well as aid to schools and emergency protective measures. All long-term rebuilding projects are being deferred until Congress acts. To put that into perspective for my colleagues, that means that over $307 million worth of projects in 43 States and four territories will continue to be delayed if we fail to act.

And this backlog will only continue to grow. When you add the expensive Katrina-related issues, FEMA is currently liable for nearly $2 billion in costs.

In addition to addressing these past disasters, we must prepare for those to come. The National Weather Service, the Army Corps of Engineers currently estimate that one-third of the U.S. will be faced with the possibility of flooding in the next 5 years. Without timely and emergency protective measures, all long-term rebuilding projects will be deferred until Congress acts. To put that into perspective for my colleagues, that means that over $307 million worth of projects in 43 States and four territories will continue to be delayed if we fail to act.

I remind my colleagues that we have always considered disaster relief funds for emergency funding, under Republican and Democratic Administrations, under Republican and Democratic Administrations. The last administration transmitted supplementary funding requests for the disaster relief fund between fiscal 2002 and 2006. Those disaster relief funds were always requested as an emergency and were not offset. We will have a stake, Mr. Speaker, in the passage of this bill. I urge my colleagues to support it.

Mr. LEWIS of California. Mr. Speaker, I really appreciate my colleague from North Carolina. He’s a regular kind of guy, and he chairs the Homeland Security Subcommittee. I’ve only been complaining about the way we’re handling the process.

My chairman so far has not brought a single supplement to the floor under an open rule. And you can deal with these things with an open rule reasonably on the floor. But, ideally, you deal with them in committee, have a chance for amendments and otherwise.

We just determined to the committee to discuss. So far, we have been—my colleague should know this—so far, there have been $308 billion in spending numbers that Members didn’t get a chance to have any input on.

With that, I yield 3 minutes to the gentleman from Kansas (Mr. TIAHRT).

Mr. TIAHRT. Mr. Speaker, there’s no doubt that unemployment remains a problem, but the majority, for some reason, thinks we need to borrow another $600 million to subsidize summer jobs for kids. But, you know, there’s a lot of money already available. Out of the $1.2 billion provided for youth jobs in the so-called Recovery Act, $366 million is still unspent. There’s another $924 million in annual appropriations that will be available in about 1 week from now.

Additionally, for each of the last two program years, there’s approximately $250 million appropriated for youth employment that has not been spent and been carried forward. So when you add all that up, it’s $1.5 billion that’s available today already for youth programs in the summer.

Why on God’s green Earth would we borrow another $600 million from the Chinese?

Mr. OBEY. Will the gentleman yield on that?

Mr. TIAHRT. I have limited time, Mr. Chairman. If you’ll be brief.

Mr. OBEY. I yield to you 30 seconds so I might ask you a question. Mr. TIAHRT. I would welcome to have your question, Mr. Chairman.

Mr. OBEY. Why do you keep saying we’re borrowing money to get the summer youth program when this bill fully offsets every dime that we’re spending on it?

Mr. TIAHRT. Well, Mr. Chairman, we overspent so far this year $656 billion. Mr. OBEY. No. Would you answer my question? We are not adding one dime to the deficit by what we are adding to the summer jobs program. We are fully paying for it by cuts in other programs. I have great respect for my friend from Kansas, but he needs to be accurate in what he says.

Mr. TIAHRT. I thank the Chairman. And I would argue that of the $655 billion that we’ve already had to borrow, you’re taking some of that money and applying it to this program so, again, borrowing money from the Chinese.

Mr. OBEY. That’s new math. Mr. TIAHRT. Well, I guess I’m entitled to my new math today.

I would like to make the point that these summer jobs, or these temporary youth jobs that are paid for by tax dollars don’t create permanent jobs. Wichita State University did a study of what we received with the stimulus money; and of the $6.2 million that was received. 600 employers temporarily hired 1,593 youth for summer jobs. Out of that, only 62 jobs were permanent, or 3.8 percent.

If you look at what’s happened through the stimulus, since the stimulus business was passed, we’ve lost 3.9 million private sector jobs. We have created jobs in the Federal Government, 63,000 jobs, another 230,000 jobs at the State and local level. How are we going to pay for those jobs in the future?

We’ve created permanent government jobs and lost private sector jobs. A little math—that’s not new math, but proven math—says that for every government employee, it takes 10 private sector jobs to pay enough Federal taxes to cover the cost of that employee.

So what we should be talking about is not temporary jobs in the summer for kids, but permanent jobs for real jobs. And in fact, we need 3 million jobs just to cover the new government jobs that we’ve created. We can create those jobs through tax relief for employers. We can do it by freezing regulations through the stimulus. We can do it through a simple formula where the benefit exceeds the cost. And we need tort reform, and we need to become energy independent.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. LEWIS of California. I yield the gentleman an additional minute.

Mr. TIAHRT. The point I want to make about creating a strong economy to pay for these new government jobs at the Federal and State level, we have to do things to provide opportunity in our economy. The way you do that is you enhance the process of hiring people.

Capital is always a coward and only goes where there is a system that is forcing the existing regulations. We can do it by freezing regulations today and solving our unemployment problem. Only one State in the entire United States last year had increased employment. That State was North Dakota, and it was because they found oil under private property. Had it been under public lands, we could not have extracted the oil. But because it was private lands, we created jobs.

I recommend we oppose this bill.
Mr. OBEY, Mr. Speaker. I yield myself 30 seconds.

I invite the gentleman’s attention to page 4 and page 5 of the bill. If he will read those two pages, he will see that every dollar of additional spending for summer jobs is paid for by a reduction in other government spending programs.

Mr. LEWIS of California. Mr. Speaker, I yield 2 minutes to the gentleman from Oklahoma (Mr. COLE).

Mr. Speaker. I share my colleagues’ concerns about what’s in the bill, but I’m also concerned by what’s not in the bill and, frankly, that’s money to fund the settlement of the so-called Cobell lawsuit.

As my colleagues on both sides of the aisle know, this lawsuit against the Federal Government stems from the mismanagement of Indian trust accounts and trust land since 1887. It involves over half a million claimants; it has drug on for 14 years through three different administrations involving both parties.

Finally, in December of last year, a settlement was reached, $3.4 billion: $1.4 billion to individual claimants, $2 billion to allow for the repurchase of fractionated lands, and $1 billion set aside for an Indian scholarship fund.

I want to particularly, frankly, commend Secretary Salazar, who did a wonderful job in bringing this issue to closure. But it’s now squarely in our court in the Congress of the United States. The President has asked us to solve this problem or to fund the settlement that he’s negotiated.

For the record, Mr. Speaker, I’d like to enter the President’s letter to the Speaker asking action on this particular item. So it’s now squarely in our court.

When the settlement was negotiated, there was a deadline that we would act in Congress by December 31 of last year. We missed that. There’s a second deadline of February 28. We missed that. The last deadline is April 15.

I know that many of my friends on the other side of the aisle sincerely want to settle this issue, and I look forward to working with them as we try to move toward that; but I find it very difficult to keep people that have been waiting over 100 years waiting a while longer while we do things in a more immediate framework. So I urge the Gentleman from Colorado, and I urge us to, frankly, support the administration’s negotiated settlement. When we do that I’ll be there to help my friends on the other side of the aisle.

The White House,

Hon. Nancy Pelosi,
Speaker of the House of Representatives,
Washington, DC.

Dear Ms. Speaker: I ask the Congress to consider the enclosed amendments to Fiscal Year (FY) 2010 proposals in my FY 2011 Budget.

Included is an amendment for the Department of Homeland Security, Disaster Relief, for the continued response and recovery efforts associated with prior large events, such as Hurricane Katrina and the Midwest Floods. The proposed total for FY 2010 in my FY 2011 Budget would increase by $1.5 billion as a result of this amendment.

Also included are amendments to general provisions that would provide authority and funding for FY 2010 to implement the settlement of the individual Indian land consolidation case involving the management of individual Indian trust accounts related to Indian lands and to settle claims of prior discrimination brought by black farmers against the Department of Agriculture. These amendments are described below and in more detail in the enclosures.

The proposed Budget totals for FY 2010 would increase by $1.5 billion as a result of the following amendments:

Department of Homeland Security, Disaster Relief. This amendment would provide an additional $1.5 billion and would increase the pending $3.6 billion FY 2010 supplemental request included in the FY 2011 Budget to $5.1 billion.

This request is submitted to: (1) reiterate the need to provide the proposed funding before March 2010, and underscore the Administration’s support for this proposal; and (2) request an additional $1.5 billion in anticipation of large events, such as Hurricane Katrina and the Midwest Floods. This supplemental request is also being re-transmitted to underscore the importance of acting in a timely fashion.

Two FY 2010 proposals were included as mandatory requests in the FY 2011 Budget, with an appropriation language that would be transmitted at a later date. However, at this time there are no other appropriate legislative vehicles available to allow for expeditious consideration of these proposals. Therefore, they are now being requested as changes in mandatory programs and as such, are being transmitted to the Appropriations Committee for their disposition.

General Provision, Sec. 1: Cobell v. Salazar. This amendment provides authority and funding for the settlement of Cobell v. Salazar, a case involving the management of individual Indian trust accounts related to Indian lands and to settle claims of prior discrimination brought by black farmers against the Department of Agriculture. These amendments are described below and in more detail in the enclosures.

The proposed Budget for FY 2010 pending supplemental request included in the FY 2011 Budget to $5.1 billion.

This request is submitted to: (1) reiterate the need to provide the proposed funding before March 2010, and underscore the Administration’s support for this proposal; and (2) request an additional $1.5 billion in anticipation of large events, such as Hurricane Katrina and the Midwest Floods.

Through the Disaster Relief Fund, the Federal Emergency Management Agency provides a significant portion of the total Federal response to Presidential-declared major disasters and emergencies. Primary priority programs include assistance to individuals and households, public assistance, and hazard mitigation assistance, which includes the repair and construction of State, local, and nonprofit infrastructure.

For FY 2010 Change in a Mandatory Program Heading: General Provisions—This Act.

FY 2011 Budget Appendix Page: 1365:
FY 2010 Pending Request: $3,412,000,000.
Proposed Amendment:—.
Revised Request: $3,412,000,000.

In the appropriations language, insert the following:

Sec. 1. THE INDIVIDUAL INDIAN MONEY ACCOUNT LITIGATION SETTLEMENT ACT OF 2010.

(a) Short Title.—This section may be cited as the “Individual Indian Money Account Litigation Settlement Act of 2010”.

(b) Definitions.—In this section:

(1) AMENDED COMPLAINT.—The term “Amended Complaint” means the Amended Complaint attached to the Settlement.

(2) LAND CONSOLIDATION PROGRAM.—The term “Land Consolidation Program” means a program conducted in accordance with the Settlement and the Indian Land Consolidation Act, 2201 et seq., and the Secretary may purchase fractionalized interests in trust or restricted land.
(3) LITIGATION.— The term "Litigation" means the case entitled Etouise Cobell et al. v. Ken Salazar et al., United States District Court, District of Columbia, Civil Action No. 96-1285 (JR).

(4) JUDICIAL PROCEEDINGS.— The term "Judicial Proceedings" means a member of any class certified in the Litigation.

(5) SECRETARY.— The term "Secretary" means the Secretary of the Interior.

(6) SETTLEMENT.— The term "Settlement" means the Class Action Settlement Agreement dated December 7, 2009, in the Litigation.

(7) TRUST ADMINISTRATION CLASS.— The term "Trust Administration Class" means the Trust Administration Class as defined in the Settlement.

(8) PURPOSE.— The purpose of this section is to authorize the Settlement.

(9) AUTHORIZATION.— The Settlement is authorized, ratified, and confirmed.

(c) The purposes described in the Litigation shall be treated as a class under Federal Rule of Civil Procedure 23(b)(3) for purposes of the Settlement.

(1) IN GENERAL.— Of the amounts appropriated by section 3304 of title II, United States Code, $1,412,000,000 shall be deposited in the Account/Trust Administration Fund, in accordance with the Settlement.

(2) CONDITIONS MET.— The conditions described in section 3304 of title III, United States Code, shall be considered to be met for purposes of paragraph (1).

(g) TRUST LAND CONSOLIDATION FUND.—

(A) ESTABLISHMENT.— On final approval (as defined in the Settlement) of the Settlement, there shall be established in the Treasury of the United States a fund, to be known as the "Trust Land Consolidation Fund".

(B) AUTHORIZATION.— Of the amounts appropriated by section 3304 of title II, United States Code, $1,412,000,000 shall be deposited in the Account/Trust Administration Fund, in accordance with the Settlement.

(C) PURPOSE.— The purpose of this section is to authorize the settlement.

(D) TRANSFERS.— In a manner designed to encourage participation in the Land Consolidation Program, the Secretary may transfer, at the discretion of the Secretary, not more than $60,000,000 of amounts in the Trust Land Consolidation Fund to the Indian Education Scholarship Holding Fund established under paragraph 2.

(2) INDIAN EDUCATION SCHOLARSHIP HOLDING FUND.—

(A) ESTABLISHMENT.— On the final approval (as defined in the Settlement) of the Settlement, there shall be established in the Treasury of the United States a fund, to be known as the "Indian Education Scholarship Holding Fund".

(B) AVAILABLE.— Notwithstanding any other provision of law, under Federal procurement or assistance, amounts in the Indian Education Scholarship Holding Fund shall be made available, without further appropriation, to the Secretary, to carry out the purposes of the Indian Education Scholarship Fund, as described in the Settlement, to provide scholarships for Native Americans.

(C) ACQUISITION OF TRUST OR RESTRICTED LAND.— The Secretary may acquire, at the discretion of the Secretary and in accordance with the Land Consolidation Program, any fractional interest in Trust or Restricted Land.

(D) TREATMENT OF UNLOCATABLE Plaintiffs.— A Plaintiff the whereabouts of whom are unknown and who, after reasonable efforts by the Secretary, cannot be located during the 5 year period beginning on the date of final approval (as defined in the Settlement) of the Settlement shall be considered to have accepted an offer made pursuant to the Land Consolidation Program.

(h) TAXATION AND OTHER BENEFITS.—

(1) INTERNAL REVENUE CODE.— For purposes of the Internal Revenue Code, amounts received by an individual as a lump sum or a periodic payment pursuant to the Settlement shall be treated as a class under Federal Rule of Civil Procedure 23(b)(3) for purposes of the Settlement.

(2) OTHER BENEFITS.— Notwithstanding any other provisions of law, amounts received by an individual as a lump sum or a periodic payment pursuant to the Settlement shall not be treated for any household member, during the 1-year period beginning on the date of final approval (as defined in the Settlement) of the Settlement, as income for purposes of determining initial eligibility, ongoing eligibility, or level of benefits under any Federal or federally assisted program.

(i) IN GENERAL.— The Secretary may acquire, at the discretion of the Secretary, not more than $60,000,000 of amounts in the Trust Land Consolidation Fund for the buy-back and consolidation of fractionated land interests. The Fund will be used for purchases of fractionated interests in parcels of land from individual Indian landowners. The Fund covers administrative costs to undertake the process of acquiring fractionated interests and associated trust reform activities. The Fund will be authorized under the Indian Land Consolidation Act Amendments of 2000 (Public Law 106-462), and the American Indian Probate Reform Act of 2004 (Public Law 108-374). The proposed settlement provides additional authorization for the acquisition of interests held by individuals who cannot or will not, engaging in extensive efforts to notify them and locate them for a five-year period. In addition to purchasing land interests and other activities authorized under the Fund, it will also contribute up to $60 million for a scholarship fund for the benefit of educating American Indians and Alaska Natives. (Page 706 of the FY 2011 Budget Appendix, Department of the Interior chapter, provides further detail regarding implementation of this aspect of the settlement.)

FY 2011 Budget included this proposal as mandatory funding that would become available in FY 2010, consistent with the recent settlement agreement, dated December 7, 2009, and anticipated transmitting authorizing language at a later date. However, at this time there are no other appropriate legislative vehicles available to allow for expeditious consideration of these necessary proposals. Therefore, it is now being requested as a change in a mandatory program to meet the settlement’s legislation enactment deadline of February 28, 2010, amounts required to remain available until expended, to carry out the terms of a Settlement Agreement (“such Settlement Agreement”) executed in re Black powder Discrimination (BPD) Claims (D.D.C) that is approved by a court order that has become final and non-appealable, and that is comprehensive and provides for the final settlement of all remaining Pigford claims (Pigford claims”), as defined in section 14012(a) of Public Law 110-246. The funds appropriated herein for such Settlement Agreement are in addition to the $1,150,000,000 in funds made available for the payment of Pigford claims and are available only after such CCC funds have been fully obligated. The use of the funds appropriated herein shall be subject to the express terms of such Settlement Agreement. If any of the funds appropriated herein are not used for carrying out such Settlement Agreement, such funds shall be returned to the Treasury and shall not be made available for a purpose related to section 1402, for any other settlement agreement executed in re Black Farmers Discrimination Litigation, No. 86-511 (D.D.C.), or for any other purpose. If such Settlement Agreement is not executed and approved above, the funds made available for Pigford claims shall be the $1,150,000,000 of funds of the CCC that section 1402 made available for the payment of Pigford claims.

(b) Nothing in this section shall be construed as requiring the United States, any of its officers or agencies, or any other party to enter into such Settlement Agreement or any other settlement agreement. (c) Nothing in this section shall be construed as creating the basis for a Pigford claim.
Mr. OBEY. Mr. Speaker, I yield myself 30 seconds.

Let me simply say I largely agree with my friend from Oklahoma. We have one simple dilemma: both in the case of the Cobell settlement and the Pigford settlement, the administration has asked us to provide the money. We do not yet have an understanding of whether that will be provided through an emergency designation or whether it will be fully offset. We cannot proceed until the decision is made to move one way or another. As soon as it is, we want to bring both of those to the floor one way or another. As soon as it is, we will be fully offset. We cannot provide the money without an understanding of how it will be offset.

Mr. LEWIS of California. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BRADY).

Mr. BRADY. Mr. Speaker, today we're debating more disaster-related spending. What we have to ask ourselves, what about the money Congress has already sent to help families and communities?

As I told the gentleman from Texas, Texas is still waiting for the supplemental disaster funds for Hurricane Ike that Congress approved 18 months ago, Congress, led by Chair- man OBEY and Ranking Member LEWIS, to try to help communities who have suffered the most costly hurricane in American history.

But this time the hold up isn't FEMA; it's HUD. Other States have received their disaster funds, but HUD continues to hold Texas hostage. My fellow Texans and I, from both parties, have written to HUD on this issue. We've requested meetings or calls, and our letters go unanswered. The State of Texas has worked tirelessly with its local communities to put together a strong, comprehensive plan, and we know that because we've just recovered from and are recovering from Hurricane Rita as well.

But HUD keeps moving the goal posts. They say Washington knows best. And if the HUD gets their way, the people most impacted by Hurricane Ike won't even be eligible for help.

It's been 541 days since Congress acted to provide help for disaster victims. Yet HUD continues to tell Texans, the money doesn't matter. There's no rush.

Well, tell our communities, tell our families, tell our region that there's no rush. 541 days. HUD needs to act now to approve the Texas plan and simply help our communities rebuild.

Mr. OBEY. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from California (Ms. LEE).

Ms. LEE of California. Thank you, Chairman OBEY, for yielding and thank you for introducing this bill. It's very important. And I want to thank you for your leadership. Also to Chairman MIL- LAN and Speaker Pelosi for working with members of the Congressional Black Caucus to ensure that this legislation does include funding, which is paid for, for a summer youth jobs initiative to target funds for our young people who are unemployed.

The members of the Congressional Black Caucus have been very focused on stimulating the economy and creating jobs, especially for the chronically unemployed. As my colleagues do we all know one of the most effective ways of doing that is to use HUD dollars to fund 5-week campaigns, such as this one, to help young people get back to work.

One of the key pieces of this proposal was to provide $1.3 billion to the summer youth jobs program with a goal of creating approximately 500,000 jobs for young people throughout the country. We met with the President, with our Speaker. We raised the importance of the summer youth jobs program to adjust the high unemployment rate among young people.

We are committed to putting people back to work, especially our young people, because now, with this economic downturn, many of our young people, their parents are unemployed, and so they're helping to buy the food and to pay the rent.

When you take a look at the numbers, it's clear why this funding is so critical. The youth unemployment rate currently stands at more than 23 percent. This is really a national emergency.

Many low income and minority youth populations face even greater challenges. African American youth unemployment rates are now estimated to be as high as 42 percent. So we need targeted assistance to help put our young people to work and to teach them an array of valuable job skills that they can use throughout their lives.

While this does not include the full $1.3 billion for summer youth jobs that we requested, it does make a down payment of $600 million, which is, once again, fully paid for, to create approximately 300,000 new jobs. And this is a very important step forward: but, again, we need the full amount. I hope that we can continue to expand and increase funding for this valuable program.

In addition, this bill will provide $5.1 billion in disaster relief to local communities throughout the country. As one who comes from California, a State which is prone to earthquakes and floods, I can tell you this $5.1 billion is desperately needed.

And, finally, the bill will include an additional $60 million to extend the provision of the Recovery Act for another month to help small businesses defray the cost of fees charged by the Small Business Administration. Our small businesses are creating jobs to help turn this economy around.

So as Chair of the Congressional Black Caucus, I want to thank Chairman OBEY and our Speaker and our leadership for this initial down payment. We are pleased that we can provide some funding for summer jobs for our young people and we are moving forward with this job creation package.

Mr. LEWIS of California. Mr. Speaker, I am very pleased to yield 2 minutes to the gentleman from Ohio (Mr. LATTA).

Mr. LATTA. I thank the gentleman for yielding.

Mr. Speaker, on March 4, I sent a letter to the FEMA administrator. That letter is regarding my concerns and the concerns I have heard from U.S. tent manufacturers and suppliers about FEMA purchasing disaster relief tents from foreign manufacturers.

Humanitarian needs are great throughout the world, and the American people have shown their generous spirit through the outpouring of money and commodity donations as well as teams of personnel to serve in the medical assistance area.

U.S. companies who manufacture shelters, such as this tent right here, can easily increase their production to fill the needs of humanitarian crises around the world. We need to continue to have U.S. tent manufacturers who can provide tents to U.S. military, U.S. embassies, and humanitarian relief efforts throughout the world.

When we use Federal taxpayers' dollars to aid in humanitarian relief efforts, we need to purchase U.S. manufactured products. The Department of Defense is required under their Buy American provision to purchase their humanitarian relief tents from U.S. manufacturers, so why shouldn't agencies such as FEMA or USAID be required to do the same?

Companies that are proven and have had government contracts help retain and create jobs. Purchasing U.S.-made tents also represents economic opportunities for our hard-hit areas in the United States where manufacturing jobs have disappeared by the thousands in the last several years.

The simple question I have is, why did or should FEMA or any other government agency purchase foreign-made tents when American-made tents help keep Americans employed and are of
Mr. Speaker, it is time that the U.S. agencies be required to purchase U.S.-made tents and keep Americans working.

Mr. OBEY. I yield 2 minutes to the distinguished gentleman from Iowa (Mr. LOEBSACK).

Mr. LOEBSACK. Mr. Speaker, I do want to thank Chairman OBEY for his work on this important legislation. This bill is vital to ensuring FEMA can provide assistance to communities in all of our States that are recovering from major disasters. It is also critical to FEMA’s ability to provide life-saving help to communities that might experience a major disaster in the future.

In Iowa alone, a recent survey was conducted by the great flood of 2008. Eighty-five out of 99 counties were declared major disaster areas. My district alone had billions of dollars in damage and is still working to recover, including through an estimated $1 billion in FEMA projects. However, there was a temporary freeze on a multitude of FEMA projects nationwide. According to Iowa’s governor, this has put work in jeopardy on $100 million worth of projects in Iowa alone. In fact, Coralville, Iowa, which was hard hit by the flood, has received no bids on recovery projects but cannot commit because of this freeze. As a result, they may lose a bid that is 20 percent below what was estimated, which would actually save taxpayer money.

The National Weather Service says there is an imminent widespread flood risk in the Midwest this spring. We must ensure FEMA has the resources needed to help our citizens who might be hit by flooding again, even as we pray that it won’t be needed. I urge my colleagues to support this legislation to ensure Iowa and communities nationwide continue to have this important safety net and we allow FEMA to fulfill its prior commitments to recovery.

Mr. LEWIS of California, Mr. Speaker, these will be my closing comments on the bill.

I would like to say to the Members, my chairman, my colleagues, that I am very proud of their description of the way we have handled FEMA funding in the past. I indeed agree that, in spite of the fact that there is a huge amount of money in the stimulus package that is yet unspent that might be available to fill these offsets, we need to seriously get a track of reducing spending and undermining that growing deficit so the public can at least have some sense that we are trying to effect the crisis that is beyond our horizon.

I plan, after we are through here, to offer a motion to recommit on this bill in order to adopt the amendment I presented in the Rules Committee on Monday. The motion is simple. It cuts unnecessary money from the flawed $1 trillion stimulus to pay for the $5.1 billion FEMA spending provided in Mr. OBEY’s bill. The balance of the questions, we have discussed earlier.

I yield back the balance of my time.

Mr. OBEY. Mr. Speaker, I would make a couple of comments. This bill also provides for a 1-month extension of the Recovery Act Small Business Lending program and provides an additional $60 million for that program.

Through March 12 of this year, the Recovery Act Small Business Lending program has supported nearly $23 billion in small business lending which, according to SBA, has helped create or preserve over 500,000 jobs. I think it is well worth the effort. We need to keep this program alive.

Ms. RICHARDSON. Mr. Speaker, as Chair of the Homeland Security Subcommittee on Emergency, Communications, Preparedness, and Response, I rise today in strong support of H.R. 4899, the Disaster Relief and Summer Jobs Act of 2010. I support this legislation because it will help local communities, small businesses, and our Nation’s youth. This is the kind of legislation we need to lift us out of this economic downturn and deal with the uncertainty that has resulted after our Nation has faced these past few months.

I would like to acknowledge Speaker PELOSI and Chairman OBEY for their leadership in bringing this important bill to the floor.

Mr. Speaker, the Disaster Relief and Summer Jobs Act of 2010 is a $5.1 billion disaster aid package that will help communities rebuild their homes, infrastructure and local economies and to take steps to protect them from future disasters. In addition, H.R. 4899 also provides fully offset funding to expand this successful summer jobs program and continue assistance to America’s small businesses.

In my home State of California, youth unemployment has hit over 25 percent. The funding provided by H.R. 4899 will allow local Workforce Investment Boards (WIBs) to expand successful jobs programs that were funded in the Recovery Act. California is also no stranger to natural disasters, such as wildfires and mudslides. H.R. 4899 provides $5.1 billion to ensure that the Federal Emergency Management Agency (FEMA) can continue its work helping communities recover from recent disasters and to ensure that they have resources to respond to future disasters.

In conclusion, Mr. Speaker, I support this bill because it will provide funding to the communities and populations that need the most assistance in both disaster relief and job training. I would also like to note that this bill is fully paid for because it rescinds emergency funding that is not needed this year, including $44 million provided for Cash for Clunkers and $103 billion provided for agriculture disasters, this is no longer needed for those disasters.

Mr. Speaker, I urge my colleagues to join me in supporting H.R. 4899.

Mr. POMEROY. Mr. Speaker, I rise today in strong support of H.R. 4899, a bill that ensures that the Federal Emergency Management Agency’s (FEMA) Disaster Relief Fund is running out of money.

As you know, my own State of North Dakota experienced record flooding last year and many local governments have still not fully recovered from the floods. In addition, local communities in my State have once again been in the trench battling spring flooding this year. The Disaster Relief Fund (DRF) is used in part to reimburse States and local governments in places like North Dakota for damages suffered during these kinds of disasters.

The Disaster Relief Fund is currently faced with a shortfall and as a result, FEMA has issued an order whereby funds cannot be used for the Hazard Mitigation Grant Program, and certain kinds of public assistance until the Fund is replenished. As a result of this unnecessary delay, many North Dakota communities have been forced to hold off with initiatives like home buyouts and road repairs that help the State recover from last year’s flooding and better prepare for flooding this spring. This is unacceptable, which is why I have been working with the House Appropriations Committee to appropriate the $5.1 billion in supplemental funding that is needed for this vital relief program.

With the funding that will be enacted under this bill, North Dakota will be able to continue to recover from the floods in 2009 as well as prepare for future disasters. This is an important bill and I encourage my colleagues to strongly support H.R. 4899.

Mr. LARSEN of Washington. Mr. Speaker, I rise today in support of H.R. 4899, Disaster Relief and Summer Jobs Act.

While the bulk of this legislation provides disaster relief for ongoing response and recovery efforts, this bill makes important steps forward to continue our Nation’s economic recovery and create jobs.

First, this bill provides fee reductions and eliminations under the Small Business Administration (SBA) 7(a) loan program and the 504 program, and extends the termination date for the loans through April 30.

These loans have been important economic development for my Congressional district, and have provided needed capital to small businesses in our communities.

Small businesses are going to play an important part of any economic recovery. Small businesses are the number one source of new job growth in our Nation and have created 65 percent of all new jobs in the last decade.

Between October 2009 and last month, there were 58 SBA 7(a) loans and 15,504...
loans provided to small businesses in my district allowing them to expand and modernize. These are the types of programs that Congress must support to continue our economic recovery and create jobs at home, and I am happy to support the legislation on the floor today.

Mr. CONYERS. Mr. Speaker, we are facing a crisis with our young adults—many of whom are unable to find work during this economic downturn. According to the Department of Labor, the unemployment rate for 16 to 19 year olds is 22 percent. This is simply unacceptable and that is why I rise in support of the “Disaster Relief and Summer Jobs Act of 2010.” This legislation, offered by my good friend, the Chairman of the Committee on Appropriations, will help mitigate this emergency by providing funds to summer youth programs. The bill will also ensure Federal Emergency Management Agency (FEMA) has adequate funds at its disposal to enable it to comprehensively and quickly respond to future natural disasters.

Today’s legislation will appropriate funds to provide 300,000 youth workers a $600 million grant this summer. Furthermore, this appropriation will fund Workforce Investment Boards (WIBs) that will expand programs previously funded in the Recovery Act. I believe this is an effective way to develop our young citizens’ critical leadership skills, and practical training, and in helping them become productive members of society. I believe these programs will have a positive and lasting impact in our communities.

Mr. Speaker, the tragedy after hurricane Katrina highlighted the need for proper management and resources at FEMA. The proposal being considered today will give $5.1 billion to complete urgently needed projects and ensure they are fully equipped to respond to future disasters.

If we are to build a better America, we need to invest in our country. I believe the proposal today will make America a stronger country and I urge my colleagues to support it.

Mr. OBERSTAR. Mr. Speaker, I rise in strong support of H.R. 4899, the “Disaster Relief and Summer Jobs Act of 2010.” I support this bill which, as requested by the President, appropriates an additional $5.1 billion for the Disaster Relief Fund to support ongoing disaster relief, recovery, and mitigation efforts, and to ensure that our Nation is adequately prepared in the event of future disasters.

The Disaster Relief Fund (DRF) provides the funding for the Federal Government’s activities to help communities respond to, recover from, and mitigate major disasters and emergency situations declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).

Last month, due to diminishing funds, FEMA announced that the agency was forced to limit expenditures from the DRF. In some cases, FEMA has completely suspended future reimbursements to States and local governments for reconstruction projects for facilities damaged or destroyed by recent disasters. FEMA has also slowed the issuance of reimbursements for critical post-disaster hazard mitigation projects, which help communities, build better after a disaster.

For example, FEMA has stopped funding projects to make repairs from facilities damaged in last Spring’s flooding in my home State of Minnesota. Specifically, Federal funding is being held up for repairs to a building at Concordia College and for road repairs in Becker County, Lien Township and Gully Township.

Delays in providing reimbursements to States and FEMA will necessarily slow the pace of recovery and mitigation projects, as most States do not have the flexibility in these difficult economic times to move ahead without a guarantee of when Federal funds will become available. Inadequate funding in the DRF, therefore, impedes the rapid recovery of communities from the country from devastating disasters and inhibits the job creation and economic stimulus that these projects provide.

If Congress does not act to replenish the Disaster Relief Fund, FEMA will be unable to respond to future disasters once the fund is depleted. This is particularly troubling because the National Weather Service has issued a warning that there is a high, or above average, risk of flooding this spring in much of the country. As one example, the Nation has watched the situation in North Dakota and my home state of Minnesota, as the Red River crested over the weekend. It appears that major flooding has thankfully been avoided in large parts of the two States along the Red River for the time being. However, the risk of flooding remains and serves as an example of what other parts of the country may encounter in the coming months.

The Committee on Transportation and Infrastructure authorizes and oversees FEMA’s disaster programs under the Stafford Act. Members of this Committee first-hand the devastation that a disaster can wreak on a community and the importance of a swift, effective Federal response. Through oversight and legislation, the Committee has been working to improve FEMA’s operations and provision of disaster assistance. Without adequate funding in the DRF, however, FEMA will not be able to carry out any of its critical missions or functions.

On March 12, 2010, I wrote to Speaker PELOSI in support of the President’s request for a supplemental appropriation for the Disaster Relief Fund and urging swift action to replenish the Fund. I would like to thank the Speaker and the gentleman from Wisconsin (Mr. O’Brye), Chairman of the Committee on Appropriations, for bringing this bill before the House today. Their dedication to this issue affirms the importance of the DRF and underscores the urgency of ensuring its solvency.

I urge my colleagues to join me in supporting H.R. 4899.

Ms. KILPATRICK of Michigan. Mr. Speaker, Michigan and our Nation, have faced, and continues to weather, high unemployment. Our businesses struggle with a lack of access to capital. Michiganders have had to face significant challenges that have tested our faith and our will. Michiganders, and all Americans, have usually responded with the grit, the effort, and the will that is evidence of the uniquely American “can do” spirit. Despite that spirit, many regions of our Nation desire and need help. The 13th Congressional District of Michigan is one of those areas. A portion of that help is in this bill, H.R. 4899, the Disaster Relief and Summer Jobs Act of 2010. Although I did not support an earlier jobs bill because it provided tax cuts, not funding, to our Nation’s small businesses, I support this bill.

This legislation is not perfect. While it provides summer jobs to our Nation’s youth, the money goes to the states before it goes to cities, counties and non-profit agencies. The problem? Our states are broke. Our states are desperate to balance their budgets. Our states need these funds as revenues from a once alluring housing market has depressed. So while it is not the fault of our states, it is my desire to get these jobs created as fast as possible.

While I support H.R. 4899, I will continue to fight toward the enactment of a program similar to the Comprehensive Employee Training Act (CETA) program, a program that proved that it could reduce the unemployment rate and train people for short- and long-term jobs and careers. Funding for this program went directly from the Federal Government to cities, counties and non-profit organizations to get individuals trained and back to work.

This bill is great news for three reasons. One, this bill provides disaster relief. Many regions of our Nation faced record snowfalls, major floods, and other natural disasters. We still have not completely fulfilled our promise to the people of New Orleans after Hurricane Katrina. Not only will this $5.1 billion disaster aid package help these communities rebuild their homes, infrastructure and local economies, it will also take steps to protect them from future disasters.

Two, this bill provides funding for the summer jobs program. As our Nation begins the long recovery from the deepest economic crisis since the Great Depression, a summer job is more than just an opportunity for our Nation’s youth to be exposed to possible career paths. It is often a matter of survival, of life and death. This bill has $600 million, fully offset, to support over 300,000 jobs for youth ages 16 to 24 through summer employment programs. This age group has some of the highest unemployment levels, 25 percent for those aged 16 to 19. This funding will allow local Workforce Investment Boards (WIBs) to expand and fund successful summer jobs programs that were funded in the Recovery Act.

Three, this bill provides access to capital for our Nation’s small businesses, our Nation’s largest employer. There will be $60 million in the bill, that is fully offset, to extend the Recovery Act small business lending program for another month. That program eliminated the fees normally charged for loans through the Small Business Administration 7(a) and 504 loan programs and increased the government guarantees on 7(a) loans from 75 percent to 90 percent. Since its creation, the program has supported nearly $23 billion in small business lending, which helped to create or retain over 560,000 jobs.

This bill is not only fiscally responsible, but it is needed and necessary. I am proud to support this bill, and look forward to working with my colleagues as my colleagues as we enact legislation that will address the challenge of our Nation’s astronomically high unemployment rate, provide capital to our Nation’s businesses, and ensure that our economy survives and thrives. The families of America are counting on Congress to do what is needed to continue to make America great.

Mr. OBEY. I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.
Pursuant to House Resolution 1204, the previous question is ordered on the bill. The question is on the engrossment and third reading of the bill. The bill was ordered to be engrossed and read a third time, and was read the third time.

**MOTION TO RECOMMIT**

Mr. LEWIS of California. Mr. Speaker, I have a motion to recommit at the desk.

**The SPEAKER pro tempore.** Is the gentleman opposed to the bill?

Mr. LEWIS of California. I am. The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk reads as follows:

Mr. Lewis of California moves to recommit the bill H.R. 4899 to the Committee on Appropriations with instructions to report the same back to this House forthwith with the following amendments:

On page 2, strike line 10 and all that follows through line 4 on page 3. On page 5, after line 15, insert the following:

(5) "Department of Labor—Employment and Training Administration—Training and Employment", $140,000,000 to be derived from unobligated balances available from amounts placed in a national reserve under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 115).

(6) "Department of Labor—Employment and Training Administration—Training and Employment", $400,000,000 to be derived from unobligated balances available from amounts provided for competitive grants for worker training in high growth and emerging industry sectors under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 115).

(7) "Department of Health and Human Services—National Institutes of Health—Buildings and Facilities", $434,000,000 to be derived from unobligated balances available from amounts provided under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 115).

(8) "Department of Health and Human Services—Agency for Healthcare Research and Quality", $850,000,000 to be derived from unobligated balances available from amounts provided for comparative effectiveness research under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 115).

(9) "Department of Health and Human Services—Secretary of the National Coordinator for Health Information Technology", $1,900,000,000 to be derived from unobligated balances available under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 115).

(10) "Department of Health and Human Services—Public Health and Social Services Emergency Fund", $38,000,000 to be derived from unobligated balances available under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 115).

(11) "Department of Education—Impact Aid", $497,000,000 to be derived from unobligated balances available under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 115).

(12) "Department of Education—Institute of Education Science", $250,000,000 to be derived from unobligated balances available under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 115).

(13) "Social Security Administration—Limitation on Administrative Expenses", $60,000,000 to be derived from unobligated balances available from amounts provided for the replacement of the National Computing Center under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 115).

(14) "Department of Energy—Energy Programs—Title 17-Innovative Technology Loan Guarantee Program", $140,000,000 to be derived from unobligated balances available under this heading in title IV of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 115).

Mr. LEWIS of California (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

**POINT OF ORDER**

Mr. OBEY. Mr. Speaker, I raise a point of order against the motion because it constitutes legislation on an appropriation bill, which is in violation of clause 2, rule XXI. The instructions in the motion include an amendment proposing to include language in the bill that would provide for the resi- duction of previously appropriated funds made available in other appropriation acts. This is clearly a legislative proposition. Mr. Speaker, Section 1052 of the House Rules and Manual states, in part: An amendment proposing a rescission constitutes legislation under clause 2(c).

The amendment is, therefore, legislative in nature and is in violation of clause 2, rule XXI, and I ask for a ruling from the Chair.

Mr. LEWIS of California. Mr. Speaker, I wish to be heard on the point of order.

The SPEAKER pro tempore. The Chair recognizes the gentleman from California.

Mr. LEWIS of California. Mr. Speaker, as I suggested earlier, the bill before us contains almost $6 billion in new spending, spending that is not offset by any reductions. Instead, this $6 billion will simply pile more money on to the government’s charge card and add to our already astronomical debt.

Mr. Speaker, it is my understanding that the bill before us today is considered to be a general appropriations bill, and under the rules of the House, general appropriations bills are privileged and are to be considered in the Committee on Appropriations or sent to the Committee on Appropriations prior to consideration on the House floor.

I have a concern about the lack of regular order, the number of supplementals and appropriations bills that are not being heard in com-
ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote was taken by electronic de-
CHANEY, GOODMAN, SCHWERNER FEDERAL BUILDING

The SPEAKER pro tempore. The unfinished business is the question on suspending the rules and passing the bill, H.R. 3562, as amended.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. PERRIELLO) that the House suspend the rules and pass the bill, H.R. 3562, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: “A bill to designate the federally occupied building located at 1220 Echelon Parkway in Jackson, Mississippi, as the ‘James Chaney, Andrew Goodman, and Michael Schwerner Federal Building’.”

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 1586, TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS

Ms. MATSUZAI, from the Committee on Rules, submitted a privileged report (Rept. No. 111-456) on the resolution (H. Res. 1212) providing for consideration of the Senate amendments to the bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 648

Ms. LINDA T. SÁNCHEZ of California. Mr. Speaker, I ask unanimous consent that my name be removed as an original cosponsor of H. Res. 648.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1255

Mr. MORAN of Kansas. Mr. Speaker, I ask unanimous consent to remove my name as cosponsor of H. R. 1255.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kansas?

There was no objection.

PERSONAL EXPLANATION

Ms. JACKSON LEE of Texas. Mr. Speaker, I was unavoidably detained at the State Department at a meeting, and I would like to register my vote for the Democratic motion to table the appeal of the ruling of the Chair. If I had been present, I would have voted “aye.”

TEXANS WILL BENEFIT FROM HEALTH CARE REFORM

Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.

Ms. JACKSON LEE of Texas. Mr. Speaker, as we reflect on the last 24 hours of the passage of this historic health care bill, more and more constituents are calling in recognizing that some aspect of this bill impacts them in a positive light. I said one time before that when we did the Medicare bill in 1965, that bill was the start of revising and refinement of that legislation.

I am glad today that we can say 45 million Americans have lived because of Medicare, and my mother, Ivalita Jackson, who I mentioned during the debate, lives because of the Medicare support system. That is why I am so disappointed that Greg Abbott, attorney general from the State of Texas, the State with the most uninsured people, decided to file such a lawsuit that has no bearing in the Constitution and cannot make any point that this bill will not help Texas and save millions of dollars.

In addition, there are thousands of veterans that are not in TRICARE who will benefit from this health care system. We will fight that lawsuit because it is against the people of Texas.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. MORAN) is recognized for 5 minutes.

The SPEAKER pro tempore. Under a previous order of the House, the following Members are recognized for 5 minutes each.

KANSAS ECONOMY NOT GOOD

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

Ms. SUTTON of Texas. The news on the Kansas economy is not good. Our State’s unemployment rate rose to 7.1 percent in January. In February, State revenues fell a whopping $71 million more than expected. We need $500 million to balance our budget in Kansas in 2010 and 2011. These million-dollar numbers don’t mean much up here in Washington, where this Congress continues to rack up trillions in debt obligations as if there are no consequences and money magically appears out of thin air. However, the effects of this thoughtlessness are indeed terrible.

In Kansas, the overwhelming majority of our State budget is comprised of health care and education responsibilities. Many of these responsibilities have been handed down to the States from the Federal Government. Our education system is teetering on the breaking point, with schools facing closure or consolidation and with educators and staff being laid off.

Services for our State’s developmentally disabled and support for our sick and elderly have been cut. Folks in Kansas are hurting. I see their pain when I return from Washington, D.C., every weekend home to Kansas.

In our State, we think differently than they do up here in Washington. We don’t spend what we can’t afford, we don’t sacrifice long-term prosperity for short-term gratification. We don’t sidestep our personal responsibility, and we don’t tell other people how to live their lives. It pains me to reflect
on all of the bad ideas of this Congress: the stimulus packages, the bailouts, Cash for Clunkers, cap-and-trade, because I know these mistakes are digging us deeper and deeper into a hole. I was one of only 17 members out of 435 to oppose all of these measures, not because I wanted to obstruct the legislation, but because our personal freedom and economic liberty are restricted each time we create obligations we can’t pay for.

Kansas, like many States, is constitutionally prohibited from running in the red. When Congress irresponsibly shoulders States with mandates and expenses, it’s the States and their taxpayers that suffer because they can’t evade fiscal responsibilities like the Federal Government often does.

Last Sunday is the latest and most glaring example of this elitist, Washington-knows-best attitude. On Sunday night, this Congress passed the Obama-Pelosi health care plan along a narrow partisan line against my staunch opposition. This plan, which became law on Monday, is the wrong direction for America for a long, long list of reasons. With our national debt already at more than $12 trillion, this new plan will drive the hole. The per person cost of this health care plan is more than $1.33 trillion. While this estimate is staggering, it doesn’t take into account the almost $400 billion needed to fix the Medicare payments to physicians payments that Kansas doctors must receive to avoid a 21-percent cut and keep their doors open.

Furthermore, this cost estimate doesn’t account for the $20 billion that States must expend to implement the Medicaid expansion contained in the health care plan. Kansas can’t afford these billions of new costs, but they are required to carry out so-called reforms. Since Kansas can’t afford the requirements of this unfunded mandate, I had to take deeper cuts out of our education system and close and consolidate more schools, dimming the light of opportunity for many Kansans.

Washington needs to open its eyes to this gathering storm. Kansans understand that we can’t create an entirely new government entitlement program without exploding spending and increasing our national debt. Our history doesn’t support the President’s list of campus commitments promise-the-world pledges. This bill will not only seriously injure our health care system, but its tax increases, mandates, and increased bureaucracy will ruin the Kansas economy and jobs.

I will continue the battle in Washington against this attitude that we know best. It threatens the future prosperity of our future State and Nation. On Monday, I introduced H.R. 4901, legislation to repeal the health care plan we just passed. Only with a total repeal of this budget-busting mismanagement and cut, but to obtain the controls that prosperity returns to our State.

And Madam Speaker, that’s just the way it should be.

ON THE OCCASION OF THE 50TH ANNIVERSARY OF THE NATIONAL CENTER FOR ATMOSPHERIC RESEARCH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Colorado (Mr. Polis) is recognized for 5 minutes.

Mr. Polis. Madam Speaker, I rise today to congratulate the National Center for Atmospheric Research, or as we have fondly called it, NCAR, on the occasion of their 50th year. Conducting the climate and weather research that has become an icon of the American spirit of research and a vital part of all of our daily lives. In the 1950s, farmers, the rapidly growing airlines, and other sectors of our industrializing economy needed better weather forecasts. Pollution of the atmosphere was becoming a serious problem in urban areas. Cloud-seeding experiments suggested it might be possible to control or impact certain kinds of weather, but the U.S. atmospheric research community wasn’t adequately meeting the challenges of information that the new world of opportunity offered to use.

In 1956, Detlev Bronk, president of the National Academy of Sciences, appointed a committee of distinguished scientists from several disciplines and instructed them to consider and recommend means by which to increase our understanding and control of the atmosphere. In 1958, the committee came back with several findings and recommendations that led to the establishment of the University Corporation for Atmospheric Research. Solar astronomer Walter Orr Roberts at the University of Colorado was appointed president of UCAR, and the decision was made to call the institute the National Center for Atmospheric Research, which chose a spectacular hilltop in Boulder, Colorado, to call its home in 1960.

This iconic building is not only home to the most advanced weather and climate change research in the world; it is also a part of the Boulder Community. Designed by I.M. Pei, this building is a focal point of our community. A breathtaking drive takes you to the facility that hosts an interactive climate and museum. The staff offers tours for the public to see firsthand the tools to fight climate change as well as to anticipate what we need an umbrella over the weekend.

The facility is also a community meeting place, a demonstration of what can happen when the Federal Government partners with local communities, schools, governments, and academia. On behalf of my constituents, I offer gratitude to have this facility and everything it stands for be part of our family in our district. I am confident that they produce they create great global benefit.

In this 50th year, I ask my colleagues to continue support for President Obama’s ambitious levels of funding for the National Science Foundation and NCAR. I invite my friends on both sides of the aisle to visit Boulder, Colorado, and this facility, and experience the full context of what the symbolism of government, academia, and private ingenuity can do.

My district, even in this economy, continues to have lower unemployment than surrounding districts. One of the reasons is as a result of the science and Federal research dollars that are spent in our district.

My hope is that NCAR will continue to yield Nobel laureates and offer the Nation and the world cutting-edge research with practical applications, and as a result continue to make Boulder drive our world headquarters for climate and weather research. Congratulations to NCAR and to the scientists and people who work there—my constituents—that carry on this important mission.

SPENDING MONEY WE DON’T HAVE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. Burton) is recognized for 5 minutes.

Mr. Burton of Indiana. Madam Speaker, I’m not going to talk for 5 minutes, but I would like to talk to my Democratic colleagues tonight because once again it seems that we’re spending money that we don’t have. And I know this may sound funny, but the American people can’t figure out why they have to balance their budgets and we keep spending money we don’t have, we don’t have, we don’t have.

Now, the bill we passed today provided $36 million in funds that we did appropriate money for, for use for summer jobs, and we had $5.1 billion for disaster relief. Well, now, disaster relief is something that I think is very laudable. But we have had the President say a number of times he is for what’s called PAYGO, and if you come up with a program and don’t have the money, you have to come up with the money by cutting another program to take care of the one that you’re funding. So, we had another $5.1 billion added to the deficit today.

The deficit projected by the White House over the next 10 years is $900 billion a year. And they’ve been short on their projections all over the place. For instance, they said that the health care bill will cost $240 billion, which most Americans don’t want—was only going to cost about $800 and some billion. But, when you realize that we’re paying for...
6 years of benefits but we’re taxing for 10 years, you realize that it’s going to cost way more than the $800-and-somewhere billion they’re talking about. It’s going to cost like $1 trillion or $1.7 trillion for 10 years of coverage or 10 years of taxes.

So I would just like to say to my colleagues tonight and my colleagues back in the office—and if I were talking to the American people, if they were listening, if I could talk to them—I know I can’t. Madam Speaker, I would like to be doing in Washington is we need to be telling the President and the Democrat leadership to go down and buy several thousand reams of additional paper and several million gallons of ink so that they can go down to the printing press at the Treasury Department and print money that we don’t have. That is what they ought to be doing.

And then the people who have money in the bank, let’s say you got a thousand dollars in the bank, Madam Speaker, and we double the money supplied by printing money that we don’t have, we double the money supply, you have a thousand in the bank. You still have a thousand dollars but it will only buy $500 worth of product. That is where we’re heading. Inflation is a hidden tax that people don’t even realize they’re getting. And that’s what’s going to happen if we don’t get control of spending.

The budget this year was $3.85 trillion that we don’t have. The health care bill is going to cost more like $3 trillion in the next 10 years that we don’t have. That doesn’t include the doc fix, which is going to cost $250-some billion dollars that we don’t have.

So I would just like to say, Madam Speaker, to my colleagues back in their offices and to the American people if I could talk to them, and I know I can’t, you ought to talk to your representative and tell them, quit spending more money than you have. You’re ruin- ing our children’s future. You’re creating a society that is going to be costing them a lot more, taxing them a lot more and giving them a quality of life that does not equal what we have today. And that is a terrible legacy to leave to the future generations.

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gen- tleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-man from Arizona (Mr. FRANKS) is recognized for 5 minutes.

(Mr. FRANKS of Arizona addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle- woman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

(Ms. ROS-LEHTINEN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-man from Michigan (Mr. MCCOTTER) is recognized for 5 minutes.

(Mr. MCCOTTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from Virginia (Mr. WOLF) is recognized for 5 minutes.

(Mr. WOLF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-man from Texas (Mr. CARTER) is recognized for 5 minutes.

(Mr. CARTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-man from Virginia (Mr. WOLF) is recognized for 5 minutes.

(Mr. WOLF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gent- lewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gent- leman from Arizona (Mr. FRANKS) is recognized for 5 minutes.

(Mr. FRANKS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

(Ms. ROS-LEHTINEN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle- man from Arizona (Mr. FRANKS) is recognized for 5 minutes.

(Mr. FRANKS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gent- leman from Michigan (Mr. MCCOTTER) is recognized for 5 minutes.

(Mr. MCCOTTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle- woman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

(Ms. ROS-LEHTINEN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-man from Virginia (Mr. WOLF) is recognized for 5 minutes.

(Mr. WOLF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

MOVING THE ECONOMY FORWARD

The SPEAKER pro tempore. Under the Speaker’s announced policy of Jan- uary 6, 2009, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the majority leader.

(Mr. GARAMENDI). I doubt that we will be here for a full 60 minutes, but there are some things that we really do need to discuss, particularly following the previous speaker as he talked about the American Recovery Act and the things that have actually been done, I really move the American economy.

One of those things was the stimulus bill, the American Recovery Act, that is now just about 13 months old. In that American Recovery Act, there was a major element dealing with green technology, green jobs, which I think most Americans and most economists feel is where the future lies. We know we have an energy security issue. We know we import oil that we could possibly afford in foreign oil. We have to become energy independent. And in the American Recovery Act, there was an enormous advancement in research and in subsidies to encourage green technologies.

I would like now, with the permission of the Speaker, to enter into a colloquy with my colleague, and I would like to yield to our colleague from Maryland, (Mr. SARBANES).

You mentioned the American Recovery Act, the American Clean Energy and Security Act, which, when you look at it, was really the first major down payment and investment that we’ve had in this country really ever in this kind of green technology, which is going to jump, I believe, over time will jump the economy forward in a significant way.

One of the things all of the economists agree on is we’re in a transi- tional phase. There are industries and jobs that once existed in plenty that are now going to be transitioned to a new place, and we have to create new economic frontiers and new space to create these new jobs. There is no bet- ter place to do that than with a green economy.

One of the things that excites me the most, I must tell you, is that I believe if we can get a new energy framework in place—and we certainly made our efforts here in the House to do that with the American Clean Energy and Security Act and other efforts that have been undertaken—if we create a new energy framework, new rules of the road for what investments in clean technology can mean, then what you’re going to see is businesses all across this country, investors, are going to start putting their investments into clean technology.

Right now they are kind of hanging back a little bit because they don’t know what the rules of the road are yet. They don’t know how to measure that investment in a new technology in a renewable energy source, for example, against traditional investments. If we can set a framework in place for them, I think they will come and they will fill that space. So you will see entre- preneurs and businesspeople jumping into that space and creating these new clean technologies.

The other thing you will see—and all of this will result in job creation. The other thing you will see is ordinary citizens stepping into that space. One of the things I perceive, there is a
growing trend among our citizenry to become stakeholders in this green revolution, to take personal ownership of cleaning up the environment and thinking of things that they can do right at the household level, right there in their own homes, right there in their own neighborhoods.

One particular effort that I am very interested in, and I have introduced legislation to this effect, has to do with these programs called PACE programs. PACE is an acronym for Property Assessed Clean Energy. What these are is a local municipality will decide to borrow funds and make those available to local homeowners so that those homeowners can borrow that money and then invest it in retrofitting their homes to make them more energy efficient. And there is actually legislation moving through the Congress right now that would create two new categories—Silver Star and Gold Star, under a Home Star umbrella—of energy efficiency that you try to encourage people to achieve these high standards of green technology and energy efficiency in their own homes.

What the PACE programs do is make these loans available to a homeowner who can then invest in upgrading and retrofitting, you know, their HVAC system or whatever it may be, and then the repayment on that becomes part of the property tax payment over time, so it runs with the house. So, the homeowner that comes in takes that obligation and continues to pay on the property tax.

The bill that I have introduced attempts, as many other initiatives do, to try to facilitate this more by making the bonds that can be issued by municipalities tax free. That makes them more attractive to investors, who will then begin to provide the capital for this kind of retrofitting, and they can then turn around and make it available to homeowners with a win/win.

Mr. SARABANES. Well, we are gathering up cosponsorship for the bill. And I appreciate your comments, because this is designed to kind of jump this movement forward.

There are communities in the municipalities across the country that have begun to put these PACE programs in place. Annapolis, Maryland, is one. And this is what we are trying to do is create a more inviting environment for these sorts of programs. This is just one example of how we can partner with good legislation and good initiatives and those at the local level. We can partner with the citizenry out there in our communities to do the right thing and to get back to the jobs priority.

If we begin to get homeowners making these kinds of changes, that is going to have a tremendous positive impact on all of those businesses, a lot of them small businesses who are in a position to do this kind of retrofit.

Mr. GARAMENDI. Well, let me give you an example. One of my own towns in the district, the East Bay, Contra Costa County and Alameda County. The community colleges are putting together educational programs for the men and women who will start their own businesses or do the installation of the insulation, the caulking of the doors and windows. We need a million caulkers out there in order for our homes to be energy efficient, but they have to be trained. The installation of the solar panels not only generates an opportunity for small businesses to get up and get going, often in conjunction with the manufacturers.

So what you are doing with your legislation is to provide a foundation, a financial foundation, that small businesses or that the homeowner would then take advantage of the loan and the small businesses would then have the opportunity to engage with the homeowner to do the work.

Mr. GARAMENDI. If I might just interrupt you for a moment, Mr. SARBANES, this is actually happening, and your piece of legislation will expand what is taking place. I know that in California, the City of Berkeley put this program into effect about 2 years ago, but it was a real struggle for them to find a way in which they could sell the bonds. Now, your proposal would, as I understand it, provide a tax exempt municipal bond opportunity so investors would be willing to do this thing.

This is a very, very powerful thing in Berkeley, and a couple of other cities in California that have initiated this, they are putting solar panels on the roof that are good for 20, 30 years, and, as you say, you sell the home, the payment mechanism, the repayment mechanism then goes to the next buyer. This is really an excellent concept, and you are moving this thing one step forward.

Mr. SARBANES. Well, we are gathering up cosponsorship for the bill. And what’s at stake here is the knowledge necessary to solve our environmental problems and, simultaneously, from that knowledge will come the new technologies and the new jobs that will be useful, not only in Chesapeake Bay or the Sacramento-San Joaquin Delta, but we can then export that.
Mr. SARBANES. We are in a terrific place now where we have the opportunity not just to do the right thing for the environment but, at the same time, to create a tremendous number of jobs and economic opportunities for the workforce out there. It’s a wonderful alignment, and it’s one that we need to take advantage of with smart legislation.

Mr. GARAMENDI. Thank you. I was just thinking about the legislation that I arrived here, and it was the climate change legislation, but it was far more than that. It really dealt with national security. And that legislation is now over in the Senate and perhaps will become—will pass the Senate or we will have a conference committee to put it together.

But from that climate change legislation, it’s really national security. And the discussion we were just having here on the national security side and about climate and about jobs, all of those things need to come together. If we are able to reduce our reliance on foreign oil, if we are able to transition to low-carbon fuel sources, whether they are solar or wind or wave or whatever, we will also enhance our national security.

I would like to take just a few seconds, actually a few minutes, talking about some of the other things that were in the American Recovery Act of last year.

There was a $500 per person tax credit for men and women that were working so that they would have more purchasing power. That’s $800 for a family of two. There was the tax credit for college, and in the legislation that we just passed 2 days ago, along with the health care reform, there was an enormous expansion of the Pell Grants so that kids can go to college, so that they could get the education that they needed; for community colleges, an expansion for community college Pell Grants.

Again, changing the way in which we look at employment, employment is more than just a job. It’s preparing for the next job. And in that corrections bill, sometimes called a reintegration bill, that was accompanied with the health care reform, we had the program to expand the support for men and women that wanted to go back to school and men and women that were in school. We also expanded, over time, the ability for those men and women to pay those loans back. Presently, it’s 15 percent maximum for each year of employment when they are employed. We are going to reduce that to 10 percent so that they can spend their time acquiring a home, a wife, kids, a husband, and be able to continue to pay back the loans over a longer period of time. Very, very important, but unnoticed in the health care reform. But much noticed in the health care reform was the employment of the small business tax credit for those employees that continue to provide insurance for their employees.

I remember a phone call that I got from a radio station. A fellow phoned up and said, Well, how does this piece of legislation, the health care reform, help me? My wife and I are a small business. We have two employees: my wife, myself. What’s it do for me? And he said, well, when this bill becomes law—and it is now the law of the land. The President signed it yesterday. When it becomes law, it will do this for you. Thirty-five percent of the money you spent purchasing that insurance for you will be a tax credit. You will be able to deduct that from your taxes, literally reducing the cost of the health insurance by 35 percent. As you grow up to 100 employees in your business, you will continue to receive that tax credit for every insurance policy you buy for your employees.

In 2014, that tax credit goes to 50 percent, an incredible reduction in the cost of health insurance for small businesses across America. And it goes into effect now, January 1, 2010, now that that bill has been signed. It is a very, very significant reduction in the cost of health insurance, allowing men, women who are in business, who have a small business, maybe it’s a gardening business or a home care health business, to be able to continue to provide that insurance.

On another scale, I received a press release today from a group in the San Francisco Bay Area that points out that there are an 1800 inducement for business to invest. It’s good for parents, it’s good for children, it’s good for the community in the enormous effort that’s under way to do biofuels. The incentives are built into, not just the health care bill, but also into the previous American Recovery Act to push along a whole new industry that will create an enormous number of jobs throughout the Nation.

So the health care bill is far more than just health insurance. It’s also an inducement for businesses to invest in the pharmaceuticals, to invest in biofuels, to invest in new pharmaceuticals to keep us healthy and to repair our bodies when we become ill.

I want to talk just now a few moments about another aspect of the health care reform. We heard, before I took the microphone, that health care reform is actually funded; it’s funded in a variety of ways. But one of the most important ways is the considerable reduction in the cost of health care.

I had a gentleman come into my office earlier yesterday talking about, oh, my, in the health care reform bill there’s an opportunity for us to engage in keeping people healthy. A major part of what health care reform is about keeping people healthy. It’s wellness. It’s prevention of medical illnesses. And he was looking at this and he said, here’s an opportunity for me and my colleagues to expand our business. And he talked about a company that’s coming to California that will take an idea about wellness and this is specifically for the senior citizens, and it is specifically in the legislation. Wellness for Medicare.

He said, the bill allows us to change the way in which the Medicare services are provided. Instead of just fee-for-service, we can do capitation, and there’s an incentive in there for us to keep people healthy.

The company operates out of Florida. They’re now going to come to California. They’re doing 50,000 seniors in Florida, proving that they can reduce the cost by 20 percent by keeping people healthy, keeping seniors from having to go to the hospital, having to go to the emergency room. They want to import it to California.

They’re going to move it and ramp it up to 500,000 seniors in a wellness program, you know, everything, I suppose, from the food that’s being served and the meals that the seniors prepare to, I suppose, exercise and yoga and other kinds of activities, again, emphasizing wellness rather than sickness.

Nobody talks about that from our Republican colleagues, but that’s in the bill. And if that 20 percent reduction is available, we’re talking about hundreds of billions of dollars over the years ahead. So there are many, many parts to the program.

I want to just conclude with discussing another part of the health care reform, and this is good for businesses, it’s good for parents, it’s good for children, and this is the insurance reform.

I was the insurance commissioner in California for 8 years, 1991–1995 and 2003–2007. And during my tenure, I
know the terrible things that the insurance companies were doing to their customers.

First of all, a person would buy a health insurance policy, they’d pay into it year after year after year, then they could get sick, probably a significant issue. Maybe they get diabetes or cancer, some other, maybe a heart illness; and it would get expensive and the insurance companies would go back, they would actually pay a bonus to their people to review those claims, go back to the original application that may have been made years before, and find an error, perhaps it was something as simple as having acne when they were teenagers, or an asthma attack at the age of three. They would then use that to cancel the policy, leaving the person high and dry, in deep financial trouble.

The health care reform law signed by the President yesterday says, no more, no more rescissions. Those days are over, the health insurance industry in this year will be prohibited from rescinding policies and dumping people after they become sick.

Now, for those that are already sick and don’t have a health insurance policy, the provision for people that are 50 to 65, who have a pre-existing condition, and this is the population that is literally unemployable because they’re sick. They have some pre-existing illness. And nobody, no employer in the world would want to pick them up because they know that if they were to hire that person, the cost of health care for all of their employees would go up. So those people are left out.

But under the new law, there is a solution for them. It’s a high-risk pool that starts immediately. It goes into place in the next 90 days. And those people, and there are millions that fall into this category, they will be able to get insurance now, they will not have to face bankruptcy. They will be able to be employable.

This is an enormously important thing, and I’ve seen this in my days as insurance commissioner. We didn’t have the ability to deal with this except in a very narrow way in California, with what we call the high-risk medical insurance program. But now, with the Federal Government assistance, people will be able to get insurance.

The same thing for young children. Infants, the day they’re born, they come up with some serious illness. Let’s say it’s a heart issue. That child cannot be insured under the old program. But now that the President has used his left hand to sign the legislation, we now know that those children, from the day they are born until they are 26, will be able to get insurance and their parents will be able to insure not only themselves, but also their child.

The day my daughter was born, 2 days after I was sworn in, I stood here on the floor and I spoke about the health care reform that I voted on on November 6. And I spoke about a dear friend of mine whose child was born with a kidney ailment. He and his wife struggled for years to find the money to pay for the insurance. Their insurance was canceled. They had it when the child was born, but their insurance was canceled by the insurance company because the kid had a very serious kidney problem.

With the new law in place, the hardship that that family has gone through for now 20 years is over. The insurance policy that they had the day the child was born cannot be canceled. And so for that family and millions of families like that, the insurance reform provides an immediate benefit.

And for all of the men and women out there and the mothers and fathers that have a kid that is approaching the age of 23, and about to be thrown off the families insurance policy, know this: with the bill that was signed yesterday, and in 6 months, that child, young adult, should they stay on their family’s health insurance policy until the age of 26.

And I cannot even begin to count the number of calls that I’ve had, and emails I’ve received, thank God. I know, as a parent, that my child will continue to have health insurance at least until they’re 26. And then at that time, 2014, the rest of the program kicks into place.

Final point is this, and that is, pre-existing conditions for all of us. At the end of this year, those pre-existing conditions will no longer be the case.

Final point, and then I’m going to close. I’m going to my hour is over. And my final point is this: this legislation is fully paid for. Part of the pay, part of the money to pay for this is an obscene bonus that the insurance companies were granted 6 years ago, and that is known as the Medicare Advantage bonus. The average cost of providing Medicare insurance was calculated, and the insurance companies were given a 15 percent bonus to do what they should have been able to do without additional spending. We’re going to end that bonus. We’re going to take that money and blow it back into the Medicare program.

And the Medicare program, by law, no benefit reductions. That’s what the law says. I hear a lot of other talk out there and a lot of scare tactics, but the fact is that the Medicare Advantage program will continue, but the bonus that was given to the insurance companies, an unnecessary multi-billion dollar bonus, is going to end and the money will be put back into the basic Medicare program so that the financial solvency of the Medicare program will be extended 9 years.

Now, that’s important to everybody that is approaching Medicare and is in Medicare today. So people are going to continue to want to live to get into Medicare. That’s what’s out ahead for the Medicare recipients.

And I talked about the wellness program earlier.

Final point is this: on the financial side of the health care reform, the deficit of the United States Government in the years 2010 to 2020 will be reduced by $1.3 trillion, an enormous amount of money. So whatever the discussion you’ve heard out there in public, and all of the mischaracterizations of this bill that have been going on for months and, indeed, almost a year now, the facts are the deficit will be reduced, the program is fully funded, and it provides very, very necessary benefits immediately to small businesses with a tax credit to help pay for their insurance; for individuals, ending the insurance discrimination; and for seniors, a major new effort to keep you healthy so that you can enjoy life more, and the cost of the Medicare programs will be reduced.

With that, Madam Speaker, I yield back and thank people for the opportunity to explain a very, very important part of the new America that we will have in the years ahead.

LEAVE OF ABSENCE
By unanimous consent, leave of absence was granted to:

Mrs. MALONEY (at the request of Mr. HOYER) for today after 2 p.m. on account of a death in the family.

Ms. GINNY BROWN-WAITE of Florida (at the request of Mr. BORRIN) for today before 3 p.m. on account of family reasons.

SPECIAL ORDERS GRANTED
By unanimous consent, permission to address the House, following the legislative program and any special orders hereetofore entered, was granted to:

(The following Members (at the request of Mr. SARBANES) to revise and extend their remarks and include extraneous material:)

Ms. SUTTON, for 5 minutes, today.
Ms. WOOLSEY, for 5 minutes, today.
Mr. DEFAZIO, for 5 minutes, today.
Ms. KAPITUR, for 5 minutes, today.
Mr. POLIS, for 5 minutes, today.

(The following Members (at the request of Mr. MORGAN of Kansas) to revise and extend their remarks and include extraneous material:)

Mr. CARTER, for 5 minutes, today and March 25.
Mr. WOLF, for 5 minutes, today and March 25 and 26.
Mr. FRANKS of Arizona, for 5 minutes, March 26.

BILL PRESENTED TO THE PRESIDENT
Lorraine C. Miller, Clerk of the House reports that on March 22, 2010
she presented to the President of the United States, for his approval, the following 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 serving on active duty in any other Federal employees, and for other purposes.

ADJOURNMENT

Mr. GARAMENDI. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 6 o’clock and 14 minutes p.m.), the House adjourned until tomorrow, Thursday, March 25, 2010, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker’s table and referred as follows:

6759. A letter from the Director, Department of Transportation, transmitting the Department’s twentieth annual report for the Pentagon Renovation and Construction Program Office (PENREN) to the Committee on Armed Services.

6760. A letter from the Program Analyst, Department of Transportation, transmitting the Department’s final rule — Vehicle Safety Standards; Occupant Crash Protection (Docket No.: NHTSA-2009-0156) (RIN: 2127-AK57) received March 4, 2010 to the Committee on Energy and Commerce.

6761. A letter from the Program Analyst, Department of Transportation, transmitting the Department’s final rule — Requirements and Procedures for Consumer Assistance To Recycle and Save Program (Docket No.: NHTSA-2009-0123; Notice 2) (RIN: 2127-AK57) received March 4, 2010 to the Committee on Energy and Commerce.

6762. A letter from the Secretary, Department of the Treasury, transmitting the semiannual report detailing payments made to Cuba as a result of the provision of telecommunication services pursuant to Department of the Treasury specific licenses as required by section 1705(e)(6) of the Cuban Democracy Act of 1992, as amended by Section 1062 of the Liberty and Democratic Solidarity (LIBERTAD) Act of 1996, 22 U.S.C. 6004(e)(6), and pursuant to Executive Order 13013 of July 31, 2003 to the Committee on Foreign Affairs.

6763. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting Transmittal No. DDTC 19-020 Certificate of Issuance of an Export License, pursuant to sections 35(c) and 36(d) of the Arms Export Control Act to the Committee on Armed Services.

6764. A letter from the Chief Human Capital Officer, Corporation for National and Community Service, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6765. A letter from the Chief Human Capital Officer, Corporation for National and Community Service, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6766. A letter from the Assistant Director, Executive & Political Personnel, Department of Defense, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6767. A letter from the Assistant Director, Executive & Political Personnel, Department of Defense, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6768. A letter from the Associate General Counsel for General Law, Department of Homeland Security, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6769. A letter from the Assistant Director, Executive & Political Personnel, Department of the Air Force, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6770. A letter from the Assistant Director, Executive & Political Personnel, Department of the Air Force, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6771. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6772. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6773. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6774. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6775. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6776. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6777. A letter from the Assistant Director, Executive & Political Personnel, Department of the Navy, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6778. A letter from the Assistant Director, Executive & Political Personnel, Department of the Navy, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6779. A letter from the Assistant Director, Executive & Political Personnel, Department of the Navy, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6780. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department’s final rule — Airworthiness Directives; Dassault-Aviation Model Falcon 900EX Airplanes (Docket No.: FAA-2009-0994; Directive Identifier 2009-NM-116-A; Amendment 39-16194; AD 2010-09-01; RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6781. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department’s final rule — Airworthiness Directives; Turboverde Arriel 2S1 Turboshaft Engines (Docket No.: FAA-2009-0995; Directive Identifier 2009-NM-118; Amendment 39-16194; AD 2010-09-01; RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6782. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department’s final rule — Airworthiness Directives; Airbus Model A310 Series Airplanes (Docket No.: FAA-2009-0717; Directive Identifier 2009-NM-002-A; Amendment 39-16196; AD 2010-09-03; RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6783. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department’s final rule — Airworthiness Directives; SICLI Hailon 1211 Portable Fire Extinguishers Installed on Various Airplanes and Rotorcraft (Docket No.: FAA-2010-0128; Directive Identifier 2010-NM-015-A; Amendment 39-16023; AD 2010-04-16; RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6784. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department’s final rule — Airworthiness Directives; Airbus Model A310 Se-ries Airplanes (Docket No.: FAA-2009-0994; Directive Identifier 2009-NM-116-A; Amendment 39-16194; AD 2010-09-01; RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6785. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department’s final rule — Airworthiness Directives; Airbus Model A310 Se-ries Airplanes (Docket No.: FAA-2009-0717; Directive Identifier 2009-NM-002-A; Amendment 39-16196; AD 2010-09-03; RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6786. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department’s final rule — Airworthiness Directives; SICLI Hailon 1211 Portable Fire Extinguishers Installed on Various Airplanes and Rotorcraft (Docket No.: FAA-2010-0128; Directive Identifier 2010-NM-015-A; Amendment 39-16023; AD 2010-04-16; RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Ms. SLAUGHTER: Committee on Rules. House Resolution 1212. Resolution providing for consideration of the Senate amendments to the bill (H.R. 1587) increasing the tax on bonuses received from certain TARP recipients, and for other purposes (Rept. 111–456). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:
H.R. 4919. A bill to repeal the Patient Protection and Affordable Care Act; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, Education and Labor, and the Judiciary, Natural Resources, House Administration, Appropriations, and Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MACK:

H.R. 4919. A bill to repeal the Patient Protection and Affordable Care Act; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, Education and Labor, and the Judiciary, Natural Resources, House Administration, Appropriations, and Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. RUSH:

H.R. 4920. A bill to create and encourage the creation of jobs for youth, and for other purposes; to the Committee on Education and Labor, and in addition to the Committee on Ways and Means, Natural Resources, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MINNICK (for himself, Ms. HERSHTH SANDLIN, Mr. MATHISON, Mr. SHULER, Mr. BOYD, Mr. TANNER, Mr. ROSS, Mr. CARDOZA, Mr. COOPER, Mr. MAFREY of Colorado, Mr. CHILDERS, Mr. POMEROY, Mr. COSTA, Mr. BOREN, Mr. BARROW, Mr. BRITT, Ms. GIFFORDS, Mr. DAVIS of Tennessee, Mr. TAYLOR of Florida, Mr. MINSKY of New York, Mr. NYE, Mr. BACA, Mr. PETERTON, Mr. BISHOP of Georgia, Mr. PATRICK J. MURPHY of Pennsylvania, Mr. CURB, Mr. MINTYEE, and Mr. PIETERS):

H.R. 4921. A bill to establish procedures for the expedited consideration by Congress of certain proposals by the President to rescind amounts of budget authority; to the Committee on the Budget, in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MCGOVERN (for himself, Mr. FRANK of Massachusetts, Mr. KENNEDY, and Mr. LANGEVIN):

H.R. 4922. A bill to amend the Energy Policy Act of 2005 to repeal a section of that Act relating to exportation or importation of natural gas; to the Committee on Energy and Commerce.

By Mr. HEINRICH:

H.R. 4923. A bill to amend title 10, United States Code, to extend TRICARE coverage to certain retired Federal employees who are retired on or before the age of 20; to the Committee on Armed Services.

By Mrs. BACHMANN:

H.R. 4924. A bill to allow the Secretary of the Interior to clear a proposed project in the Lower St. Croix Wild and Scenic River, and for other purposes; to the Committee on Natural Resources.

By Ms. BALDWIN (for herself, Mrs. CAPITO, Ms. WASSERMAN SCHULTZ, Mrs. CAPPS, and Ms. LINDA T. SANCHEZ):

H.R. 4925. A bill to authorize grants to promote media literacy and youth empowerment programs, to authorize research on the role and impact of depictions of girls and women in the media, to provide for the establishment of a National Task Force on Girls and Women in the Media, and for other purposes; to the Committee on Energy and Commerce.

By Ms. BALDWIN (for herself, Mr. EDWARDS of Texas, Mr. POLIS of Colorado, Mr. SARAHANES, and Mr. JOHNSON of Georgia):

H.R. 4926. A bill to provide for the coverage of medically necessary food under Federal health insurance programs; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, Education and Labor, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DAVIS of Tennessee (for himself and Mrs. BLACKBURN):

H.R. 4928. A bill to amend the Transnational Security Act of 1990, title IV, United States Code, regarding county additions to the Appalachian region; to the Committee on Transportation and Infrastructure.

By Mr. GUTIERREZ:

H.R. 4928. A bill to amend the Federal Deposit Insurance Act to permanently extend the Transnational Security Trust Fund Program; to the Committee on Financial Services.

By Mr. RUSH:

H.R. 4929. A bill to amend the Small Business Act to ensure that certain Federal contracts are set aside for small businesses, to enhance services to small businesses that are disadvantaged, and for other purposes; to the Committee on Small Business, and in addition to the Committee on Financial Services, Oversight and Government Reform, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MURDOCH:

H.R. 4930. A bill to amend the Internal Revenue Code of 1986 to provide a partial exclusion from gross income of gains from the sale of non-principal residences; to the Committee on Ways and Means.

By Mr. KLEIN of Florida:

H.R. 4931. A bill to amend the Congressional Budget Act of 1974 to require that the concurrent resolution on the budget for fiscal year 2012 include a benchmark plan to eliminate the deficit by fiscal year 2020 and that subsequent resolutions adhere to that plan; to the Committee on Rules, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROYCE:

H.R. 4932. A bill to waive temporarily the matching amount requirement with respect to section 21 of the Small Business Act, and for other purposes; to the Committee on Small Business.

By Ms. LEE of California:

H.R. 4933. A bill to establish a strategy to continue all United States foreign assistance, to assist developing countries in improving delivery of health services, and to establish an initiative to assist developing countries in strengthening their indigenous health workforces, and for other purposes; to the Committee on Foreign Affairs, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. POSEY (for himself, Mr. HUNTER of Georgia, Mr. HEINSARLING, Mr. SOUDER, Mr. BURTON of Indiana, Mr. WESTMORELAND, Mr. POE of Texas, Mrs. BACHMANN, Mr. PITTS, Mr. BARTLETT, Mr. GOMERT, Mr. GRIFFITH, Mr. BROUN of Georgia, Mr. BONNER, Mr. PAUL, Mr. KINGSTON, Mr. LAMBORN, and Mr. AKIN):

H.R. 4934. A bill to prohibit the enforcement of a climate change interpretive guidance issued by the Securities and Exchange Commission, and for other purposes; to the Committee on Financial Services.

By Mr. TIAHRT:

H.R. 4935. A bill to allow regional directors of the Federal Emergency Management Agency to extend temporarily the Provision for Accredited Levee if a good faith effort to upgrade a levee to the accredited level is being made; to the Committee on Financial Services.

By Ms. TSONGAS (for herself and Mr. PETRIN): H.R. 4936. A bill to amend the Expedited Funds Availability Act, to adjust dollar limits on check hold policies, and for other purposes; to the Committee on Financial Services.

By Ms. TSONGAS (for herself and Mr. EHLERS):

H.R. 4937. A bill to modify certain requirements for countable resources and income under the Supplemental Security Income program, and for other purposes; to the Committee on Ways and Means.

By Mr. PERLMUTTER:

H.R. 4938. A concurrent resolution providing for an adjournment or recess of the two Houses; considered and agreed to. Concerning the Budget, in addition to the Committee on Appropriations, Oversight and Government Reform, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. FUDGE (for herself and Mr. EHLERS):

H.R. 4939. A resolution recognizing the notable contributions of America’s students in Science, Technology, Engineering, and Mathematics (STEM) fields, supporting the ideals of National STEM Day, and for other purposes; to the Committee on Science and Technology.

By Mr. CARSON of Indiana (for himself and Mr. CONVERSE): H.R. 4940. A resolution recognizing and commending Viola Liuzzo for her extraordinary courage and for her contribution to the United States; to the Committee on the Judiciary.

By Mr. CROWLEY (for himself and Mr. ROYCE):

H.R. 4941. A resolution expressing support for Bangladesh’s return to democracy; to the Committee on Foreign Affairs.

By Mr. LIPINSKI (for himself and Mr. ROYCE):

H.R. 4942. A resolution congratulating Reverend Daniel P. Coughlin on his tenth year of service as Chaplain of the House of Representatives; to the Committee on House Administration.

By Mr. OWENS:

H.R. 4943. A resolution honoring Fort Drum’s soldiers of the 10th Mountain Division for their past and continuing contributions to the security of the United States; to the Committee on Armed Services.

By Mr. TAYLOR (for himself, Mr. CHILDERS, Mr. HARPER, and Mr. ROYCE):

H.R. 4944. A resolution recognizing the University of Southern Mississippi for 100 years of service and excellence in higher education; to the Committee on Education and Labor.

MEMORIALS

Under clause 4 of rule XXII, memorials were presented and referred as follows:

249. The SPEAKER presented a memorial of the Senate of the State of New Mexico, relative to Senate Joint Memorial 5 urging the Congress of the United States to support the preservation of the Navajo Code Talkers’ remarkable legacy; jointly to the Committee on Armed Services and Veterans’ Affairs.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:
H.R. 40: Mr. Davis of Illinois and Ms. Watson.
H.R. 211: Mr. Ackerman.
H.R. 303: Mr. Simpson and Mr. Hunter.
H.R. 745: Mr. Kissell.
H.R. 767: Mr. Reyes.
H.R. 810: Mr. Ross.
H.R. 811: Mr. Michaud.
H.R. 892: Mr. Forbes.
H.R. 927: Mr. Owens.
H.R. 950: Mr. Reyes, Mr. Rodriguez, Mr. Cohen, and Ms. Clarke.
H.R. 1157: Mr. Andrews.
H.R. 1177: Mr. Abercrombie, Mr. Alexander, Mr. Bilbray, Mr. Biliaskis, Mr. Blunt, Mr. Brown of South Carolina, Mrs. Capito, Mr. Castle, Mr. Dent, Mr. Ehlers, Mr. Thornberry, Mr. Young of Florida, Mr. G Gilchrest, Mr. Gohmert, Mr. Goodlatte, Mr. King of Iowa, Mr. LaTourette, Mr. Manzullo, Mr. Marchant, Mr. McHenry, Mr. Miller of Florida, Mr. Poe of Texas, Mr. Price of Georgia, Mr. Reichert, Mr. Rose, and Mr. Sessions.
H.R. 1199: Mr. Forbes.
H.R. 1343: Mr. Calvert.
H.R. 1532: Mr. Space.
H.R. 1625: Mr. Terry, Mr. Posey, Ms. Herseth Sandlin, and Mr. Andrews.
H.R. 1646: Mr. Cole.
H.R. 1722: Mr. Cummings and Ms. Norton.
H.R. 1884: Mr. Rogers of Michigan, Mr. Bilbray, Mr. DeFazio, Mr. Akin, Mr. Ehlers, Mr. Wamp, Mr. Bishop of Utah, Mr. Schauer, Mrs. McMorris Rodgers, Mr. Yarmuth, Mr. Pastor of Arizona, and Mrs. Bono Mack.
H.R. 1990: Mr. Stearns.
H.R. 2067: Mr. Larson of Connecticut and Mr. Conyers.
H.R. 2110: Mr. Duncan.
H.R. 2305: Mr. Jones.
H.R. 2324: Mr. Davis of Illinois.
H.R. 2455: Mr. Kissell.
H.R. 2478: Mr. Tonko.
H.R. 2568: Mrs. Maloney.
H.R. 3186: Mr. Castle.
H.R. 3398: Mr. Dent.
H.R. 3339: Mr. Heller.
H.R. 3406: Mr. Chaffetz, Mr. Platt, and Mr. Paul.
H.R. 3415: Mr. Luján, Mr. Hare, and Mrs. Emerson.
H.R. 3484: Mr. Filner.
H.R. 3578: Mr. Cohen and Mr.洛洪多.
H.R. 3656: Mr. Waters.
H.R. 3655: Mr. Butterfield.
H.R. 3668: Ms. Schwartz, Mr. Holden, Mr. Pastor of Arizona, Mr. Murphy of Connecticut, Mr. Graves, Mr. Hare, and Mrs. Davis of California.
H.R. 3720: Mr. Guttiere.
H.R. 3745: Mr. Delahunt.
H.R. 3995: Mr. Kagen.

DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XIII, sponsors were deleted from public bills and resolutions as follows:

H.R. 1235: Mr. Moran of Kansas
H.R. 648: Mr. Linda T. Sanchez of California
The Senate met at 9 a.m. and was called to order by the Honorable Tom Udall, a Senator from the State of New Mexico.

PRAYER

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

Let us pray.

Almighty and eternal God, in whose keeping are the destinies of galaxies, here at this altar of supplication we lift our hearts to You. Today, crown the deliberations of our lawmakers with civility and respect as well as passionate sympathy for humanity. Facing great questions and issues, quicken in our Senators every noble impulse, transforming each task into a throne of service. Take away any desire to put off until tomorrow the things they should accomplish today. Lord, make them brave and steadfast until right becomes victorious might. We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable Tom Udall 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 legislative clerk read the following letter:

U.S. Senate
President pro tempore
Washington, DC, March 24, 2010

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable Tom Udall, a Senator from the State of New Mexico, to perform the duties of the Chair.

Robert C. Byrd, President pro tempore.

Mr. Udall of New Mexico thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The Acting President pro tempore. The majority leader is recognized.

SCHEDULE

Mr. Reid. Mr. President, today the Senate will resume consideration of H.R. 4872, the Health Care and Education Reconciliation Act. Rollcall votes are expected to occur throughout the day. The vote-a-rama, as it has become known, will begin sometime this afternoon.

MEASURE PLACED ON THE CALENDAR—S. 3158

Mr. Reid. Mr. President, it is my understanding that S. 3158 is at the desk and due for a second reading.

The Acting President pro tempore. The clerk will read the bill by title for a second time.

The assistant legislative clerk read as follows:

A bill (S. 3158) to require Congress to lead the deliberations of our lawmakers by example and freeze its own pay and fully offset the cost of the extension of unemployment benefits and other Federal aid.

The Acting President pro tempore. The majority leader.

Mr. Reid. I object to any further proceedings with respect to the bill.

The Acting President pro tempore. Objection is heard. The bill will be placed on the calendar.

RESERVATION OF LEADER TIME

The Acting President pro tempore. Under the previous order, the leadership time is reserved.

HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

The Acting President pro tempore. Under the previous order, the Senate will resume consideration of H.R. 4872, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 4872) to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010, S. Con. Res. 13.

Pending:

Gregg-Coburn modified amendment No. 3567, to prevent Medicare from being used for new entitlements and to use Medicare savings to save Medicare.

McCain amendment No. 3570, to eliminate the sweetheart deals for Tennessee, Hawaii, Louisiana, Montana, Connecticut, and frontier States.

Crapo motion to commit the bill to the Committee on Finance, with instructions.

Enzi motion to commit the bill to the Committee on Finance, with instructions.

Barrasso amendment No. 3562, to ensure that Americans can keep the coverage they have by keeping premiums affordable.

Grassley-Roberts amendment No. 3564, to make sure the President, Cabinet members, all White House senior staff and congressional committee and leadership staff are purchasing health insurance through the health insurance exchanges established by the Patient Protection and Affordable Care Act.

Mr. Reid. Mr. President, would the Chair report how much time is left on general debate on the bill.

The Acting President pro tempore. The majority has 7 hours 32 minutes and the minority has 8 hours 30 minutes.

Mr. Reid. Mr. President, I yield back all time remaining on the bill on the majority’s side.

The Acting President pro tempore. The leader has that right. The time is yielded back.

The Senator from Tennessee is recognized.

MOTION TO COMMIT

Mr. Alexander. Mr. President, I ask unanimous consent to temporarily...
Mr. BAUCUS. Mr. President, I wonder if the Senator from Tennessee would agree to modify his request so that the earlier amendments be set aside until a time designated by the leaders and this motion then be taken up at a time to be decided by the leaders, which is the customary practice we have been utilizing with previous amendments.

Mr. ALEXANDER. Mr. President, I wonder if the Senator from Montana would permit me to consider that request and then respond to him within a few minutes.

Mr. BAUCUS. The Senator would withdraw the request and make the request later?

Mr. ALEXANDER. If I may consult with Senator GREGG, then respond. If you will make the request later, I would be grateful.

Mr. BAUCUS. OK.

Mr. ALEXANDER. Thank you very much.

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

Mr. ALEXANDER. Mr. President, 19 million American families will be interested in this motion because it will reduce the cost of student loans which 19 million Americans have. This is the season of the year when a great many students have been admitted to a college or a community college and are making plans and looking for where they are going to get their money. This motion is aimed at reducing the interest rate on 19 million student loans from 6.8 percent to 5.3 percent. For the average student loan debt of about $25,000, this would save that student $1,700 or $1,800 over their ten-year loan. More specifically, it would not only help the student, but it would prevent the Federal Government from overcharging 19 million American college students on their student loans to help pay for the health care bill and other government programs.

One may say: Wait a minute, I thought we were debating the health care bill. How did we get to student loans? That is a very good question because we have been up over the weekend. Of course, we have talked about student loans. There have been proposals, but there have been no hearings in the Senate, no consideration of the Senate committee of which I am a member. Yet over the weekend, the Democratic majority said: Well, look, while we are at it, let’s have another Washington takeover. Let’s take over the Federal student loan program. Let’s take it away from the student and which is working very well, in which 15 million American students have voted with their feet to say they would prefer to get a regular student loan backed by the government, which they get at their local lender or to their nonprofit institution, through their community bank, through a nonprofit institution. Even though they do have an option for a government loan, three out of four students have said they prefer the student loan through the private lender. Yet over the weekend, the Democratic majority has said: While we are at it, let’s take over the Federal student loan program.

That means that starting July 1, students have no choice. They go to the Federal Government and their student loan, all 19 million of them, which is a new experience for 15 of the 19 million. The way they are going to do it—and this is all going to be up in a very short period of time—is they are going to have to go to four Federal call centers. So instead of going to their local lender or to their nonprofit institution, that can help them with their application form and see what their options are and encourage them as they make their plans for college, welcome to the new government loan program. They have no choice. That is what they are going to do.

What are the other aspects of this? Well, other than denying choice to 19 million students on more than 2,000 campuses who prefer the Federal loan program, the Federal Government is going to have to borrow another $3/2 trillion in order to make these loans. Let’s think about this for a moment. What is the No. 1 issue that most Americans worry about today? It is what have too much debt. So what did this weekend takeover do? It adds about $3/2 trillion to the Federal debt in order to make student loans, at the rate of about $90 billion or $100 billion a year for 4 or 5 years.

So we take away choice, we add to the debt, and we also put 31,000 people out of their jobs. These are a lot of loans, and so we have a lot of people in these organizations such as Edsouth in my State, a nonprofit organization that helps students get their loans. So all these lenders are out of business and we have one big bank—the Federal Government.

The Education Secretary is the new banker of the year. He is a very good Education Secretary, but I don’t know how good a banker he is going to be.

But here is the rub, and this is what my motion is about. The Federal Government is going to be borrowing money at 2.8 percent and loaning it to students at 6.8 percent and taking the difference and spending it on new government programs, including the health care bill. So we are going to be overcharging 19 million students to help pay for the health care bill. And, according to the most recent Congressional Budget Office estimates, about $8.7 billion of the overcharged money is going to go to pay for the health care bill.

My friends on the other side have already spent the money, of course. They have announced to everybody that we are going to spend it on this and on that. And this, but what they do not tell you is, where they put money. Where they get the money is overcharging students—overcharging students.

These aren’t Wall Street financiers we are overcharging. This might be a single mom going to a community college in Tennessee who has a job but who wants a better job and so she borrows some money to go to the community college and the Federal Government is going to overcharge her to pay for some government program. She might not like that.

In fact, I think there will be about 19 million student loan holders across the country who will go to school next year and say: Wait a minute here. You mean you are overcharging me on my student loan to pay for this health care bill and to pay for other government programs? The answer will be: Yes, that is what we are doing, unless my colleagues support this motion.

The estimate by our friends on the other side is that their Federal takeover of the Federal student loan enterprise will save $61 billion. If they are correct, let’s give it to the students. Let’s reduce their interest rate. I mean, $1,700 or $1,800 per student in interest over 10 years is the average amount of savings, and that is a lot of money. It may not be a lot of money to Congressmen and Senators in Washington, but to the single mom going to the community college who is borrowing the money to go to school in order to get a better job, $1,700 or $1,800 is a lot of money.

So in addition to the higher premium numbers, the higher taxes, the Medicare cuts, and the new cost to States, we are going to be overcharging on student loans. Let me use a specific example from Tennessee, if I may. I was at the University of Tennessee earlier this week. This is the University of which I used to be president. The University of Tennessee has 30,000 students, and 37 percent of them—or 11,251—have Federal private loans today. The average student debt is $11,801. After July 1, all 11,000 students at the University of Tennessee, with these Federal loans from private lenders, are going to have to switch to the government loans, and the government is going to overcharge 11,000 students who are paying 6.8 percent to pay overdrafts at Knoxville and use that overdraft money to pay for new government programs, including the health care bill.
They are going to do the same thing to the University of Tennessee at Martin. There they choose to use the private loan program. They like it better than the government loan program. They think it is more convenient for the students. They have over 5,000 students at UT Martin—have chosen Federal private loans. They are going to be out of those loans by July 1. They are going to have government loans, and the government is going to overcharge them to help pay for the health care program.

Maryville College—I will be there Saturday night to help dedicate their arts center. There, 824 students have Federal loans today. They are going to have government loans. They are going to switch from private to government loans. They will have no choice after July 1. I know a lot of these students. They come from modest families, in most cases. They are not going to be very happy to learn that when they switch to a government loan after July 1, and if they have an average-size loan, which is about $25,000, that over 10 years they will have to pay $1,800 a year for $1,800 to help pay for the health care program or other new government programs.

In Carson-Newman College, it is 1,259 students. In East Tennessee State University, it is 8,187 students. In all of Tennessee, it is 200,000 students who have student loans who are going to be overcharged an average of $1,700 or $1,800 a year to help pay for the health care program or some other government program. So, this amendment would say: No, we are not. If we are going to take over the student loan program, at least we are not going to overcharge the students and use it for the health care program. We are going to give them the money back to the students.

The point of my amendment is very simple. We are going to reduce the interest rate we charge on 19 million student loans from 6.8 percent to 5.3 percent and let the students have the savings instead of letting the government have the savings. That is what the other side has not told people about the student loans. If we had an ample opportunity to debate this in the Senate, if we had a committee hearing on it, if we had taken it through the regular process, maybe we could have pointed this out, but no, we do it over the weekend, put it in a bill, send it through the Senate, jam it through with great breath-taking and protestations: Look what we have done for the country. I am accused to that. I used to be a Governor. I remember lots of Members of Congress—when I did a great thing in Washington and then send the bill to me to pay. And then, as Governor—in this case the health care bill will do the same thing. It will send to the Governors and to the States new costs. For Governors estimates it is $1.1 billion over 5 years, or $1.5 billion. That is about $300 million a year new costs that State taxpayers will have to pay.

As the Medicaid cost goes up, we will get the second blow to the students of Tennessee because either the State is going to have to reduce funding for public higher education—which I believe this health care bill will help perpetuate—or the Governor is going to have to raise taxes, or they are going to have to raise tuition, or they are going to have to do all three. If I am a student at Maryville College, Carson-Newman, or the University of Tennessee, first this health care bill is going to overcharge me on my student loan to help pay for it; second, it is going to send such big new costs to the government that the Governor is going to have to reducing funding to my college or university and my tuition is going to go up.

All those students in California who are protesting a 34-percent increase in tuition probably do not realize the reason for that happening. The main reason is that over the years the Federal government has mandated the Medicaid program that the States pay about a third of, that the State budgets have grown and grown and the Governors, such as Governor Schwarzenegger in California, have had no choice but to cut other programs. When you get down through the budget process you have had no choice except to cut other programs. Governors know when you get down through the budget process in the State, it usually comes down to Medicaid and education. So a great university such as the University of California is on its knees, and if it even hoped to keep its quality, it raises tuition 34 percent.

My amendment will not help that problem. The law the President signed yesterday already will transfer to States these huge new costs that are going to permanently damage higher education and raise tuition. But what my amendment will do is say we are not going to overcharge 200,000 students in Tennessee for their student loans and use it to help pay for health care.

Sometimes I think the motto of the Obama administration is: If you can find it in the Yellow Pages, the government ought to be doing it.

This is breathtaking. While we are taking over cars, banks, insurance companies, while we are taking over more and more of health care, we will also take over the student loan program. . . . In addition to our concerns about the proposed timeframe for this mandated conversion is unreasonable.

So Vanderbilt opposes that. So does the Baptist College of Health Sciences, so does Maryville College, so does the Middle Tennessee School of Anesthesiology, so does Dyersburg State Community College.

I ask to have these remarks printed in the Record and an article I wrote in the Washington Post that was published on Sunday, March 7, about the student loan take-over

Hon. Jim Cooper, AEXHIBIT 1 VANDERBILT UNIVERSITY, September 10, 2009.

Dear Congressmen Cooper: The House of Representatives will soon consider H.R. 3221, the Student Aid and Fiscal Responsibility Act which would fundamentally restructure the federal student aid system and funnel the projected savings into a variety of higher education and K-12 programs as well as deficit reduction. While Vanderbilt supports efforts to restructure and expand federal student aid programs, we have serious reservations about this legislation.

As you know, one proposed change has to do with the Direct Loan (DL) program, in which the government acts as the lender, and the Federal Family Education Loan (FFEL) program, in which lending institutions provide loans to students. Vanderbilt has a long and successful history of participation in the FFEL program which has provided our students with superior loan products, service, and choice in their federal loans for many years.

Earlier this year, the administration proposed eliminating the FFEL program, requiring all institutions to participate in DL and to use the projected savings in loans over 10 years from this switch to fund a mandatory Pell Grant and expand the Perkins
Loan program. (Other estimates have put the ten-year savings figure at closer to $47 billion.) H.R. 3221 seeks to implement those proposals. Unfortunately, the legislation has attracted a number of provisions that, while perhaps meritorious in their own right, we believe should not be attached to federal student aid legislation.

We would strongly support a number of provisions of H.R. 3221:

- Modest increases to Pell Grants. Any increases to Pell Grant budgets, while modest, will benefit undergraduate students. Although the bill does not create the mandatory Pell Grant proposed by the administration, it is of the type of the projected savings to be invested in the Pell Grant program, moving it toward a $6,500 maximum grant by 2019.

- Converts Stafford Loan interest rates from fixed to variable. The bill provides $3.25 billion to change the fixed interest rates on subsidized loans to a variable rate capped at 6.8 percent.

- Simplifies the FAFSA. We support reasonable efforts included in the bill to simplify the FAFSA for federal student aid programs.

- ELIMINATING THE FFEL PROGRAM

Our overarching concern with H.R. 3221 is that the legislation forces institutions, including Vanderbilt, to switch to Direct Lending. Of additional concern is the fact that the legislation does not address all of the savings from this federal mandate back into federal aid programs. Vanderbilt opposes the elimination of the FFEL program. We encourage Congress to carefully study the many alternate proposals to a mandatory conversion to DL. In addition to our concerns about the elimination of choice, competition, and the high level of services, products and debt management that we believe would come with this switch, we are very concerned that the proposed timeframe for this mandated conversion is unreasonable. Institutions will need sufficient time to make changes to their IT systems and update their printed and online recruitment materials. Completing this by the proposed July 1, 2010 deadline is simply not feasible. In fact, Vanderbilt has already printed many of its recruitment materials and launched its 2011 admissions and financial aid efforts. We advise Congress that a mandated conversion to DL is unreasonable. Institutions will need sufficient time to make changes to their IT systems and update their printed and online recruitment materials. Completing this by the proposed July 1, 2010 deadline is simply not feasible. In fact, Vanderbilt has already printed many of its recruitment materials and launched its 2011 admissions and financial aid efforts. We advise Congress that a mandated conversion to DL is unreasonable. Institutions will need sufficient time to make changes to their IT systems and update their printed and online recruitment materials.

A NEW PERKINS LOAN PROGRAM

The bill restructures the Perkins Loan program into essentially a second DL program that would carry with it an estimated $45 billion. The legislation proposes a complex institutional allocation formula based on holding past participants, such as Vanderbilt, harmless, while significantly expanding participation based on low tuition and improved Pell recipient graduation rates. We believe that a Perkins program allocation formula based on the aggregate need of an institution’s students relative to the aggregate need of all students at institutions participating in the program nationally, would do more to ensure that we not harm less existing participants, we are troubled by proposals to eliminate the in-school interest subsidy and loan forgiveness programs. These programs have made Perkins loans uniquely attractive for many of our students. Vanderbilt also opposes proposals to require institutions to pay the accrued interest, which is a priority for all students, and students of school. This would impose significant costs on our financial aid budget and could jeopardize our participation in the program. H.R. 3221 is also not clear as to whether institutional matching funds will be required or how that determination would be made.

CREATES ACCESS, COMPLETION, AND PERSISTENCE GRANTS

Included in the bill is $3 billion for the College Access Challenge Grant program. These funds would be allocated primarily to states and would guarantee small, one-time grants to institutions that have been selected to receive a national competition. While Vanderbilt supports the goals of this program, and is proud of our 96 percent freshman retention rate and our 92 percent graduation rates, we are concerned that diverting up to 75 percent of the funding to the states could severely restrict the ability of private institutions to provide funding and could inappropriately increase state oversight of private institutions. We also believe that any savings generated from the switch to DL should remain in the existing federal student aid programs.

In addition to these, there are several other provisions of the legislation that are troubling to us:

- Family Asset Cap. Students with family assets of more than $150,000 would be ineligible for any need-based federal aid. While the prevention of over-funding of a student’s house, farm, business, or employee pension benefit plan would be excluded, we believe this cap should be increased to at least $250,000, geographic factors should be considered and a formula established for financial aid administrators to be able to use their professional judgment such that students and parents in unique circumstances can be held harmless by this provision.

- Beyond Student Aid. H.R. 3221 goes far beyond federal student aid and includes funding for other higher education programs as well as K-12 school construction and early childhood education. We believe that all savings generated from the student aid programs should remain in these programs. These initiatives, while potentially meritorious, should be funded through avenues other than student aid programs’ savings.

H.R. 3221 truly is a mixed bag. While Vanderbilt supports the significant new investments in the Pell Grant program, we are concerned that mandatory conversion to Direct Lending could bring low-cost Perkins Loans to millions of new students, we are troubled by proposals to eliminate the in-school interest subsidy and other changes to that program.

Vanderbilt remains committed to the federal student aid programs, which provide a foundation to our aid packages for both undergraduate and graduate students. We look forward to continuing to work with you to ensure that all capable and eligible students, regardless of financial circumstances, will have the opportunity to pursue higher education. If you have any questions or if I can provide any additional information, please let me know.

Sincerely,

CHRISTINA D. WEST, Director of Federal Relations.

TENNESSEE ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS, November 25, 2009.

HON. LAMAR ALEXANDER, U.S. Senate, Dirksen Senate Office Building, Washington, DC.

DEAR SENATOR ALEXANDER: On behalf of the Tennessee Association of Student Financial Aid Administrators (TASFAA), I want to communicate to you our collective concerns regarding the Federal Student Loan Program (Stafford and PLUS).

TASFAA represents financial aid officers from 106 postsecondary institutions in Tennessee. The Tennessee postsecondary institutions serve several thousand students, many of whom are first-generation college students. As current students, faculty or staff members, we live and work in Tennessee. We have students from every state in the Union. We seek your support of our requests, which are made on behalf of the students and parents we serve. These students and parents have been well served by not only the institutions and individual programs, but by the Federal Direct Student Loan Program (FDSL) through the Department of Education and by private sector lenders within the Federal Family Education Loan Program (FFEL). Through FDSL, our students and parents have benefited by the opportunity to seek out lenders who offer loans with savings and service that aid the borrowers throughout repayment.

TASFAA is an advocate for choice within the respective loan programs. As President Obama stated in his address to a Joint Session of Congress, ‘‘choice is a word that counts when there is choice and competition.’’ We also want to focus on the timing of all schools currently participating in a program having the option to switch to the Federal Direct Student Loan Program should the Senate version of H.R. 3221 be enacted. Recent information from the Department of Education showed that 1,990 of the 5,465 schools that participate in federal student loan programs are currently participating in the Direct Loan Program. Therefore, 3,465 colleges and universities across the country, that serve millions of students, are not yet participating in the FDSL.

We ask that our elected officials have expressed their concerns regarding the timing of such a transition. Most Tennessee institutions will begin awarding financial aid packages to traditional students in early spring. In addition to the traditional calendar, some institutions have non-traditional students in year-round programs who borrow student loans throughout the year in what is known as the Borrower-Based Academic Year (BBAY). For these students, loans will be packaged in approximately four weeks, and the precarious status of the legislation related to this new program (shortage of staff members, new software systems, lack of training, financial issues at small schools, etc.), we ask that you consider the dilemma that these students face by the timing of such an action and at the very least, delay the implementation of full conversion to FDSL to July 1, 2011.

If you choose to support the Senate version of H.R. 3221 and move forward with full conversion to FDSL by the July 1, 2011 implementation date, we implore you to support S. 2796 to extend the Ensuring Continued Access to Student Loans Act (ECASLA). ECASLA has assured that students have been able to obtain the loans(necessary to ensure their educational goals and dreams. This action will ensure that every education loan borrower (who has acted on this proposed legislation, as well as the entire Senate or any conferees. This is of major concern to us as the timing of the possible implementation of the 100 percent FDSL is further delayed. The Senate had noted it would vote on H.R. 3221 by
October 15, 2009, but as of the date of this letter, proposed legislation still has not reached the Senate for a vote.

With all of the above taken into consideration, the Board of TABSA, on behalf of our entire membership, urges you to support ‘‘choice and competition.’’ But if not, we ask you to implement a reasonable timeframe for transition.

Sincerely,

MARIAN MALONE HUFFMAN,   
President, TABSA.

BAPTIST COLLEGE        
OF HEALTH SCIENCES,   

MEMBERS OF CONGRESS: I ask you to support H.R. 4103 and S. 2796 to ensure uninterrupted FFELP funding of Federal Student Loans for students and parents attending colleges and universities across the country. I am a student financial aid administrator at Baptist College of Health Sciences. Having the ability to use both programs provides the Financial Aid Industry a healthy competition.

Schools should have the ability to talk to different lenders and choose between FFELP and Direct Lending. It is clear that FFELP works better for some schools and Direct Lending works better for others. Consequently, BOTH programs do a good job of serving needy students attending college.

Sincerely,

Janet Bonney-Baker,   
Financial Aid Supervisor, Baptist College of Health Sciences.

OFFICE OF FINANCIAL AID,   

As a student financial aid administrator for over thirty-five years, I have concerns regarding students receiving needed funds to attend post-secondary institutions in the 2010-2011 academic year. Regardless of our stance on direct lending, we all have one common bond, and that is helping the students we serve.

All schools are planning for the 2010-2011 academic year, and we feel trapped. I implore you to consider extending the Ensuring Continued Access to Student Loans Act (ECASLA) as quickly as possible, so that the students in this country will not suffer with the uncertainties accompanying delays in implementation of new programs. Timing is critical for higher education in this country.

Please consider choice as the loan option for the students of this country. Competition and choice is a foundation of our economy. As President Obama stated in his address to a Joint Session of Congress, ‘‘consumers do better when there is choice and competition’’.

The Secretary’s assistant has noted that it will take 3-4 months for schools to convert their programs. Due to the issues related to the transition to a new program (shortage of staff members, new software systems, lack of training, financial issues at small schools, etc.), please consider delaying the implementation of full conversion of the Federal Direct Student Loan Program to July 1, 2011, at the earliest which will provide us with a reasonable timeframe for transition, if choice is not an option for us.

Sincerely,

ASHLEY BLANCH,   
Acting Director of Financial Aid.

AND NOW FOR STUDENTS, BIG LENDER (By Lamar Alexander)

While health-care reform occupies the spotlight, the Obama administration is pushing for another Washington takeover—this time for student loans. Last month, U.S. Education Secretary Arne Duncan made the administration’s latest pitch on this page.

Here is what the administration and congressional Democrats have told us about this latest attempt: Starting in July, all 19 million students who want government-backed loans will have to apply through the U.S. Education Department. Gone will be the days when students and their colleges picked the lender that best fit their needs; instead, a federal bureaucratic structure will decide for every student in America based on still-unclear guidelines. They say that this will save taxpayers up to $87 billion in subsidies that now go to ‘‘greedy’’ banks. In gleeful anticipation, members of Congress have lined up to spend those billions on Pell Grants and other programs. When banks are punished, students are helped. Members of Congress look good.

The question is what they told us: The Education Department will borrow money at 2.8 percent from the Treasury, lend it to you at 6.8 percent and spend the difference on new programs. So you’re paying off your student loan to help pay for some- one else’s education—and to help your U.S. representative’s reelection.

Finally, the government should disclose that getting your student loan will become about as enjoyable as going to the Department of Motor Vehicles.

Today, roughly 2,000 lenders offer government-backed student loans on more than 4,000 campuses. One bill offers Tennessee students college and career counselors, financial-aid training, and college-admissions assistance; performs hundreds of presentations at Tennessee schools; and works with 12,000 Tennessee students to improve their understanding of the college-admissions and financial-aid process.

Nonprofit lenders support use the revenue generated under the student-loan system to operate and provide these valuable benefits—but of course, these services cost money. Under the administration’s student-loan takeover—Edsouth and other nonprofit lenders are prevented from making the number of loans they make today, they no longer be able to provide these services, depriving students of real choices in lending.

The student loan ‘‘Banker of the Year’’ will be the only student to taxpayer left calling the shots; the education secretary in Washington. Imagine trying to get all Edsouth’s services from a federal call center. Imagine trying to get education service from the government—under President George H.W. Bush when, in 1991, Congress offered students a choice for borrow from a local lender or the Education Department. In 2008, 15 million student borrowers wrote letters and chose nongovernment lenders—and only 4 million students chose to get their loans from Washington.

Congress has reduced subsidies paid to lenders twice in the past four years, investing in Pell Grants and other programs. But if there really is $47 billion in savings to be found, Congress should return it to students as lower interest rates, not trick students by overcharging them so government can create more government programs.

Seven-eighths of students who applied for federal aid using the Free Application for Federal Student Aid (FAFSA) had an average loan debt of $24,651. Assuming a standard 10-year repayment at 6.8 percent, those students would pay roughly $9,400 in interest. If we want students to have lower interest rates, why not just reduce the interest rate by 1.5 percentage points, to 5.3 percent, saving students $2,240 in interest over 10 years?

If this Washington takeover happens, I propose that all 19 million-plus student loans made by the government carry this warning label: ‘‘Beware: Your federal government is overcharging you so your representative can...’’
take credit for starting new government programs. Enjoy the extra hours you work to pay off your student loan.’’

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire is recognized.

Mr. GREGG. I am recognized, correct?

The ACTING PRESIDENT pro tempore. That is correct.

Mr. GREGG. I ask unanimous consent at this time to withdraw the amendment of the Senator from—on behalf of the Senator from Tennessee, I ask to withdraw his amendment.

The ACTING PRESIDENT pro tempore. Is there objection?

Without objection, the amendment is withdrawn.

Mr. BAUCUS. Mr. President, reserving the right to object.

The ACTING PRESIDENT pro tempore. The Senator from Montana.

Mr. BAUCUS. Mr. President, I regret, I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

The Senator from Tennessee is recognized.

Mr. ALEXANDER. Mr. President, I withdraw my motion.

The ACTING PRESIDENT pro tempore. The motion is withdrawn.

The Senator from New Hampshire is recognized.

Mr. GREGG. Mr. President, at this time I yield such time as he may take.

The ACTING PRESIDENT pro tempore. Mr. ALEXANDER has yielded time off the bill.

Mr. BAUCUS. Mr. President, has the floor?

Mr. ALEXANDER. Mr. President, would you let me know when 10 more minutes has expired, please?

I have a little history with the student loan program. I see the distinguished Senator from Utah is here. When he was the ranking Republican on the Senate Health and Education Committee 20 years ago, I was the U.S. Education Secretary. He even helped me in my confirmation process, for which I have always been deeply grateful. But he and I worked together during that time when the question of having a government loan program or a direct loan program came up. It was widely discussed. We had a Republican President and a Democratic Congress. We came to a compromise. The compromise was to say let’s have both. We will give students the option and help them stay on and keep the organizations on their toes. So if you are a student and you have to go to the University of Utah, you have a choice. You can either say I don’t want to fool with all these private lenders or the local bank or the nonprofit organizations in my State or Edsouh or others or the State organization. I want to go straight to the government. All institutions have that choice. That is 6,000 colleges and universities and 19 million students. Only one-fourth of them choose the government direct lending program.

In the United States of America where choice and competition is an important part of our culture, that usually teaches us a lesson. That would suggest to us that most campuses, most students, by overwhelming majorities, would say competition would enable them to get lower rates. Otherwise we would have the government grocery store, we would have the government car company. Actually we are beginning to sound like those who say that we can have the government insurance company and all banks would be government banks. Everything would be in the government.

They used to have a system like that in the Soviet Union. Ours did a little better over time. Generally, our motto has been if you can find it in the Yellow Pages the government should not be doing it. What is happening with this administration and this Congress is the reverse. If you can find it in the Yellow Pages, the government should do it.

Here is the situation that developed over the last 20 years. There are roughly 6,000 institutions of higher education in this country. Many people say all higher education is like the University of Tennessee or Harvard or University of California, but there are many kinds of colleges and universities—for-profit, nonprofit, private, public, historically Black or minority, historically Black or minority private, historically Black or minority institutions. The genius of our system is that we let Federal dollars, either through Pell grants or through loans, follow the student to the institution of their choosing. Choice and competition in our system of higher education has given us by far the best system of higher education in the world.

Of those 6,000 institutions, last year, 2008, 4,421 schools chose to use the regular student loan program. That is three out of four. About one out of four used the government loan, the direct loan program, the one that everybody is going to be made to use now. Currently there are just under 2,000 lenders who participate in the student loan program. They are banks and they are nonprofit institutions such as Edsouh in Tennessee.

Last year nearly $100 billion in student loans was made. Let’s keep in mind we are going to governmentize this over from a system where we have government-backed loans, which cost the taxpayers very little, to government loans at the rate of $100 billion a year which means we are going to have to run up a half trillion more in debt at a time when our debt is ridiculously out of control. That is this weekend’s newest Washington takeover that just occurred.

There is not definitive evidence to suggest that the Federal Government can make these loans better than lenders can make these loans. I don’t think the Department of Education has the manpower to do it. I think that by July 1 there is going to be constellation all over the country from families who have applied for student loans and are applying through their Federal call center or through the Internet.

Edsouh, a nonprofit provider in Tennessee, for example, has five regional outreach counselors who canvas Tennessee and provide counseling. They made 443 presentations to Tennessee schools to help students understand—remember, we have 200,000 of these students in Tennessee—to help them understand their options. They work with 1,000 school counselors. The U.S. Department of Education will soon be providing all of these services.

Mr. GREGG earlier had written the Congressional Budget Office asking how much money this Federal takeover would save. They came back with an explanation that it is not $67 billion or $60 billion, which is the latest number being used today, but more like $47 billion. My own suspicion, and I cannot prove it, but my own suspicion, having been a university president, having been Secretary of Education and having watched this program for 20 years, is that in the real world the Federal Government is not going to make these 19 million loans more convenient for students. It is not going to be able to do it any cheaper. It is just going to borrow money at 5 percent, throw 31,000 people out of jobs, and the icing on the cake, and it is a sour-tasting icing, is that the 19 million students who have student loans after July 1 are going to be overcharged by the Federal Government, which will be borrowing money at 5 percent, loaning it at 6.8 percent, and using the money to help pay for the health care bill and other programs.

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Our friends on the other side, they will be saying—they like to blame everything on the bankers or the lenders—well, the lenders are charging too much money. Well, if they are charging too much money, reduce what they get.
Mr. GREGG. The Senator had a further question about whether the floor could be yielded. We are in the process of seeking a unanimous consent agreement.

Mr. BAUCUS. I was going to ask the Senator from Tennessee a question.

Mr. ALEXANDER. I will be glad to have a question.

Mr. GREGG. Is it not true that the Congressional Budget Office stated in a letter, dated March 20, commented on the bill in a letter to the Speaker on page 13, where it states: The title as a whole—that is referring to the education title—states that the title as a whole would reduce budget deficits in both the 10-year projection period and in subsequent years.

Is it not true that the Congressional Budget Office reached that conclusion and so states in their letter of March 20?

Mr. ALEXANDER. Mr. President, I do not have that letter in front of me, and I do not know what that has to do with my amendment.

What I am saying is, the Democratic majority is deliberately overcharging 19 million students to help pay for the health care bill. Those are the Congressional Budget Office's figures, not mine.

I would ask, through the Chair, to the Senator from New Hampshire, whether I should at this point yield the floor.

Mr. GREGG. I appreciate the Senator from Tennessee's courtesy. At this time, we are ready to go forward with a unanimous consent request.

Mr. ALEXANDER. I yield the floor. The ACTING PRESIDENT pro tempore. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I will propose a unanimous consent. Following that, I will state my intention on the order of votes, which I have yet to clear with the leader's office.

I ask unanimous consent that the total time on the bill be divided equally between the majority leaders or their designees and that the offering of amendments not add additional claims to the time.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. GREGG. Reserving the right to object, I would simply note that the next amendment on our side would be offered by Senator HATCH.

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

Mr. GREGG. Mr. President, I would ask further unanimous consent—

Mr. BAUCUS. Mr. President, I wish to finish up that business. It is something, I think, the Senator will appreciate.

It is my intention—I am not asking for a unanimous consent agreement, but it is my intention that the order of amendments would be, beginning with the Gregg amendment, Medicare; McCain, target provisions; then the Enzi amendment on taxes; then the Gregg amendment regarding premiums; and then,
next, the Grassley amendment regarding executive personnel should be in the exchange.

Mr. GREGG. As I understand what the Senator is asking, is that the voting order be in the order they were offered.

Mr. BAUCUS. That is correct. I am not asking consent. That is my intention, but there is no unanimous consent request at this time.

Mr. President, I yield 10 minutes to the Senator from Tennessee.

Mr. GREGG. May I make a point? Mr. President, I spoke inappropriately. I believe the Senator from Tennessee will want to submit his amendment back for the Record. He had withdrawn it. Can we do that?

I ask unanimous consent that the pending amendment be the Senator from Tennessee's amendment.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. BAUCUS. Reserving the right to object, I ask if the understanding be that the motion, as on the earlier amendments, that this motion be set aside until a time to be determined by the leaders.

Mr. GREGG. Why don't we do that on every amendment we offer so we do not have to do that.

Mr. BAUCUS. That would be fine.

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

Mr. BAUCUS. Mr. President, I yield 15 minutes to the Senator from Michigan, under the motion.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Mr. LEVIN. Mr. President, the debate which will come to a close this week has, in one sense, been going on for a year. But in another sense, it has been going on for a century.

In 1912, Theodore Roosevelt campaigned on the promise of a national health insurance program. Working with Inspectors, Roosevelt said, are entitled to a basic standard of protection from injury and illness.

Wherever such standards are not met by given establishments, by given industries, are unprovided for by a Legislature, or are balked by unenlightened courts, the workers are in jeopardy, the progressive employer is penalized, and the community pays a heavy cost in lessened efficiency and in misery.

Well, since Teddy Roosevelt, said that, Presidents and Members of Congress from both parties, seeing the same costs Theodore Roosevelt saw in the failure to assure health care for all, have grappled with this issue.

The reform has largely fallen short. They have foundered for many reasons: Health care is personal and complex. The timing was wrong or the politics were difficult.

Leaders on all sides failed to find the compromises that would have enabled them to move forward. But the recurring theme is that time and again, reformers have failed to overcome the enormous obstacles that those who profit from the status quo have been able to erect. Because we have fallen short in the past, Americans today face a health care system that costs too much and too often delivers too little.

In our United States today, mothers and fathers know they can cut from the family budget to afford yet another increase in their health care premiums. Parents file for bankruptcy because their insurance fell thousands of dollars short in providing for a child's lifesaving treatment. Nearly every family in this country involves medical costs, and more than half of those involve people who had insurance.

Small business owners eliminate health coverage for employees because they cannot afford another year of massive premium increases. Thousands of Americans who woke this morning with health care insurance will go to bed tonight without.

Despite those tragic facts, entrenched interests have sought again to prevent reform to consign our Nation to an unsustainable status quo because what is good for the American people will not necessarily profit some company.

The health insurance industry has dominated health care decisions in this country for too long. How often have our constituents come to us with stories of insurance companies that deny them coverage of necessary treatment? How often have our constituents told us of insurance companies that deny coverage because of preexisting conditions or canceled coverage because of minor inaccuracies the company conveniently discovered just after diagnosis of a serious and costly illness?

It is time to end the unhealthy dominance of the health insurance industry. So I will cast my vote again against those entrenched interests and my vote will be for health care reform. I hope our colleagues will do the same.

We have the opportunity to finish the task of overcoming the entrenched opposition to do what so many Presidents and so many Members of this body have fought for decades to accomplish. The months of debate have been difficult. They have too often been filled with too much heat and too little light, with exaggeration, with half-truth, with untruth, with innuendo designed to obscure rather than to inform. That is why the Senate has taken so many ways from some previous debates on major reforms. When Congress approved Social Security in 1935, one Republican Senator warned that it would "end the progress of a great country." When Medicare was debated in 1965, one critic charged that cooperation with the plan would be "complicit in evil." Scare tactics of the past proved absurd, but the challenge unfair decisions by their current insurance plan. Eventually, those agencies will help consumers choose new health plans or to challenge unfair decisions by their current insurance plan. They will be prohibited from denying coverage to children based on preexisting conditions and required to allow children to remain on their parents' policies until age 26. Insurance companies will have to provide preventive care without copays or deductibles, and they will be barred from setting lifetime coverage limits. These historic reforms will help put the American people back in control of their health care.

The scare tactics are coming at it again, but there is a difference. While scare tactics were able to derail health care reform in the past, scare tactics are just not working this time. The American people have expressed their disapproval of wild, inaccurate claims in many ways, including personal conversations with most of us.

It is true that because health care is so complex, because changes must be phased in and transition periods are often necessary, many of the benefits of this bill will not take effect for some time. But improvements in health care for millions of Americans will take place almost immediately.

After President Obama signed this bill into law, small businesses immediately got a tax cut to help defray the cost of providing insurance to their employees. Within 3 months of the signing yesterday, the bill will allow people with preexisting conditions to access a special fund to help cover the gap until insurance exchanges, where they can obtain coverage, become operational.

And retiree health plans will qualify for a reinsurance program to help lower cost. In federal Government will begin helping States set up agencies to help consumers choose new health plans or to challenge unfair decisions by their current insurance plan. Eventually, those agencies will help consumers enroll in insurance exchanges that will help millions of people find dependable coverage at a price they are more likely to afford. Within 6 months of the President's signature yesterday, insurance reforms will begin to take hold. New health plans will be required to let women see an OB/GYN without seeking insurance company approval. They will be prohibited from denying coverage to children based on preexisting conditions and required to allow children to remain on their parents' policies until age 26. Insurance companies will have to provide preventive care without copays or deductibles, and they will be barred from setting lifetime coverage limits. These historic reforms in our health care system will take place within the first 6 months after enactment of this legislation.

More sweeping changes will come with full implementation of this bill's provisions. We will protect Americans of all ages from denial of coverage based on preexisting conditions, from annual limits on treatment, from exorbitant out-of-pocket costs, and from confusing and opaque language that disguises the cost or the scope of coverage.

We will give patients and the uninsured to give customers a rebate if those insurers don't spend enough revenue on patient care. We will fill the Medicare
doughnut hole that hurts many seniors.

At its heart, this bill and its improvements in this reconciliation effort aim to tackle the central problems of our health care system—rising costs and the insecurity of the system that Americans rightly feel about the lack of dependability of their insurance.

The cost of health care already exceeds the ability of many American families to pay, will price more and more of the system out of reach unless steps are taken. Low family budgets and our Federal budget if not contained. We can and we will make the health insurance system work for those who already have coverage by holding down those unsustainable increases in premiums. In ways large and small, we attempt to tame this beast that threatens to swallow family budgets and our Federal budget.

How are we going to do this? I ask the Chair how many minutes I have remaining.

Mr. LEVIN. I thank the Chair.

Mr. President, even though health care experts believe these measures are going to help lower costs for families and the government, the CBO is not even taking into account the savings which will come to existence by ending wasteful subsidies to insurance companies using Medicare Advantage, by requiring Medicare Advantage to spend at least 85 percent of revenue on benefits, and by other kinds of savings. Some of those savings cannot be figured out precisely by the Congressional Budget Office. So they are prudent. They don’t even take those savings into account. But what they do, obviously, take into account and do count are savings which will lead to $140 billion in savings in the first 10 years and $1 trillion over the next decade. Those savings are real savings. Those are savings which they can figure out and cost.

We are going to subject investment income of the Nation’s wealthiest families with incomes over $250,000 to the Medicare tax. We are going to impose a moderate Medicare tax increase on those who have that kind of earned income, over $250,000.

This bill cracks down on artificial financial structures. I commend the Finance Committee, Senator BAUCUS and his colleagues. They are cracking down on artificial financial structures with no economic substance whose only purpose is to avoid paying income taxes. We will take an enormous step with the passage of this reconciliation bill, joined with the bill the President signed yesterday. Leaders of our country—Harry Truman, Richard Nixon to Ted Kennedy—have fought so hard for these kinds of reforms. We are finally going to provide health insurance to millions of Americans who do not now have it, and those who do have it but those who have who Teddy Roosevelt warned nearly 100 years ago were in jeopardy unless every American had health insurance.

Opponents of reform are vocal. They are strident. We are going to hear amendment after amendment being offered in an attempt to derail this effort. I hope our colleagues will answer history’s call and make the real and lasting changes these bills provide, which will improve the lives of our citizens in ways we have been struggling to do in this Senate for decades and long before many of us got here.

To those who continue to oppose reform, let me ask them: Is it not long overdue to end discrimination based on preexisting conditions? The American people believe we should. So do I. Isn’t it long overdue to end the insurance industry practice of rescinding, the change of coverage to those who paid for it? The American people believe we should, and so do I. Should we not do something about the thousands of Americans who are forced into bankruptcy because of health expenses even though they have insurance they thought they would protect them? The American people believe we should, and so do I. Should we not take strong steps to rein in enormous, ever-growing health care expenses, expenses that threaten to care out of reach for more and more Americans and to bankrupt our Nation? The American people believe we should. So do I. And should we not clear the way for 32 million Americans who do not now have the opportunity to obtain it? The American people believe we should, and so do I.

I hope we will join together this week and do what so many before us have tried and been unable to do—to reform a system that leaves so many of our fellow citizens in jeopardy. I urge approval of this bill, this essential reconciliation bill, passed by the House as part of a package of historic legislation to finish the task of bringing landmark change to American health care.

I yield the floor.

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

Mr. BAUCUS. Mr. President, I ask unanimous consent that Senators WARNER, BERECHICH, BURBIS, Tom Udall, Mark Udall, SHAFEEEN, and MERKLEY be allowed to engage in a colloquy for up to 20 minutes.

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

The Senator from Virginia is recognized.

Mr. WARNER. Mr. President, as we approach the end of this long journey, at least the end of the first step of this long journey, I and a number of my colleagues are going more and more time to the floor to engage in a conversation for a few moments about what this health care bill will mean to our constituents and to the people of the United States. We are going to talk about some of the causes of how we got here and some of the consequences of what would happen if we don’t act. At the end, I will add some comments about how we make sure we implement this bill in the appropriate fashion.

Recognizing that the hour is late and colleagues have other business, I first ask my good friend, the Senator from Illinois, Mr. BURRIS, if he would like to give a brief recap of why he has been such a firm supporter of this legislation and why he thinks this bill is so important, not only to the people of Illinois but to the people of the United States.

Mr. BURRIS. Mr. President, I thank Senator WARNER. I compliment him for his leadership in getting the freshmen involved and engaged, and I am sure we are getting the message out to the American people.

This piece of legislation, which was signed yesterday by President Obama, is historic. I am proud and appreciative that I had the opportunity to play a part. As you know, my position was for a very strong public option. But as to the issues that are in it, we deal with cost and accountability for the insurance companies. Therefore, it is a major piece of legislation which we want the public to understand.

We want the public to understand that for some people this law takes effect immediately. Small businesses benefit in that they will get a tax credit to help with the cost. The American people believe we should. So do I. And should we not clear the way for 32 million Americans who do not now have the opportunity to obtain it? The American people believe we should, and so do I.

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battle to get insurance for my daughter.

This is good legislation. It is history. I want the American people to know that it is on the books, and we are going to make necessary corrections. The pressure is on.

I thank my colleague from Virginia. Mr. WARNER. I thank Senator BURRIS for his comments. I know how hard he fought for this legislation, since day one.

This legislation is going to have wide-ranging effects for people from all across the Nation. I now know my colleague, the Senator from North Carolina, wishes to speak. North Carolina and Virginia are neighbors. We both share a number of small businesses. We have a vibrant entrepreneurial flavor in Virginia and North Carolina. I know Senator HAGAN has been concerned not only on the overall aspects of health care but particularly how this health care bill is going to affect small business in her State. I wish to now ask Senator HAGAN to tell us how this bill will affect people in North Carolina.

Mrs. HAGAN. I thank Senator WARNER. I appreciate the time for us to come down here and talk about the need for health care reform. The bill that was signed into law yesterday is getting us on that track.

The new and historic law, combined with what we are now considering in the Senate, is going to reform our health care system to reduce costs and improve patient care for those families in North Carolina and in Virginia and families across America. In 1996, the average premium in North Carolina for a family of four was $6,000. Today it is $12,000. It is projected, in 2016, to be $24,000. People cannot afford that. That is why we need to have change.

These decades of working to fix a broken health care system, this law controls exploding costs, increases access to health care, and reduces our long-term deficit, which I know we are very concerned about, by as much as $1.2 trillion over the next 20 years.

But in addition to containing costs, health care reform will improve access and quality of health care for millions of Americans. Right now, in North Carolina, we have 1.7 million people without insurance—500,000 of them will now have access to a family doctor.

This bill provides immediate benefits to small businesses, middle-class families, and seniors in North Carolina. The small business owners whom I talk to want to provide starting for their employees, but the costs are prohibitive. This month, I received an e-mail from a small chiropractic practice in eastern North Carolina that had to drop its health plan for its employees because the rates doubled over the last 2 years. But today, 112,000 North Carolinian small businesses will be eligible for tax credits to provide health care to their employees.

Within the next 6 months, hard-working, middle-class families will be able to add their children up to the age of 26 on their health care plans. This will benefit about 870,000 young adults in my State.

This year, insurance companies will no longer be able to deny coverage to a child for a preexisting condition, such as asthma or diabetes. And it means insurance companies will no longer be able to drop your coverage because you get sick or because you file too many claims.

In North Carolina, 1.4 million seniors will receive preventive services with no additional costs, and 250,000 seniors will have their drug costs in the doughnut hole immediately reduced and eventually eliminated.

I am proud of these immediate benefits and our efforts to reform the health care system over the long term. The health care reform effort would not have been possible without the hard work of our colleagues. I personally want to thank two incredible health care staffers on my team, Michelle Adams and Tracy Zvenyach, who worked countless hours for reform in our country.

Mr. WARNER. I thank Senator HAGAN. I appreciate her leadership on this issue. Again, I also appreciate her recognition of not only the Members who have been struggling with the bill for almost a year, but the staff members who help us put together the facts, put together the case studies, who help us crunch the numbers, as we try to make sure we get this right.

I now want to call on my friend, the Senator from Alaska. One of the things the freshmen have always said, as we have come to the floor over these months—as we have pointed out—is that the price of doing nothing is extraordinarily high to our economy, to our families, to our businesses, and that doing nothing is not sustainable.

I know this has been a theme Senator BEGICH has echoed repeatedly on the floor. As we come to the closing hours of this debate, if you could share with us one more time why you think the status quo is unacceptable. What is the price of doing nothing? How would that affect the people and businesses in the great State of Alaska?

Senator BEGICH.

Mr. BEGICH. I thank the Senator. Thank you for your leadership, and especially as the freshmen group worked on the cost containment piece of this legislation. That was an important part we will see for many years to come.

Over the next few days we are focusing on making a good bill a little bit better. Yesterday, the President signed the landmark legislation moving health care reform into law. So over the next few days, again, we are going to work on making that bill a little bit better. We are going to see clearly the differences. You are going to see our side of the equation has worked hard on this legislation. Those who voted for health care reform are on the side of American families, not on the side of the insurance industry. We are on the side of seniors who will see lower prescription drug costs—because reform is going to work in that direction—not on the side of big drug companies. We are on the side of our small business—not business as usual.

I was truly proud to vote for and help pass that legislation last December. But as mentioned already this morning, there are many benefits that occur right away, this year. I also have as an example, there is help for small businesses. As you just heard, immediately, firms with fewer than 10 workers get a tax credit worth 35 percent of what they will spend now on health insurance. It will eventually ramp up to a 50-percent tax credit, and firms with up to 25 workers will get a partial credit. For small businesses—truly the backbone of the Alaska business community and this country’s business community—that is an immediate benefit.

Coverage for preexisting conditions: Within 3 months, people with preexisting conditions and no insurance will get help. A $5 billion fund is being set up to provide them with affordable coverage.

Coverage for dependent children: Within 6 months, parents will be able to extend their policies to cover their dependent children up to the age of 26.

Some of these points you have already heard, as I said, this morning, but it is important to repeat them because I think in the noise over the last year and a half of it got lost.

Another—a very important one—free preventive care: Within 6 months, all insurance plans must provide free checkups. This includes seniors on Medicare. And there is much, much more when you look at this legislation.

For my own State, the bill addresses many specific concerns I have heard in Alaska. It includes several of my amendments, including a panel to improve Federal health care in Alaska, increased loan forgiveness for thousands of new primary care providers, and added funding for community hospitals.

We also, as a team of freshmen, wrote a cost containment amendment that cuts prices for consumers, increases value and innovation in the health care system and, as mentioned earlier—let’s—readily heard, as I said, this morning: in the first 10 years, $1.43 billion, and in the next 10 years, $1.3 trillion in deficit reduction.

This bill is paid for—paid for. These are many of the improvements. Again, these improvements will save lives; add 32 million people covered—making sure they have coverage—save seniors on prescription drug costs by closing the doughnut hole; save families, by providing tax relief to help them afford health care; and crack down on waste and fraud.

It has been an enormous time in this last year and a half working on this. But I also want to say, the next 3 days...
will also be tedious and confusing to the public because what you will see on the other side is every imaginable amendment we would love to see—many of them we probably would love to vote for. I am not voting for any of them because our whole tactic is to delay the delivery, to ensure that people who want a family doctor will not get one, to protect the insurance companies instead of what we are trying to do to make sure people get a fair shake from their companies. So you are going to see that next 3 days.

I think what is important for us is to remind Americans—Alaskans in my State—why this bill is important. It helps small business, families, seniors. It does it now. It is important. It is important for us to get it done. But do not be fooled by the next 3 days on what goes on this floor.

We have passed health care reform. All we are doing now is making a good bill better.

I thank the Senator from Virginia.

Mr. WARNER. I thank the Senator. Thank you for your comments. Thank you for your leadership, particularly on a series of freshmen amendments that dealt with cost containment. And if there exists after my colleagues and I speak, I am going to go back to that issue.

But I now want to ask my good friend from Oregon a question. No one has come to this body with more passion about making sure working families get a fair break, not only in health care but in the world of financial reform and issues that cut across the spectrum. I know one of the issues Senator MERKLEY has worked on tirelessly throughout this whole conversation is how to make sure the Oregon families get that fair break, get that fair shot, to make sure health care is affordable.

I would like you to share with our colleagues those Americans who are at home watching what this health care bill does to help those middle-class Americans, middle-class Oregonians to make sure they get that fair break, fair break in health care reform.

Senator MERKLEY.

Mr. MERKLEY. To I thank the Senator so much. It is a pleasure to come here with my colleagues on the floor.

I know when all of my colleagues go home, they hear stories from their constituents about our broken health care system. That certainly is what I hear. I hear it in my townhalls. I hear it on the street, as people stop me and share their story. And I certainly hear it in my mail.

I have in my hand a few of the stories that citizens in Oregon have sent to me. To give you a sense of the type of frustration we are hearing, Don writes:

> Last year my premium went up 65 percent even though I’ve made no significant claims against the policy. My wife’s surgery was covered, but she can’t afford the prescription medication she needs. My co-pays have increased to $9,000.00 . . . I have little hope. Do I file for bankruptcy?

Or we can turn to Jane, who says:

> we are subject to being turned down for health insurance [because] I have a chronic illness. . . .

Or we can turn to Adrienne, who observes:

> The medical debt was crushing, and we were forced to file for bankruptcy.

Or we can turn to Amanda, who says:

> My daughter cut her finger. I took her to the emergency, the hospital is a network provider. The ER Physician said she needed surgery. Okay, what do I know, they are the experts. It turns out that the Surgeon is not a network provider. She bills [me] over $9,000.00 . . . I have little hope. Do I file for bankruptcy?

Or we can turn to Art, who says:

> In less than 5 years, I had to change my health insurance five times. It was never a matter of choice; I simply had to take whatever plan my employer decided to offer.

Or Dagne, who observes: When I started to fill out my insurance form, I had “Questions such as ‘Have you ever had . . .’”—for instance, I had asthma. And he goes on to describe his challenges. And the list goes on and on. That is why we are in this health care dialog. Because we need to fix our health care system that is broken for working Americans.

The bill we have passed and the President has signed has three terrific provisions. It creates State-based markets for health care policies, where consumers can shop for the best policy. These markets will increase choice and competition. Second, the bill ends insurance company practices that victimize our working families—practices such as turning people down for pre-existing conditions or dumping them off of their policies when they are inured or when they have a disease. And, third, it invests in our provider workforce to counter the rapid retirement of baby boomers. Out in Oregon, we are going to lose 20 percent of our primary care physicians in the next 5 years, while many of us, as baby boomers ourselves, are going to need more health care.

So those things are huge challenges. This bill takes a stride that is very significant, and this week we will work to pass—with an up-or-down vote—a bill that will make further improvements to the bill the President signed yesterday.

I am pleased to join my colleagues in this fight to repair a broken health care system that is not working for our working citizens.

Thank you for your leadership, Mr. MERKLEY.

Mr. WARNER. I thank Senator MERKLEY. Thank you for sharing those stories from real folks who are dealing with the current broken health care system. There are enormous stress, challenges, and burdens that our current system places on those families. I think we are taking a giant step forward. The President already has by signing into law the bill yesterday. We will continue that step with passing this amendment.

I now wish to call on another one of my colleagues, Senator Tom Udall of New Mexico. Senator Udall has, again, along with all the other freshmen colleagues, been a leader in this fight. He has particularly taken on the issue of prevention and the fact that we have a health care system in this country that is more a sick care system than it is a wellness and prevention system. I want to hear from Senator Udall about how this will go on to affect the good folks of New Mexico.

Senator UDALL.

Mr. UDALL of New Mexico. Mr. President, I thank Senator WARNER for leading us and pulling us together in this freshman effort. It has been a pleasure to work with all of my fellow freshman Senators on the floor again and to join them right now. Last fall, we gathered right here in this Chamber to fight for health care reform. As a group, we helped lead the charge to make quality, affordable health care accessible to all Americans. Yesterday, the change we have been fighting for became a reality. With President Obama’s signature, health care reform is now the law of the land.

This moment has been a long time coming. Teddy Roosevelt first called for health care reform nearly a century ago. His banner was taken up by a long and distinguished list of men and women who advocated for change. For too many years, New Mexicans, like Americans across the country, have struggled to find or afford health insurance. They have struggled to hang on to policies that get more and more expensive every day. With this reform, all of that begins to change.

No longer will insurance companies be able to discriminate based on pre-existing conditions. No longer will they be able to dramatically increase rates without public scrutiny. No longer will 32 million Americans worry every day about what would happen to their families if they get sick or are in an accident. I am proud to have fought for and helped lead in favor of this historic legislation.

This reform will benefit all Americans, including our country’s First Americans, the 1.9 million American Indian and Alaska Natives who have spent too many years suffering because the federal government hasn’t lived up to its promise to them.

With this reform, we begin meeting our obligations to Native Americans by reforming the Indian health care system, and permanently reauthorizing the Indian Health Care Improvement Act. This law, which provides a framework under which health care programs for Native Americans are delivered, hasn’t been reauthorized in more than 10 years. As a result, American Indian and Alaska Natives are more restricted as likely as whites to be uninsured, and almost half of low-income American Indians and Alaska Natives lack health coverage.

With this reform, no longer will Native Americans be forced to suffer needlessly. No longer will they have to go without treatment for chronic conditions like diabetes and heart disease.
To small business owners such as Arvind and their employees, I say: Relief is coming.

This reform will help small businesses by making it more affordable for them to offer coverage for their employees. To do this, by providing tax credits for up to 50 percent of premiums and by creating small business health exchanges to build a larger employee pool.

In New Mexico, the vast majority of our insured are employees, but they and their employers can’t afford coverage. These new tax credits will help our small businesses provide insurance for their employees at a cost they can afford.

For hardworking New Mexicans like Katheryn and for small business owners like Arvind, health care reform can’t come fast enough. Katheryn and Arvind can’t afford the health care status quo. Katheryn and Arvind are the reason I stand here today. To my friends on both sides of the aisle I say: Let’s get this done.

I am proud to be part of this body as we cast our final votes in favor of this landmark reform. With this final vote, we will finish this leg of the race. I look forward to building on this solid foundation in the coming months and years.

I yield the floor.

Mr. WARNER. I thank Senator Udall. I know our time is running out; just a final comment I wish to make.

As many of my colleagues know, I had the honor of serving as Governor of Virginia before becoming a Senator. I think one of the differences between an executive and a legislator is, as a former executive I realize that passing the bill is just the first step. What happens is going to be in the implementation afterwards.

The appeal I would make, particularly to my colleagues on the other side, is, I agree with some of their points that we don’t go far enough on cost containment, but there are a lot of things in this bill where we grant the Secretary the ability to start experimental programs—on cost containment, on bundling of payments. How this bill is implemented is going to be where the rubber hits the road. I, for one, believe there is more we can do around this issue of cost containment, and I hope in the coming weeks and months, rather than being for repeal, they will be looking for common ground to make this legislation even better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I wish to let Senators know that we intend to alternate blocks of time, roughly a half hour on each side. So I ask unanimous consent that the next half hour be under the control of the Republicans and that the half hour thereafter be under the control of the majority.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Florida.

Mr. LeMIEUX. Mr. President, I ask unanimous consent to temporarily set aside the pending motions and amendments so that I may offer an amendment which is as follows:

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Florida.

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

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

The amendment is as follows: (Purpose: To enroll Members of Congress in the Medicare program)

At the end of subtitle C of title I, add the following:

SEC. 1207. MEMBERS OF CONGRESS REQUIRED TO HAVE COVERAGE UNDER MEDICAID INSTEAD OF THROUGH FEHBP.

(a) In General.—Notwithstanding chapter 89 of title 5, United States Code, title XIX of the Social Security Act, or any provision of this Act, effective on the date of enactment of this Act—

(1) each Member of Congress shall be eligible for medical assistance under the Medicaid plan of the State in which the Member resides; and

(2) any employer contribution under chapter 89 of such Code on behalf of the Member may be paid only to the State agency responsible for administering the Medicaid plan in which the Member enrolls and not to the offeror of a plan offered through the Federal employees health benefit program under such chapter.

(b) Payments by Federal Government.—The Secretary of Health and Human Services, in consultation with the Director of the Office of Personnel Management, shall establish procedures under which the employer contributions that would otherwise be made on behalf of a Member of Congress if the Members were enrolled in a plan offered through the Federal employees health benefit program may be made directly to the State agencies described in subsection (a).

(d) Definition.—In this section, the term "Member of Congress" means any member of the House of Representatives or the Senate.
have the opportunity for health care under these laws are going into Medicaid.

The practical impact my friend from Virginia asked us to think about is that our States right now are finding themselves in bankruptcy, realistically causing the obligations of Medicaid. Our States, unlike the Federal Government, have to balance their budgets. Medicaid is a program that the States pay some 50 percent of, and they can’t make it work. We are finding out in Florida right now that this program—this new law—will cost Florida $1 billion in the next 10 years. Because they balance their budget and because they can’t print money, that means the dollars will go away from teachers, away from students, and away from police.

The point I wish to make today and the amendment I am offering is this: Several times, as I have been on the floor and heard from my Democratic colleagues, we have made this point: Why shouldn’t the American people have the same health care that we in the Congress enjoy? Why shouldn’t they, as do all Federal employees, be able to pick from a comprehensive and rich plan of benefits in order to take care of their health and the health of their families?

That is a good point, but what is going to happen to these 16 million new Americans? They are going to go on Medicaid. That is not on the plan we have. That is not the rich benefits the Members of Congress enjoy. Medicaid—health care for the poor, which will now have some 50 million Americans in it after these 16 million join it—is a program in crisis. It is a program that is failing.

Let me give my colleagues some real examples. Right now we know patients on Medicaid can’t find doctors who will treat them. We know in California, for example, 49 percent of family physicians do not participate in Medicaid.

I entered this document into the Record last week. On March 17 the Seattle Times reported that Walgreens will no longer take new Medicaid patients in the city of Seattle. On March 15, the New York Times reported about Mrs. Vlnt. She is in Flint, MI. She has cancer. For 2 years she has been receiving treatment, but now her doctor is dropping her from Medicaid. He says:

But after a while you realize that we’re really losing money on seeing those patients, not even breaking even. We are starting to lose more and more money, month after month.

All across America, health care providers are dumping Medicaid, and we are about to add 16 million new people. So I wish to take a page from my friends on the other side because they say the American people should have the same rich benefits we have.

What I am proposing today with this amendment the Members of Congress should have the same benefits as these 16 million new people and these 50 million Americans. Under this amendment, the Members of Congress will go into Medicaid. If it is good enough for 50 million Americans, it should be good enough for us.

So I have offered amendment No. 3586. It will require that the benefits that are paid for health care by the Federal Government for the 533 Members of Congress go to the State Medicaid agencies, and then we can all enjoy this program that 50 million people are in. ARMing with. Anyway, it is good enough for 50 million Americans, it is good enough for Members of Congress.

I wish to call upon my distinguished colleague from Arizona whom I know wishes to speak on this issue as well.

Mr. MCCAIN. Mr. President, I ask unanimous consent to engage in a colloquy with the Senator from Oklahoma, the Senator from Florida, and myself.

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

Mr. MCCAIN. Mr. President, I strongly support the amendment. Let me also just for a moment point out where we are.

Where are we now that all the champagne has been drunk and all the celebration has gone on; the inside-the-beltway stories written about with the adoring media? Here we are: We have a budget deficit that is still $1.4 trillion. We still have 9.7 percent unemployment. Beginning right away we have 9½ trillion worth of Medicare cuts that will take place over the next 10 years—$5 trillion beginning right away, $5 trillion worth of tax increases over the next 10 years.

Beginning in 4 years, $2.5 trillion in new health care entitlements spending begin. The plan still puts government in control. It still mandates that every American must purchase a government designed and approved health policy. It still mandates that employers have to pay a fee, a tax, if the workers in my State are going to be exposed to drastic cuts.

Fortunately, we took out one of the sweethearts of this bill, that now, at least the 800,000 who were carved out before in Florida will be subject to the same cuts. No one, no one, no one believes—the so-called doc fix—that the 21-percent cut in physicians payments for treatment of Medicare patients is going to happen.

You can put lipstick on a pig, but this is still a pig. I noticed the Senator from Illinois came to the floor this morning and said how great this is and how there is going to be real reductions in the deficit as a result of this legislation. I wonder what his response has been to one of the biggest corporations in the State of Illinois, Caterpillar, who sent him a letter saying.

Mr. COBURN. It is good enough for 50 million Americans, it is good enough for Members of Congress.

The Senator from Illinois is sponsoring legislation that increases costs for one of the largest manufacturers and exporters in America that is going to increase their cost by $100 million. I wonder when he is going to go out and visit headquarters out there in Peoria.

The fact is, there are things in this legislation that are wrong, and there are things that are left out of this legislation that are wrong, including $100 billion a year that could be saved by medical malpractice reform. Is there anything in those 2,073 pages that have anything to do with medical malpractice reform? That is the dirty little secret. The dirty little secret in this body is that trial lawyers control the agenda, certainly as far as this legislation is concerned.

The State of Texas has reduced costs, has reduced premiums, and has increased the number of people who have been able to—lawsuit filings are down from defensive medicine increases for annual costs by 10 percent. Physician recruitment is up. Medical malpractice insurance company in the State has sliced its premiums by 35 percent, saving doctors some $217 million over 4 years in the State of Texas. And I would like to ask my friend from Oklahoma why in the world we would not enact medical malpractice reform if we are truly interested in reducing the cost of health care in America.

The Senator from Oklahoma and our other doctor in the Senate, Senator BARRASSO from Wyoming, can testify because of their experience of the requirement to practice defensive medicine, which could be as much as $100 billion a year. So here we are, looking at dramatic increases in cost, and the President is going around the country saying that insurance premiums will go down. Individual premiums will go up between 10 and 13 percent. You know, facts are stubborn things.

So I would ask my friend from Oklahoma why he might talk a little bit about not only what is in this bill but what is not in this bill. Medical malpractice reform is certainly something that anyone would logically assume would be part of any real reform if you are interested in reducing cost.

If you are interested in increasing government bureaucracy, I hear this all the time. I mean the enforcement of the Affordable Care Act and medical malpractice reform. Is there anything in this legislation that is wrong, including $100 billion a year that could be saved by medical malpractice reform? Is there anything in those 2,073 pages that have anything to do with medical malpractice reform? That is the dirty little secret. The dirty little secret in this body is that trial lawyers control the agenda, certainly as far as this legislation is concerned.

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Mr. COBURN. I thank the Senator for his question. If you look at Thomson Reuters and several others who have studied the health care field, the estimate for defensive medicine costs is $250 billion a year. It is not just that we order tests that protect us from frivolous lawsuits but that tests have consequences. Some of those tests actually hurt patients or expose them to radiation or, in fact, limit our ability
to do what is best for the patient because we are more interested in protecting ourselves.

Mr. MCAIN. May I ask the opinion of the Senator from Oklahoma as to why he thinks there is no address of medical malpractice in the reform ever in this legislation that has the slightest impact on reducing health care costs?

Mr. COBURN. I think there are two reasons. One is because there is large support within the Senate for reform. The other is because they could not get—or wouldn’t put it in the bill because they knew it would pass and the American people would agree with it. You know, it is beyond me.

But let me go to the point of this current amendment. I have delivered to some 700 babies, and 2,000 of those were Medicaid babies. Over half the babies I have delivered in my life I have cared for through Medicaid. The State of Oklahoma just cut, in February or March, Medicaid reimbursements 8 percent. They are going to cut it another 8 percent. Forty percent of the primary care doctors don’t see Medicaid patients because the price that is paid for the coverage doesn’t cover the cost, let alone any margin. It doesn’t cover the cost of nurses, of rent, the malpractice, and everything else.

The second point is, of the specialists who are available, 65 percent of the specialists in this country won’t see Medicaid patients. So when I am taking care of Medicaid patients, I have trouble finding somebody better than me in a specialized area to care for my patients.

What is the other thing we know about Medicaid? Even if you normalize for social factors, their outcomes are worse. The cost in terms of the number of procedures, the failure of therapeutics—all are worse.

So why is this a good idea? It is not just a political stunt. If Members of Congress are enrolled in Medicaid, the first thing that is going to happen is Medicaid and reimbursements are going to go up so that the availability of the finest and the best and the brightest in this country is available to Members of Congress. So it is not just a stunt to say we put our membership in Medicaid; it is a very important ulterior motive to improve Medicaid.

Think about it. If you are one of the 16 million people who are going to get health care under Medicaid, supposedly, in this bill—and I doubt that seriously, simply because we are going to see a marked decrease of 50 or 60 percent of doctors who won’t see them—they think about what is going to happen. You are not going to find a doctor. You may have coverage, but you won’t be able to get anybody to care for you. Is that coverage? Is that care? Is that prevention? Is that management of chronic disease? No. None of that will happen.

So the whole idea of placing us in a leadership position into Medicaid is so that we will lead and fix it and make it work. It is not really a health care system worse in America than Medicaid, and that is the Indian Health Service. That is the only one that is worse. Everything else outside of those two programs is better. So why would we consign 16 million Americans to the one program that is failing today? So the way to fix that is to put us into it. And I guarantee you, the self-interests of the Members of Congress will fix Medicaid and make it what it should be.

With that, I yield back to the original author of the amendment. Mr. LeMIEUX. I thank my friend and colleague from Oklahoma.

How could anyone in this body not vote for this amendment? Why should we have better health care than the 16 million people whom we are going to put into Medicaid, and now will be 50 million Americans? Why should we have it better? Why should we have a gold-plated premium health care plan? Look, I have a family of five. We are going to have a baby any day—so it will be a family of six. I pay $400 a month on the government program—$5,000 a year. Could I get that in the marketplace? Of course I couldn’t.

There is a doctor here in the Capitol, a whole staff of them, anytime I want to see a doctor. I get fantastic health care as a Member of Congress.

Why shouldn’t we have the same health care we are subjecting 15 million new Americans to and 50 million Americans in total? As my friend from Oklahoma says, certainly won’t that make the point to us that this health care system is failing? What will happen when a Member of Congress tries to find and can’t find a doctor who will take him? What is going to happen when he tries to find a specialist and no specialist will take him? You don’t hear our friends on the other side talking about the fact that half of the people getting coverage under this legislation are going into a failing system.

That is not one of their talking points, but it is the truth. So I challenge my friends who say that they should walk among the least of us to vote for this amendment.

I want to turn again to my colleague from Arizona. He and I have expressed our distress about this bill for lots of reasons, but a specific reason is that we both represent States with lots of seniors.

We have this Medicare Advantage Program that is going to get $200 billion cut out of it. That will really affect our two States. So I wonder—and I would ask my colleague, the distinguished Senator from Arizona, to speak on this issue—how is this going to affect seniors in Arizona when we are raiding Medicare to start this new program?

Mr. MCAIN. I thank my friend from Florida. The fact is, Medicare Advantage is a program that provides seniors with choices. That is one of the reasons it is a major target of the other side—because it doesn’t fit in, then, with the government mandates this whole bill is about. I am worried about the 11 million Americans who have the Medicare Advantage Program.

I would like to refer my colleagues to an article—I know the Senator from Utah is waiting, if he would just give me another minute or two here—today in the Wall Street Journal titled “Now, Can We Have Health-Care Reform?” And I want to quote from part of it, as follows:

Health insurers, and indeed Corporate America as a whole, are like monkeys who are caught by staking a glass jar to the ground with a shiny trinket inside. They won’t let go so they can’t get their hands out of the jar. That trinket is the ruinous and revenue-generating $250 billion-a-year tax benefit for employer-provided insurance.

That is the elephant in the room, my friends.

Corporate America isn’t brave enough to argue against a direct subsidy to its employees, no matter the impact in insulating consumers from the true cost of their health care choices. Insurers are not brave enough to say: Give us a tax code that lets us go back to being insurers rather than a tax laundromat for the middle class’s health care spending.

Almost any bill would have been worth having that fundamentally ended this tax distortion, regardless of its other elements.

We say this because any bill, including the one signed by the President yesterday, will be revisited many times in the future. Millions of pages of rules will be written by regulators before we see how it really works. Congress itself will return in predictable ways: It will reverse the proposed Medicare cuts that created ObamaCare’s illusion of fiscal probity. It will tighten the mandate that requires insurers to cover the sick at favorable prices. It will require that the young and healthy buy insurance at prices that subsidize the old and unhealthy.

More and more tax money will have to be found to keep the jalopy on the road. More and more administrative controls on medicine will attempt vainly to keep the jalopy from bankruptcy. The Nation.

Under the law just signed, employers have even more incentive than they did yesterday to lavish excessive health insurance on their high-end employees.

Mr. President, I ask unanimous consent to have printed in the Record this entire Wall Street Journal article.

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

[From the Wall Street Journal, Mar. 24, 2010] NOW, CAN WE HAVE HEALTH-CARE REFORM?

(By Holman W. Jenkins, Jr.)

A certain kind of person—we get emails from them all the time—understands exactly nothing about the health-care debate, but thinks they know who the villain is: the insurance industry.

Barack Obama is not one of them. In the eight deplorable hours he passed to public ignorance. But from the beginning, the industry was his ally because he set out to solve its
The one thing it doesn’t do (though it would be perfectly consistent with the Democratic goal of universal access) is incentivize a health-care marketplace based on competition in price and quality.

A woman named Trudy in India does heart surgery the equal of any heart surgery in America, but does so at one-tenth the cost (and increasingly attracts a world-wide clientele). A New York renter that you think low-paid doctors and nurses. The reason is that competition works in medicine as it does in everything else when the patient cares about value. This is the great low-hanging fruit of health-care reform. It continues to hang.

Mr. MCCAIN. Mr. President, I thank my friend from Utah for his indulgence.

The other side is going around the country right now telling the American people things that simply are not correct, including the fact that these budget projections we know are patently false, not because CBO gave us false numbers but because the assumptions were wrong. One of the biggest assumptions—and we will be talking about this more—is the so-called doc fix. Is there anyone who believes we are going to have a 21-percent cut in Medicare physicians this fall? I would ask my friend, the Senator from Utah, who is very familiar with this issue—I know he has an amendment, but this is one of the reasons Americans are so angry. They know there are not going to be doctors’ payments from Medicare by 21 percent, and that is a fundamental part of the assessments as to the cost by CBO. It is a sham perpetrated on the American people.

So I would say to my friend from Florida and my friend from Utah, we will be back on the floor probably this fall sometime or early next year, and we will be talking about the fact that this doc fix—the doctor payments portion of the Medicare enrollees—was not cut 21 percent, as the other side is telling the American people that it will be. It is not fair to the American people. I would say to my friend from Utah.

Mr. HATCH. I agree with my friend from Arizona.

MOTION TO COMMIT

Mr. HATCH. Mr. President, I ask unanimous consent to set aside the pending motion to offer a motion to commit.

The PRESIDING OFFICER. Without objection, the clerk will report.

The legislative clerk read as follows:

The Senator from Utah [Mr. HATCH] moves to commit the bill H.R. 4872 to the Committee on Finance with instructions to report the same back to the Senate within 1 day with changes to strike all cuts to the Medicare Advantage program and add an offset if the Department of Health and Human Services certifies that $200,000,000 to more Medicare Advantage beneficiaries, American seniors, and disabled individuals, will lose their current Medicare Advantage coverage or plan.

Mr. HATCH. Mr. President, before I discuss my motion to commit to protect the Medicare Advantage Program for more than 10 million seniors, I would like to take a few moments to discuss the broader issue of health care reform.

To be honest, we have never seen anything like the issues facing our country right now. We are at a pivotal point in American history. Between private businesses and public government has never been so blurred. Government effectively owns several of our Nation’s financial institutions, insurance companies, and auto manufacturers. These companies have been bailed out by government bureaucrats, and Washington is now in the business of running our health care system more than ever before.

Our fiscal outlook is bleaker than ever. According to the recent 10-year outlook by the Congressional Budget Office, the CBO, the current administration’s policies would add $8.5 trillion to our already record national debt. CBO report also confirmed that we would be facing a record deficit of $1.5 trillion this year alone, along with a dire prediction of our deficits only getting worse after 2015 and beyond.

Let me put this in perspective. Our debt is the same size as this year’s entire federal budget. We will be on a path to double the 5 years and triple in the next 10 years. According to CBO, our national debt will exceed $20.3 trillion by 2020 or 90 percent of our GDP. We are literally drowning the future of this Nation and the future of our kids and grandkids in a sea of red ink.

I deliver these remarks with a heavy heart because what could have been a strong bipartisan bill reflecting our collective and genuine desire for responsible health care reform turned out to be an extremely partisan exercise. Why? Because they know that it is only a matter of time before cutting Medicare and Medicaid Services, CMS, the health care bill signed by President Obama yesterday to actually raise our total health care spending by $222 billion over the next 10 years. That does not even include the doc fix the distinguished Senator from Arizona was talking about, which is as much as $60 billion over 5 years.

But the most cynical joke played by Washington on the American people in this entire exercise has been the promise of this $2.5 trillion tax-and-spend bill actually reducing our deficit. Nobody believes that.

The biggest bait and switch on the American people about the bill’s impact on the deficit is a simple math
trick. If something is too expensive to do for a full 10-year period, just do it for 5 or 6 years. Most of the major spending provisions of the bill do not go into effect until 2014 or later—coincidentally after the 2012 Presidential election. And half after that is not a full 10-year score but rather a 6-year score. According to the Senate Budget Committee, the full 10-year score of the Senate bill would approach $2.5 trillion. We are already spending $2.4 trillion.

More importantly, let me also clarify what the Congressional Budget Office has said on the nearly $500 billion in Medicare cuts which my friends on the other side argue will magically not only extend Medicare solvency but also pay for a large part of this bill. This is like telling American families that they can spend the same magical dollar to not only pay their mortgage but also their credit cards. It is nonsensical. Here is what the experts at CBO said:

The key point is that the savings to Medicare trust fund . . . would be received by government only once, so they cannot be set aside to pay for future Medicare spending and, at the same time, pay for current spending on other parts of the legislation or on other programs.

By the way, did I mention that at a time when major government programs like Medicare and Medicaid are already on a path to fiscal insolvency, it is interesting to note that more than half of the newly covered lives, 16 million out of the 32 million, are simply being pushed into Medicaid. And if anyone thinks that States, that are facing more than $200 billion in deficits, will not be left holding the bag in the future, then I have a bridge to sell to you.

I have said all along that this is not a fight between Republicans and Democrats, but a fight between the Democrats and a majority of Americans who did not want this bill. In townhall after townhall and poll after poll and election after election, Americans begged Washington to listen to their voices. But Washington ignored them and used every means necessary—from backroom deals to procedural trickery—to get this bill passed.

We need to remember the real implications of these policies—not simply in terms of political legacies and ideological holy grails—but in terms of its implications for the future of our children and grandchildren. We need to ensure that they have the same opportunities to prosper that we have all been blessed with.

I would now like to speak for a few minutes about a motion to commit that I will be offering. My motion to commit states that if the Actuary of the Department of Health and Human Services certifies that 1 million Medicare Advantage beneficiaries lose their coverage or benefits, the cuts to the Medicare Advantage program will not go into effect. It is that simple.

It is important to point out that the bill the President signed into law yesterday would slash $120 billion from the Medicare Advantage program. This reconciliation bill would cut the program by an additional $66 billion for a grand total of $202 billion.

Before the health care reform bill was signed into law, we projected that Medicare Advantage enrollment would have increased from 10.9 million in 2010 to 13.9 million in 2019. Now, Medicare Advantage enrollment will be 4.8 million less in 2019 due to the passage of the new health bill or almost 2 million lives lost. These lost benefits include lower premiums, lower copayments, and lower deductibles. It will also impact everything from hearing aids to dental and vision benefits. Most importantly, it would violate President Obama’s pledge “if you like what you have, you may keep it.”

Medicare Advantage works. Every Medicare beneficiary has access to a Medicare Advantage plan. Almost 90 percent of Medicare beneficiaries participating in the program are satisfied with their health coverage. It is time for us to stand up for more than 10 million seniors and ensure that this program is not used as a piggy-bank to finance Washington’s big government plans.

I appreciate my colleagues allowing me to go maybe a minute longer than I should have, but I urge my colleagues to support my motion to commit this bill.

The PRESIDING OFFICER. Who yields time? The Senator from Montana.

Mr. BAUCUS. Mr. President, I hope that the Republican colleagues will have Republicans used up their time? The PRESIDING OFFICER. The Republicans have 1 minute remaining.

Mr. BAUCUS. I don’t mean to be picky, but I assume they will yield back that minute.

Mr. HATCH. I will yield back the minute.

Mr. BAUCUS. I will yield 15 minutes to the Senator from Maryland.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIRKULSKI. Mr. President, this is indeed a great day because we are passing real health care reform for American families, for American workers, for American small business, for seniors, and our communities. Health care reform will save lives. No longer will dreams and lives be endangered because people lost their health care insurance when they got sick, lost a job or had an accident.

I listened to the other side which says they listen to the people. You heard the old saying, “Men are from Mars, women are from Venus.” I think that party is from Mars and we are from planet Earth. I think they have been out in orbit. The planet Earth that I am on tells me to pass health insurance reform.

One of the reasons I am voting for this bill, the main reason I am voting for this bill, is the stories I heard from my constituents in Maryland—roundtables, townhalls, hearings, lots of meetings. They told me about the situation in their lives, where they were terrified that one big health care incident could lead them into bankruptcy. They were terrified that if they had changed a job or moved to a new region or communities that would have offered great opportunity for them—they didn’t take it because they were not going to have health insurance.

When I listen to people, I think about the lady in Cumberland who works full time, but her employer does not provide health insurance and she is terrified that she is one sickness away from a catastrophic situation, or from Karen, in Kensington, whose father had to quit work because he had Crohn’s disease. He was making payments on his insurance. He was two payments short, and they canceled his insurance. It took him 6 months to try to get it back. He lost his coverage, and he was only 59 years old when he passed away.

Then there were the breast cancer survivors, the wonderful women and the men they love who are out there raising money for the cure. But even in a prosperous community such as Annapolis, a woman told me how she lost her job and with it her family’s health insurance, and when her insurance ran out, she was terrified she would lose her cancer treatment.

Walking around the diners—and I love diners. I see myself as a diner Democrat. In every diner it is usually multigenerational people. What do they tell me? Barb, don’t forget the old people. Senator Barb, no matter what, keep Medicare stable. If you are 50 years old, you are terrified your parents can lose their Medicare and it is going to fall on you. The sandwiches they are eating are eaten by the sandwichtop generation. Worried about the old-timers’ health care, worried about keeping their own, and then trying to figure out how they were going to pay for college. Medicare has multigenerational implications.

This is why in this bill I am proud of the fact that we are going to stabilize Medicare for another 10 years and do very important reforms in Medicare.

I am also pleased to respond to the people who said no matter what, make health care available and affordable. For every parent who has ever worried about covering a child with a chronic illness, whether autism or cerebral palsy or juvenile diabetes, they will always be able to get health insurance. The small business owner, such as my own community, the small grocery store or my grandmother who had the best bakery shop, worried about how they were going to provide individual
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health care for themselves—this generation will not have to worry about that.

This bill is an exceptional one. We save Medicare, expand its solvency for another nearly a decade. We end the punitive practices of insurance companies. We ended uniform acceptance and pay for it with an emphasis on wellness and quality, saying goodbye to quantity medicine and emphasizing quality medicine; goodbye to volume medicine and getting value for our dollar.

Some of the most important things we will do is close that doughnut hole. The doughnut hole has been hard to swallow ever since this bill was passed. We are going to provide a $250 rebate for seniors who hit the gap in the prescription drug benefit and also offer a better discount on prescription drugs.

I am also very excited and honored because of the role I played in making sure we ended the punitive practices of insurance be able to be denied healthcare. For too long, in too many ways, they treated simply being a woman as a pre-existing condition. First of all, they charged us 30 percent to 40 percent more just simply to be able to get insurance. We would have the punitive practices of denying us health insurance for a preexisting condition. In eight States, domestic violence was viewed as a preexisting condition. You talk about being abused—you were abused, you went to a doctor, and then you were abused by your insurance company. We are not going to be battered anymore by these companies. We ended that in this bill.

Then there was the hearing that shocked and chilled me, a hearing on gender discrimination in insurance. A woman told a compelling story, Peggy from Colorado, that after she had a C-section and a premature baby, the costs were high. She lost her health insurance, because she had a premature baby, because she had a C-section, they would not give her health insurance unless she was sterilized.

I couldn’t believe it. That is what fascist countries do. That is what authoritarian regimes do. It was not the Taliban in Afghanistan, it was an insurance company in Colorado. We took up that fight and ended those abusive practices in this bill. Never again will a woman be denied her insurance because of any preexisting condition. We ended gender discrimination in charging women more.

But as the debate went forward, they wanted to take the mammograms away from us and they offered an amendment. The good men of the Senate also joined us. Many remember we wore pink that day. Today we are in the pink as well.

We offered our amendment to ensure preventive services for women so that if your doctor says you need a mammogram, you are going to get one. If you need screening for cervical cancer or a Pap smear, you are going to get one and you are not going to have to pay a copay or a deductible. Like the old song “Bread and Roses,” we fight not only for women, but we fight for men too. Because for us it is not gender, it is about the agenda, and the biggest agenda is to make sure we provide healthcare as means as ends, we can in the most affordable way, with value, quality, and prevention as their underpinnings.

We were able to make significant changes in this bill. But affordability is an issue. I believe we dealt with that by emphasizing quality. At Senator Kennedy’s request, I led the quality task force. Because of proven ways that we are going to be able to offer in these initiatives, we are going to be able to increase the affordability of this bill to make people healthier. We want to prevent disease and manage chronic disease. By the emphasis on the management of chronic disease, we are going to save lives and save money. Additionally, we are getting more value for the dollar. Yes, we will be looking at comparative effectiveness, so when you go for a treatment or you buy a drug, you know we are getting value for the dollar.

The other is, we are going to emphasize the reduction of medical errors and also medical infections in hospitals by introducing quality initiatives that reward hospitals for being able to do that. But I also listen to the providers. I represent iconic international institutions such as Johns Hopkins medical institution and the University of Maryland.

I listen to my primary care doctors as well. They said: Senator BARB,. Mr. President, I ask unanimous consent that at the conclusion of the half hour under the majority’s control, at about roughly 11:21, the Republicans control the next half hour and the majority control the half hour after that, starting at about 11:51. The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BAUCUS. Mr. President, I would like to take a couple moments to speak on two amendments, one offered by, I think, Senator HATCH, with respect to Medicare Advantage. Off the topic, it is important to remember that health care reform will reduce excessive overpayments to Medicare Advantage plans, while at the same time rewarding high-quality, efficient plans for providing care to seniors.

Medicare Advantage plans that achieve high-quality rankings under this legislation, let’s say, with Senator HATCH, with respect to Medicare Advantage plans, plans receive today.

According to MedPAC—MedPAC is that bipartisan commission that advises Congress on Medicare payments. MedPAC recommends Congress pay Medicare Advantage plans are paid 13 percent more in the country, both urban and rural, while eliminating overpayments that plans receive today.

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Medicare— I am talking now especially about seniors who take fee for service—
all seniors on Medicare pay for these overpayments even if they are not in Medicare Advantage plans. How? Well, it is basically because every senior pays $35 a month in Part B premiums, that totals about $80, on average. So seniors in traditional fee for service are paying for the overpayments for Medicare Advantage plans.

Medicare Advantage overpayments drain resources for the Medicare trust fund. If they are overpaid, that means they are draining excessive resources from the Medicare trust fund. In fact, the government estimates that Medicare Advantage overpayments speed up insolvency of the Medicare trust fund by about 18 months.

After that, there is no evidence that overpayments to Medicare Advantage plans—do not forget these are private insurers. Manicave Advantage by saying Medicare, they are private insurance plans. There is no evidence that overpayments to them lead to better quality for Medicare beneficiaries.

In fact, you can end up spending more out-of-pocket dollars under Medicare Advantage plans than under traditional Medicare, even if they have certain conditions. The bill eliminates these overpayments by decreasing the statutory rates in place today and giving quality performance payment increases to high-ranking plans. We are paying more than we do today to high-ranking plans.

No senior in Medicare Advantage will lose access to any of their Medicare benefits under this proposal. We hear all these false claims across the aisle that these cuts, which cause more efficiency, prevent waste, prevent overpayments, are going to cut beneficiaries’ payments. That is not true. It is misleading.

Plans will not be allowed to lower or drop their basic Medicare benefits that seniors are entitled to under the Medicare Advantage Plan. So there are no cuts in basic Medicare benefits. In fact, they are guaranteed. The reforms in this bill will ensure that the dollars for the Medicare trust fund go toward improving the quality of care for seniors, rather than to support the operations of private insurers. I think that is something the vast majority of seniors would prefer. I wish to make that clear because some of the statements made on the other side of the aisle are quite misleading, which leads me to another point.

Americans probably are a little confused about what is in health care reform because they hear all kinds of claims. Well, now that health care reform has passed, The President signed the bill yesterday. This is sort of to help, a fixer-upper around the edges a little bit. Americans can look for themselves as to who is telling the truth. They will want to look more closely than they have in the past because now it is law. Now it affects people.

Some people are going to ask: Gee, how does it affect me? I better find out. When people start to find out, they are going to learn—I say this somewhat presumptuously, but I believe it very strongly—they are going to find out that those who are claiming all the bad things that happen to all the bad things about this bill, are basically not true.

They are also going to start to realize that all the good things in this bill, that a lot of proponents have been mentioning, represent, down, they are pretty much true. The good things are pretty much true. I think once people start thinking closely, separating the wheat from the chaff, they will start to realize that not only are the Medicare Advantage charges false, but a lot of the other charges that some make about why the bill is so bad are also false. Again, I say, somewhat presumptuously, the prevention provisions, I think, are very good and help seniors, are basically accurate.

One small, final point. The Senator from Florida offered an amendment basically requiring all Members of Congress to enroll in Medicaid. Now I ask you, that, that is a serious amendment. Medicaid is a vital program for vulnerable Americans. It should be treated very seriously and should not be used for political games. I now yield the remainder of my time in this half hour to the Senator from Rhode Island.

The PRESIDING OFFICER. The Senator from Rhode Island is recognized.

Mr. REED. First, I wish to begin by recognizing the extraordinary leadership of majority leader HARRY REID, Chairman BAUCUS, Chairman DODD, and Chairman HARKIN to get us to this point.

Commonsense and cost-effective health care reform is now the law of the land. The Senatorate now is whether we will make some important improvements to that reform or whether we will respond to the wishes of the insurance industry and others who want to preserve a broken status quo of higher premiums and dwindling coverage for middle-class families.

Yesterday, President Obama signed into law a health insurance reform bill that will cut the deficit by $143 billion over the next 10 years, create an insurance exchange for small businesses, and expand access to health insurance for 32 million more Americans. The new health insurance reforms will provide relief for every American. Indeed, under the law just signed by President Obama, these five reforms will take place by the fall of next year:

No child will be denied coverage because of a preexisting condition.

Small businesses will receive a 35-percent tax credit to purchase insurance for their employees.

Seniors on Medicare who confront the doughnut hole will receive additional assistance.

Health insurers will be required to spend more of their premium revenues on clinical services, with less going to administrative costs and profits, or else they must pay a rebate to policyholders.

And our State’s Community Health Centers will receive a boost in Federal resources.

Rhode Islanders will be the first to receive the health care they need. They are in favor of a health care system that is accessible, affordable, and provides choice for every American. Indeed, the economy can no longer shoulder the burden of the uninsured.

Today we are considering a bill that makes further improvements to the health care reform law. Indeed, these are changes that Americans have consistently said they want, and that is why we should support this bill. It is also why I intend to oppose the legislative maneuvers from the other side of the aisle. They are interested in overturning the reforms to the health care system, reforms which have replaced the costly status quo with a system based on more competitive markets. They are in favor of a system where the whim of insurance companies rule. They are in favor of a health care system in which costs continue to rise at astronomical rates each year for families and for businesses.

It may be politically heartening for the other side to try and slow down reform through a series of regressive amendments, but I think Rhode Islanders and all Americans want us to pass the bill because it contains straightforward proposals.
First, this reconciliation bill, as it is known, would eliminate the so-called Corn-Husker kickback, which would have created an entirely inappropriate Medicaid reimbursement system exclusively for one State. Gone too are other provisions that would have unfairly supported some States and not others.

Second, this bill begins the process of closing the Medicare prescription drug coverage gap, also known as the doughnut hole, which requires seniors to pay more for their medications than they otherwise would. This year a senior would receive $250 when they enter the doughnut hole and pay less for drugs they purchase once they enter this coverage gap.

Third, at a time when so many of us are worried about government spending, this bill does more to reduce the budget deficit so that we can save up to $1.3 trillion in the next two decades. These are real savings, I find it ironic that some on the other side oppose them.

Fourth, the bill makes sure the so-called Cadillac tax, which was intended to affect the most expensive health care plans, is reduced by 80 percent so that it hits its intended targets, not middle-class families.

Fifth, the bill recognizes that we should do even more to help struggling families afford health insurance, and so it provides new tax breaks to help make coverage more affordable.

As I said, in the next few days my colleagues on the other side of the aisle are expected to file and attempt to offer numerous amendments to this bill. These are tactics that are purely dilatory. That is, again, another reason I will oppose the amendments. Some of these amendments may seem as though they are common sense, but each one is designed for the purpose of derailing this legislation, of sending it back to the House, of undercutting the most significant reform of health care in the last several decades.

But there is another aspect to this legislation which is vitally important; that is, the improvement to the student support system for higher education. It is the dream of every parent that their child will have a better life, and a big part of that dream is that they will have the opportunity to go on to college or even an advanced degree. This bill ends the student aid system that gives away billions of Federal subsidies to private banks, some of which helped create the 2008 financial meltdown, and instead puts those tax-payer dollars directly into the hands of students to pay for their education.

During this economic downturn, paying for college has become all the more difficult for many families in Rhode Island and across the Nation. Like health care, one of the top concerns of families as they sit around their kitchen tables during these difficult times is how they will pay for their child's education. The key to ensuring our Nation's economic stability and progress is also providing access to education. It is the engine that moves people forward. It is what expands our capacity and our capabilities in a complex world.

Now we have the opportunity so that we can, in fact, provide additional assistance through Pell grants, and we can do it by simply getting rid of bank subsidies and reinvesting that in Pell grants. Approximately $42 billion will be freed up; over $35 billion will be committed to Pell grants. It will be expanded to additional recipients, and the average yearly increase is to nearly $6,000. We will also provide in Rhode Island $7.5 million for information so that families and students can locate the best arrangements for their college education, for their financial aid. It will also invest $2 billion in community colleges, which have become a central part of our educational system, particularly for those people who are transitioning into the workforce or through the workforce.

One final point: It is particularly fitting that we are investing in the Pell grant, named after my predecessor Senator Claiborne Pell. His vision to give people the opportunity to higher education and then to stand back and watch those things has been legitimized and vindicated over 30 years. I don’t think Senator Pell foresaw the Internet. I don’t know how much he used it even when it arrived. But he knew if we gave people the skills and talents, they would do great things. They would create new things.

With this legislation, they will do even more.

I yield the floor.

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

Mr. GREGG. How much time does the majority have on their half hour?

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

The Senator from New Hampshire.

Mr. GREGG. Mr. President, a couple comments need to be responded to because they are so patently inconsistent with the facts that they should be clearly rejected. It is almost as if somebody spent too much time at the movie “Alice in Wonderland.” The idea that by their own score, when you cut Medicare by $321 billion—$3.4 trillion cut out of Medicare by their own score, which is inaccurate, of course, because it doesn’t count the full 10 years—if you count the full 10 years, it is $1 trillion taken out of Medicare—the idea that seniors are not going to be affected by that type of a cut is absurd on its face. The claim is, we don’t affect senior benefits. That is nice. That is like telling somebody they can have a car, but there is no engine in it. I mean, the simple fact is, when you cut the providers of seniors by as much as this bill cuts them, clearly it is going to be much harder for a senior citizen to see a provider, a doctor, a hospital group. Or when you reduce the spending on Medicare Advantage, which is an insurance program that many seniors appreciate—CBO scores the reduction as being so large that over 11 million seniors will be thrown off that system—that affects seniors.

If they genuinely believe their language, “we don’t do anything about Medicare; we don’t do anything about seniors,” even though the score says they cut Medicare by $500 billion, their own score, and the CBO has said over 11 million people will be kicked off Medicare Advantage—if they believe that, if they believe their language, then they have to vote for my amendment. They have to vote for my amendment which makes it clear that we protect Medicare.

Then there was some other comment made that somebody was going to vote against our amendments, not because they don’t make sense but because they are dilatory, “we don’t do anything about Medicare; we don’t do anything about seniors.” These are tactics that are purely dilatory. Why have an opposition party? Maybe we should just go with the House. They are dilatory. I said it is the attitude of the other side of the aisle. The American people are an unfortunate inconvenience. The fact that they have elected a Republican membership to this Senate and to the House, they are an unfortunate inconvenience that should be ignored and not allowed to participate in the process.

When they come up with ideas such as protecting the Medicare system or such as taking out the sweetheart deals or such as suggesting that the President and his people and the staff of the majority leader should be under the laws we are about to pass or suggest that we should live by the terms of the rhetoric which is, if your president is not going to go up, you are opposed by this bill, or that says that there won’t be any taxes on people under $200,000 of income, amendments which just fulfill the statements of the other side of the aisle. If issues such as are going to keep the bill clean, they are not going to tax people under $200,000 of incomes, Medicare won’t be affected, and everybody will be subject to this new law of the land, including the President of the United States, produced that bill by the majority leader—when we offer amendments like that, they are dilatory. They are an inconvenience. They
should not be allowed. They should not be voted on, not because they don’t make sense but get rid of them; they are the opposition.

They are the American people speaking through their elected representatives and thought to have a voice and they ought to be voted on and they ought to be given a vote based on the substance of the amendments, not on the fact that the other side of the aisle doesn’t like opposition.

It is wrong, and, it is wrong that we say people with incomes under $200,000 won’t be taxed or when we say premiums won’t go up or when we say everybody will be covered by the bill or when we say Medicare recipients won’t be impacted.

Don’t hold to those words by voting on amendments because those amendments are dilatory.

The arrogance is palpable and inexcusable.

Now we will hear from the Senator from Oklahoma who has another amendment that I am sure the other side will say is dilatory and inappropriate, even though it makes a heck of a lot of sense to me.

I yield the floor.

AMENDMENT NO. 3556

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. I thank the Senator from New Hampshire.

As I contemplate what is happening at 62 years of age and looking back through my life, this is undoubtedly the greatest assault on liberty this country has ever had. It is not direct; it is indirect. But it is what the Senator from New Hampshire talked about; we are going to decide for you what you get.

What the American people still don’t understand is there are three areas in this bill that in the next 5 years will put the government in charge of everybody’s health care—what you can have, what you can’t have, and who can give it to you. That is what is coming. So if you are a caregiver or you are a patient, you might think long and hard about the three provisions in this bill that are going to do that: a Medicare advisory commission, the cost-effectiveness comparative effectiveness panel, and the U.S. preventative task force panel. All of those are going to carry the force of law, and it will not just apply to government-run plans. If you have insurance with your employer today, you are going to be told what treatments you can have because some group of bureaucrats in Washington are going to decide that. That is what is in this bill.

The Senator from New Hampshire mentioned several claims that have been made.

I ask unanimous consent to temporarily advise the pending motions and amendments so I may offer an amendment which is at the desk, No. 3556.

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

The amendment is as follows:

SEC. 1306. REDUCING HEALTH CARE COSTS BY ELIMINATING PAYMENTS FOR FRAUDULENT CLAIMS AND PROHIBITING COVERAGE FOR ABORTION DRUGS AND ERECTILE DYSFUNCTION DRUGS FOR RAPEST AND CHILD MOLESTERS.

(a) ELIMINATING PAYMENTS FOR PRESCRIPTION DRUGS.—The Secretary shall establish a fraud prevention system and issue guidance to—

(1) prevent the processing of claims of prescription providers and dispensing pharmacies debarred from Federal contracts or excluded from the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.); and

(2) ensure that drug utilization reviews and restricted recipient program requirements adequately identify and prevent doctor shopping and other abuses of controlled substances;

(3) develop a claims processing system to identify duplicate enrollments and deaths of Medicaid beneficiaries and prevent the approval of fraudulent claims; and

(4) develop a claims processing system to identify deaths of Medicaid providers and prevent the approval of fraudulent claims filed using the identity of such providers.

(b) PROHIBITION OF COVERAGE OF CERTAIN PRESCRIPTION DRUGS.—

(1) In general.—Health programs administered by the Federal Government and American Indian tribes (and described in section 1311 of the Patient Protection and Affordable Care Act) shall not provide coverage or reimbursement for—

(A) prescription drugs to treat erectile dysfunction for individuals convicted of child molestation, rape, or other forms of sexual assault; or

(B) drugs prescribed with the intent of inducing an abortion for reasons other than as described in paragraph (2). The limitation under paragraph (1)(B) shall not apply to an abortion—

(A) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that makes it medically dangerous for a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself; or

(B) if the pregnancy is the result of an act of forcible rape or incest.

Mr. COBURN. This is a constructive amendment that costs millions and millions of dollars in Medicaid. The fraud in Medicaid prescriptions is out of this world. It can be fixed. This amendment will prohibit prescriptions for recreational drugs for rapists and child molesters. Nobody can disagree with that. It is not in the bill. It is the current state. But if this bill goes through without this amendment, your tax dollars are going to be paying for Viagra for child molesters. That is what is going to happen. There is an Executive order that this will override. The bill overrides the Executive order. So there is no prohibition in the bill for this at this time.

A Government Accountability Office audit of Medicaid found 65,600 instances of improper prescriptions costing $65 million over the last 2 years, including thousands of prescriptions written for dead patients by people prescribing and posing as doctors. The audit focused on 10 types of frequently abused prescription drugs in just which means this audit, which is just over 5 States, multiply by at least 10, and you get $650 million worth of fraud in prescriptions in Medicaid alone. We are not going to address that.

Sixty-five thousand pharmacists were banned from Medicaid for writing or filling prescriptions or illegally selling drugs—but just in those five States.

About 1,800 prescriptions were written for dead patients and 1,200 prescriptions were “written” by dead doctors—just in those five States.

This amendment would direct the Centers for Medicare and Medicaid Services to enact the GAO recommendations to prevent and eliminate these fraudulent prescriptions. Specifically, it would direct CMS to establish a fraud prevention system for the Medicaid Program and issue guidance for States to prevent the processing of claims of all prescribing providers and dispensing pharmacies debarred from Federal contracts or excluded from the Medicare and Medicaid programs; ensure that drug utilization and restricted recipient program requirements adequately identify and prevent doctor shopping and other abuses of controlled substances; develop a claims processing system to identify both duplicate enrollments and deaths of Medicaid beneficiaries and prevent the approval of fraudulent claims filed using the identity of such providers.

Bipartisan coverage of certain prescription drugs.

(1) In general.—Health programs administered by the Federal Government and-
unamended, will reverse. Mr. Presi-
dent, 800 convicted sex offenders in 14
States received Medicaid-funded pre-
scription drugs for erectile dysfunc-
tion. That is according to a 2005 survey.
The predators’ victims have been as young
as 2 years old. So we have con-
vinced sex offenders, rapists, and child
molesters who were taking Federal tax
dollars and buying a drug so they can act
again.

In Florida, 218 cases; New York, 198
cases; Texas, 191 cases, and it goes
down the list.

This amendment would prohibit the new
health care exchanges from pro-
viding coverage of ED drugs to con-
victed child molesters and convicted
rapists. It is pretty simple.

The claims that are made on this bill
are outlandish. As somebody who has
practiced medicine for 27 years, 50 per-
cent of my patients were Medicaid pa-
tients. But if you do not fix some of the things in this bill is destroy the best doctor-patient
relationships in the world. That is
what you are going to do.

You are going to put 16 million people
into a failing Medicaid system that the
States cannot afford. Almost every
State is cutting Medicaid reimburse-
ment. At this time, only 40 percent of
the doctors in the specialties will see
Medicaid patients. It is going to go
to 20 percent. So we are going to put
16 million people in a system, and then
they are not going to be able to find a
doctor. Because of the costs, in my own
State, we are going to have an 11-per-
cent cut in Medicaid reimburse-
ments, which is only 75 percent of
Medicare.

What do you think is going to happen in
all the States in the country when the
Medicaid reimbursement goes down and
we have 32 million new people to help?
Medicaid? You are going to call it care.
You are going to rub your shoulder, rub
that medal on your shoulder, and say:
Oh, we fixed health care. You are going
to promise them they are going to have
care, but they will have no care. We are
going to have Indian Health Service-
type care in Medicaid because nobody is
going to be there to care for them.

The claims under this bill keep me
sleepless at night—not because of
Washington but because of those 10,000
Medicaid patients I have taken care of
through my career for whom I know you are going to destroy what care is
left for them. You can claim otherwise,
but the facts are going to prove you
wrong. We are seeing it in every State
in the country right now—the cuts to
Medicaid reimbursements. So we ought
to help save $650 million a year by getting rid of
fraudulent prescriptions, eliminating
prescriptions for convicted child mo-
lesters for erectile dysfunction, and
recreational uses with drugs such as
Viagra. An American people do not
want to pay for that.

To vote against this amendment, to
not fix something that is very obvious,
is criminal—it is not just not right, it
is an active aid to help those who
would hurt our children.

I yield to the minority whip.
Mr. KYL. Thank you, Mr. President.
Mr. KYL. Mr. President, I would say,
we are fortunate to have a real doctor,
physician, Dr. Tom Coburn of Okla-
oma, as one of our colleagues in the
Senate to talk about the real impact of
legislation like this to see whether
he treats his patients. I think his words
deserve a lot of attention.

I just want to briefly address this
morning a couple of the claims my
Democratic colleagues are making
about this new legislation, claims that
are simply false.

The first one: There is a big tax cut.
One of my colleagues said this is the
biggest tax cut we have ever had. There
is no tax cut for taxpayers in this bill.
What they call a tax cut is, rather, a
direct payment to insurance companies.
I find it very odd that is
called a tax cut. When I think of a tax
cut, I think of money remaining in the
pockets of taxpayers so they do not have
to pay taxes they have been pay-
ing in the past. That is not what is in
this bill.

What the bill does is to provide a sub-
sidy to insurance companies to dis-
 pense government-mandated insurance.
It is not a tax cut for taxpayers. In-
deed, most of the tax relief goes directly
to the insurance companies. It never touches—you never touch
the money—it never touches an Ameri-
can family’s pocket.

These premium subsidies are deliv-
ered straight from the U.S. Treasury to
help insurance companies, as I said, to
purchase this government-mandated,
government-approved insurance. They
are not extra dollars in people’s pok-
ets, as the chairman of the Finance
Committee said. They are, rather,
advanceable, refundable tax credits,
which is code for a new tax entitle-
ment. In fact, that is exactly the way
it is recorded in the Federal budget. It
is recorded as a spending program, the
reason being that the people receiving
these so-called refundable credits paid
very little if any taxes. These are folks
who do not pay taxes, so they get what
is called a refundable tax credit. But
even then the money goes directly to
the insurance companies, not to them. I
always thought you had to pay taxes to
get a tax cut, but not in the rubric of
this legislation.

According to the Joint Committee on
Taxation, only about 8 percent of all
taxpayers making under $200,000 a year
would actually benefit from this gov-
ernment subsidy for health insurance.
The remaining 92 percent would receive
no tax benefit under the bill.

I have to say, when we are talking
about tax cuts, you have at least put in
a little word about the tax increase in
the bill because that is where the
bill focuses, on taxes. It taxes many of
those who have health insurance and
taxes people if they do not have health
insurance.

The taxes in the bill hit families.
They hit seniors and the chronically
ill, small businesses, those who have
flexible spending accounts, and those
who use medical devices. All of those
tax increases make this a big new
problem. The vast majority of the people who pay
these taxes are not high earners. As the
Congressional Budget Office has said,
whenever there is a tax on some other
entity that delivers health services,
that tax flows directly through to the
taxpayers in actually the same
amount of money.

In fact, in order to collect all of these
taxes, and especially the tax that is
imposed on people if they do not buy
this insurance, the Internal Revenue
Service estimates it is going to have to
have between $5 billion and $10 billion
more just in order to collect the taxes.
It has been estimated this would
require 16,500 new IRS agents. Welcome
to your friendly new health care bill.

The second aspect my colleagues have been talking about is the last 48 hours: The elimination of the
problem of preexisting conditions in
acquiring health insurance. The impli-
cation is that Republicans have not
supported help for people who have pre-
existing conditions. That is not true.
We have made that point clear. We
made that point clear in the meeting
we had with the President at Blair
House. The argument is about the best
way to do it.

As you will see in just a moment, it
turns out this bill has not done it very
well. Republicans have suggested there
are a lot of different ways to get to this
problem—State reforms, risk pools,
more competition, some subsidization.
All of these things can help us with
this problem. But this is the Demo-
crats’ central planning in this bill, it
looks as though the problems are al-
ready arising as a result of their spe-
cific provision to deal with this prob-
lem.

According to a brand new Associated
Press story of March 24, President
Obama’s claims about preexisting cov-
erage for children are not what they
seem. The article notes that “the let-
ter of the law”—which Democrats took
upon themselves to write behind closed
doors—“provided a less-than-complete
guarantee that kids with health prob-
lems would not be shut out of cov-
erage.”

In your rush to do these things—be-
hind closed doors, without proper vet-
ting, always voting no on any attempts
to correct it—you end up with prob-
lems like this, and they are going to
have to somehow go back and try to fix
this. If this blunder is discovered on
the first day this law takes effect, how
many more errors will be discovered in
the next days and weeks, as people
acquire health care, as the 2.733 pages
of this new health care law, and the 150 pages of the reconciliation bill that is on the
floor right now?
If you cannot draft a bill properly to protect children with preexisting conditions—which is a centerpiece of the bill's so-called immediate deliverables—then how are you going to be able to successfully make one-sixth of the economy work through this kind of legislation?

Finally, I have talked about two things our Democratic friends are crowing about, neither one of which, it turns out, I think are worth crowing about. How about the things they are not talking about? I think the American people, a lot in terms of firefighters, first responders, the Phoenix metropolitan area.

Phoenix metropolitan area. Goliath in Arizona has already said it is not going to accept any more Medicare patients, it is going to opt out of Medicare Advantage. That is a decision that Arizona made. It is a decision that Arizona made. The reconciliation bill takes away the nuclear option that Arizona has already said it is not going to accept any more Medicare Advantage patients at several of its facilities in the Phoenix metropolitan area.

Medicare Advantage. I am a senior citizen, age 83. If I lose my Medicare Advantage coverage, I will lose my primary care physician of 18 years because he does not accept Medicare Advantage. Senator Kyl, do not let them take away my Medicare Advantage coverage. This reconciliation bill takes away the nuclear option that Arizona has already said it is not going to accept any more Medicare Advantage patients at several of its facilities in the Phoenix metropolitan area.

It is alluring, the misaligned incentives. The health-care bill is built upon a fundamental tradeoff. Health-insurance companies will be treated like public utilities, having to take all customers irrespective of health status with sharp limitations on pricing and underwriting. To pay for this increase in costs, everyone will be required to purchase health insurance.

The basic problem is that the penalty for not purchasing insurance is substantially less than the cost of the insurance. Even with the generous subsidies the bill provides, young singles making more than $25,000 a year will be money ahead paying the penalty rather than buying insurance.

They will have to accept children with preexisting conditions and carry children on their parents' policies up to age 26. They can't impose lifetime benefit limits. Any individual mandate, the source of new revenue to cover the additional costs, doesn't kick in until 2014.

Moreover, the penalties start very low, only $95 in 2014, while the requirement to accept all comers irrespective of pre-existing conditions applies fully that year. So, the additional cost is phased in slowly, while the additional revenue is phased in slowly.

This misalignment of incentives in the individual market, which is a problem, is a problem of the individual market being a private market.

The penalty for employers (with more than 50 employees) not providing health insurance is $2,000 per employee per year. The penalty for employers pays on average two to four times that to provide health insurance.

So, the bill gives incentives to move people into an individual market with even less cost-control incentives than the existing system, where at least employers worry about the final tab. It also gives people an incentive not to participate in the new system until they are actually sick.

Finally, I have talked about two things our Democratic friends are crowing about, neither one of which, it turns out, I think are worth crowing about. How about the things they are not talking about? I think the American people, a lot in terms of firefighters, first responders, the Phoenix metropolitan area.

In Arizona has already said it is not going to accept any more Medicare patients, it is going to opt out of Medicare Advantage. That is a decision that Arizona made. It is a decision that Arizona made. The reconciliation bill takes away the nuclear option that Arizona has already said it is not going to accept any more Medicare Advantage patients at several of its facilities in the Phoenix metropolitan area.

Well, our Democratic friends do not like to talk about that. But it is a reality. It is in the bill. The reconciliation bill slashes more than $3 trillion from Medicare and contains a whopping $202 billion reduction in Medicare Advantage. That is more than in the bill the Senate passed last December. But you do not hear about that. Medicare Advantage beneficiaries in my state like the health care they have right now, and it is simply not true if they like their health care they get to keep it. This reconciliation bill takes away the health care benefits away from seniors who are on Medicare Advantage. That is the truth. It may be an inconvenient truth for our colleagues who like to stress what they think is good about the bill but conveniently ignore things that are going to hurt their constituents and certainly going to hurt my constituents.

My senior citizens in Arizona do not want the government taking away their health care and they are very concerned as a result. A constituent from Tucson—I will just close with this—wrote me a very short, a very direct letter, but it summarizes the point a lot of people feel.

I am a senior citizen, age 83. If I lose my Medicare Advantage coverage, I will lose my primary care physician of 18 years because he does not accept Medicare Direct. Senator Kyl, do not let them take away my Medicare Advantage coverage.

Well, all of us know physicians who are no longer taking new Medicare patients. They cannot afford to because we do not pay them enough. Mayo Clinic in Arizona has already said it is not going to accept any more Medicare patients. They cannot afford to because we do not pay them enough. Mayo Clinic in Arizona has already said it is not going to accept any more Medicare patients. They cannot afford to because we do not pay them enough.

But just one group that ought to be very concerned—and is—are our senior citizens who face nearly $3/4 trillion in Medicare cuts. Taxes and premiums are going to be increased on all Americans. Small businesses will be hit with a litany of onerous new taxes and mandates and regulations. Probably worst of all from my perspective, just as these costs inevitability kick in, as time goes on, countries in the European Union that have had to deal with these same kind of health care issues, this legislation will ultimately lead to the rationing of health care. That is the cruelest result of all.

I ask unanimous consent to have printed in the Record at this point an op-ed piece by Mr. Bob Robb who writes for the Arizona Republic. It is dated March 24. The last two sentences of this op-ed I think I will summarize the point I made very well. He says:

It is impossible to treat health care as a public good without rate regulation and rationing. And those are the inevitable next steps down the road that the Democrats have taken the country.

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

From the Arizona Republic. Mar. 24, 2010

(From the Arizona Republic, Mar. 24, 2010) (By Robert Robb)

Democrats tend to discount the influence of economic incentives on human behavior. They had better hope they are right because the incentives in the health-care bill point toward an explosion in costs.

The health-care bill is built upon a fundamental tradeoff. Health-insurance companies will be treated like public utilities, having to take all customers irrespective of health status with sharp limitations on pricing and underwriting. To pay for this increase in costs, everyone will be required to purchase health insurance.

This is an attempt to force the young and healthy to subsidize the health care of the acutely or chronically sick through the premium mechanism. But, as finally passed, the incentives and timing are badly misaligned.

The basic problem is that the penalty for not purchasing insurance is substantially less than the cost of the insurance. Even with the generous subsidies the bill provides, young singles making more than $25,000 a year will be money ahead paying the penalty rather than buying insurance.

So would be risk-free for them. If necessary, they can purchase insurance after they get sick and know that they need it. The implementation timetable for the bill accentuates the misaligned incentives.

Insurance companies are saddled with additional costs right away.

They will have to accept children with preexisting conditions and carry children on their parents' policies up to age 26. They can't impose lifetime benefit limits. Any new policies have to cover preventive services without cost sharing or deductibles. But the individual mandate, the source of new revenue to cover the additional costs, doesn't kick in until 2014.

Moreover, the penalties start very low, only $95 in 2014, while the requirement to accept all comers irrespective of pre-existing conditions applies fully that year. So, the additional cost is phased in slowly, while the additional revenue is phased in slowly.

This misalignment of incentives in the individual market, which is a problem, is a problem of the individual market being a private market.

The penalty for employers (with more than 50 employees) not providing health insurance is $2,000 per employee per year. The penalty for employers pays on average two to four times that to provide health insurance.
amendments made by, this Act shall not preclude any State law enacted after the date of enactment of this Act that exempts the State from such provisions or amendments, including any delay, postponement, or suspension of any provisions and amendments relating to the individual mandate, the employer mandate, taxes on prescription drugs, taxes on medical devices, taxes on medical procedures, or the unfunded expansion of Medicaid.”.

Mrs. HUTCHISON. Mr. President, the amendment I offer today is to allow States to delay implementation of this health care bill. If ever there was an encroachment on the tenth amendment, this bill is it.

We are hearing from State leaders all across the country asking Congress to abandon this bill. It is an unconstitutional preemption of State innovation. State prerogative, and States rights they are guaranteed in the Constitution by the tenth amendment. Thirteen States have now filed suit against this legislation because the leaders in those States know the detrimental impact this bill will have on their unique situations. States are the most well equipped to design and approve governmental programs to address the needs of their citizens. My amendment would restore the fifth amendment rights reserved for the States by allowing State legislatures to pass legislation that would allow them to opt out of this bill and the Federal takeover of their health care system with its mandates, many of which are unfunded.

Let’s walk through the harmful provisions in this bill from which the States could opt out.

Taxes, the job-killing taxes. The bill imposes 10 years of taxes, about $1.2 trillion, on individuals and businesses as well as pharmaceutical companies, insurance companies, and medical device manufacturers. Some of these taxes will start almost immediately. More than $100 billion in taxes on prescription drugs, medical device manufacturers, and insurance companies will begin to take effect before the actual supposed benefits of this bill would come into play. Studies show these taxes will be passed on to consumers. There is no doubt about it. Of course they are going to be passed on to consumers. They are going to be collected for years before there are any supposed benefits. Then there are the taxes on those who can’t afford insurance which are unfunded, $955 per individual or 2.5 percent of household income. Employers will be hit with new taxes. The penalty could be as high as $2,000 or $3,000 per employee.

What is this going to do to the small businesses of our country, which create 70 percent of the jobs? At a time when families are struggling, at a time when our businesses are struggling, at a time when our economy is at an all-time low—not all-time low, but almost all-time low; certainly bad—businesses aren’t hiring. Why aren’t they hiring? They aren’t because they have a fear of the future. They don’t know what to expect going forward. They are not going to start hiring people until there is a comfort level that the economy has stabilized and that we are in a real recovery mode. Yet, when people feel that way and when small businesses feel that way, what is the biggest deterrent to business hiring anyway? OK, the government getting big and I can hire new people? More taxes and more mandates and more burdens. That is what is going to keep them from taking that leap to hire more people. So it is a way to get people to get out of as long as we are continuing to put on more taxes, more expenses, and more mandates.

We know premiums are going to go up. Premiums are already going up. One purpose in this bill should be to bring premiums down by lowering the cost of health care, not by increasing the cost. That is so counterintuitive. It could only be thought of in Washington, DC.

Cuts to Medicare. The Senate bill includes over $75 trillion in cuts to Medicare. About $135 billion of those are in cuts to hospitals.

Mr. President, in conclusion, the Medicare Program is unsustainable. The Chief Actuary of Medicare has said that as much as 20 percent of Medicare’s providers will either go out of business or will stop seeing Medicare beneficiaries. Millions of seniors, including those who have chosen Medicare Advantage, will lose the coverage they now enjoy. Medicare is being used as a piggy bank and it needs every penny that has been deposited.

We cannot pay for reform on the backs of our seniors. Cuts to hospitals will threaten access to care for seniors in our States.

Third, this bill imposes on States an unfunded mandate to expand the Medicaid Program. Putting millions of individuals in to Medicaid is a fast way to quickly reduce the number of uninsured.

Yet by doing so, the Federal Government is sending a very large check to the States, $20 billion to be exact, with a note that says “We decide—you pay.” At a time when so many States are struggling to balance their budgets, pay their teachers, improve transportation, maintain services, this bill imposes more costs.

How much more are we going to ask of our States?

States are in the best position to determine what is right for their citizens. Yet this bill will take away their right to innovate and determine fiscally responsible and effective ways to offer affordable health insurance coverage.

In big government style, this bill manipulates the idea into a one-size-fits-all solution for every single State.

Plus, states should have the option of implementing tort reform as we have done in Texas. Yet under this bill States are actually punished for implementing tort reform. Tort reform is essential to bring down the cost of health care. This bill stifles the ability to achieve this commonsense option.

Why not level the playing field for taxpayers by offering tax incentives to encourage the purchase of health insurance at the State level. Let citizens in each State decide which health insurance plan best fits their needs—a decision that should be free from interference by the Federal Government.

Senator DEMINT and I have a bill which would offer a voucher of $2,000 to individuals and $5,000 to families so they can purchase health insurance that is portable and not tied to their employer.

These are the right steps to achieving reform and these steps empower the States rather than violate their rights and impose a heavy handed Federal approach to reform.

I urge my colleagues to support this amendment which is cosponsored by Senators ENZI, COBURN, BURR and BROWN of Massachusetts.

The bottom line is I hope my colleagues will vote to support the States and be able to address high unemployment as well as high uninsured rates in a way that will lower the costs and give more options.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I now wish to yield to the Senator from New York.

I have already said we are going to divide the time in half-hour segments like and forth.

I yield 10 minutes to the Senator from New York, Mr. SCHUMER.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, I thank the chairman of the Finance Committee, on which I am proud to serve, for yielding time, as well as for the great work he has done. I wish to commend Senators DODD and HARKIN for the great work they have done in the HELP Committee and all the members of the HELP Committee, as well as the Finance Committee and, of course, Majority Leader Reid, who has been as solid as a rock and steadfast in his own quiet way. He is more responsible for this bill passing than just about anybody else. So I thank our leadership for that.

I rise today to talk about this historic accomplishment of health care reform. I congratulate all of my colleagues for their hard work, dedication. I congratulate the President. He, too, was like a rock. He never budged. The day after the Massachusetts election, when so many others were saying we can’t get this done and to trim back, he was steadfast. I saw him and his steadfastness. His internal gyroscope got us over the goal line.

I wish to address where the future is in this bill in terms of average Americans. We all know the American people are still trying to digest the health care legislation we have just passed. That is understandable. It is a large and complex piece of legislation and, of course, there has been a tremendous
amount of misinformation out there about what it does and what it does not do. To tell the average American that this is truly historic legislation doesn’t get to them. They want to know how it is going to affect them.

I fear that the more the American people learn about this bill, the more they will like it. I believe this for two reasons. First: People very quickly come to see that the myths and misinformation have put forward about this bill will not come true, because they are not in reality, and now we are in reality—we are in health care reality—because the first part of the bill has passed, the major part, and we will pass the second.

Second: There are so many good things in this bill that people like and need. As people learn the truth as to what those things are, many of which will improve their lives—some immediately and some in a few years—they will become confident they will not only like health care reform but embrace it. When the crime bill was passed in 1994, at first the same thing happened. There was a parade of horribles. But over the years, we saw that it reduced crime and made America a better place, and it became a very popular piece of legislation. I believe the same thing will occur with this health care bill.

So today I wish to take the rest of my time to describe to average Americans how this bill will affect them. The No. 1 group, the largest group of average Americans, is those who are covered by their employer plan. First, you will be able to keep your coverage. For people who have been scared into thinking they might lose their health coverage or have the government telling them what to do or what treatments they could or could not receive, they are going to find that, for the first time, they have options to choose their own doctors and determine their own health care. Those who are now in college and they worry, once the kid gets out of college, they are not going to have health care? They are going to find that they are covered up until their 26th birthday on their parents’ plan. They have to be. This is going to start this year. What about those who are eligible for Medicare, the person who is not yet 65 but who has certain disabilities? Health reform ends that gender discrimination.

Second: To small business owners who are trying to do the right thing and provide health insurance coverage to their employees and now find that costs are increasing, which makes it more and more difficult every year to keep those employees on health care, they are going to find that there is a generous tax credit to make it more affordable to provide coverage for their employees. The average small business owner is going to like this bill because the average small business owner wants to be able to provide good health care coverage, but they can’t do it alone. Now they are going to get some help.

What about to the small business owner who aches because he or she can’t supply insurance because the employee has a preexisting condition or just because it is too expensive? They are going to find they will now be able to provide insurance for those folks. What about all of those families with kids who are going to college and they worry, once the kid gets out of college, they are not going to have health care? They are going to find that they are covered up until their 26th birthday on their parents’ plan. They have to be. This is going to start this year.

That phone call will be repeated by hundreds of thousands and millions of students to their parents in the next while. So it is great for them. What about retirees who are not yet eligible for Medicare, the person who fears that because they don’t have their job or their coverage at age 60 or 61 or 62 or 63, what are they going to do? This bill will provide more assistance to bring down premiums. It will provide more choices to those retirees who right now have either no health insurance or a policy that is so expensive they can’t afford it.

What about average Americans who worry because they have early stages of diabetes and their health care doesn’t cover prevention? Average American families believe the Senator from Iowa is here, who has been a leader in the fight for prevention, will now get prevention in their benefits. For the average American who has recently gotten sick or who might in the future, they don’t have to worry that their insurance company will take away their benefits. They will not be able to do that the way they do now. We won’t have to hear stories anymore of health insurers looking for any excuse to cut sick people off from their insurance.

What about those tens of millions on Medicare, who, again, have been scared and worried that Medicare will change? Yes, Medicare will change. It will get stronger and still preserve the exact same benefit to every person on Medicare.

Before this bill was signed into law, Medicare was going to go broke in 7 years. That has been given an extra decade and a half. That should be a huge load off the shoulders of people who worry about Medicare.

In addition, the doughnut hole will be closed, so all those Medicare recipients on prescription drugs will get relief—more relief.

For the average senior citizen, as they learn about this bill, they are going to think like this: Is what they are saying to people to say this was a great thing. It kept Medicare as is, surviving much longer than previously predicted. If we had done nothing and Medicare was about to go broke, guess who would have paid the price. Those senior citizens on it.

What about young women looking for health insurance? Health reform means she will not be charged a premium 150 percent more than a young man’s. Health reform ends that gender discrimination.

The PRESIDING OFFICER. The Senator’s time has expired.

Mr. SCHUMER. Mr. President, in conclusion, I will just say this: In November, this bill will be a positive—a strong positive for those who supported it. Those who were in favor of it will benefit. Those who opposed it will come to regret their opposition as they see history going forward and what is not in this bill. It is not just a triumph for history; it is a triumph for the average American.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I yield to the chairman of the HELP Committee—I yield to another distinguished chairman, this one not of the HELP Committee but the Energy Committee, Senator BINGAMAN.

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

Mr. BINGAMAN. Mr. President, I think my friend and Chairman of the Finance Committee, Senator Baucus, I congratulate him on his leadership on this issue for many months.

I rise in strong support of the reconciliation bill that is before us. It is a historic time for our Nation. I am very glad that after decades of effort, national health reform has become law and that we are considering this set of changes to the law through this reconciliation bill.

There is considerable confusion about what health reform, in fact, will accomplish. It is not surprising that there is confusion when one considers all of the nefarious charges that have been made and claims of nefarious provisions within the legislation. I am glad to see that most Americans, according to polling, believe the actual provisions that are described to them that are contained in the bill are meritorious and deserve support.

Simply stated, the law has four main goals. It reforms health insurance markets to ensure Americans have access
to affordable care that meets their needs. Second, the bill improves the efficiency and quality of health care and does it in a way that helps contain rapidly rising costs. Third, the bill improves access to primary care and prevents service stops. Fourth, the bill significantly reduces the Federal deficit over the coming decades.

I think we need to focus on what the effect of the legislation will be on particular individuals and families in our State.

I look at our circumstance in New Mexico, which I am proud to represent. Let me pick out a few examples.

First, there are families there who are very happy with their current coverage. For these folks, reform ensures they can keep that coverage. They do not have to purchase any new coverage offered through health insurance exchanges. The reform will help protect their coverage and introduces important policies to put downward pressure on premiums. In particular, requirements that the coverage continue to be meaningful, and significant improvements in the overall quality of and their access to health care.

Small business owners or the people who work for small businesses—a third of the people in my home State fall into that category. For those who do offer coverage, we know that without reform, they have difficulty affording and keeping meaningful and affordable coverage for their employees. Premiums are rising quickly. These costs threaten the financial stability of these small businesses.

CBO tells us that for small businesses, the impact of reform will be very significant. First, the businesses would have the option to come to the new health insurance exchanges and would have a guaranteed source of meaningful coverage for themselves and their employees. In addition, these small businesses may qualify for tax credits for up to 50 percent of the cost of coverage. For businesses receiving tax credits, their employees’ premiums would decrease by 8 to 11 percent compared to their costs under current law. Small businesses and their employees do well.

What about individuals purchasing coverage in the individual market? This is particularly important in my home State, for over half of the workers in New Mexico do not have employer-sponsored coverage. We have the highest percentage of workers without coverage of any State in the Union.

Like small businesses, individuals today have great difficulty in navigating insurance policies, securing affordable and meaningful coverage. This reform will provide these individuals with the options to come to new health insurance exchanges and have a guaranteed source of meaningful coverage for their families. The Congressional Budget Office predicts that the subsidies enrollees would pay would reduce the premiums they otherwise would have to pay by 50 to 60 percent.

Among higher income enrollees in the individual market who would not receive new subsidies—only about one-fifth of new enrollees—average premiums would increase by 10 to 13 percent.

This is consistent with estimates of the impact in my home State of New Mexico, where average families may see a decrease in premiums of as much as 10 percent as compared to the premiums they would pay without reform. In addition, about two-thirds of New Mexicans could potentially qualify for subsidies or Medicaid.

This reconciliation bill also contains important provisions to help Americans obtain a quality education. The higher education provisions of this bill will help put college within reach for more Americans. By eliminating subsidies to private student lenders, the bill supports large Pell grant increases for colleges and creates grants to States to help low-income students enter and succeed in college, and major new investments in minority-serving colleges and universities. And it does this without raising taxes; in fact, the CBO estimates that lost cost savings from health reforms will reduce the deficit by over $10 billion over 10 years.

In challenging economic times, we can no longer afford to subsidize private lenders at the expense of college students. In my home State of New Mexico, this bill will provide almost $240 million in new Pell grant funding and an estimated $95 million for Hispanic-serving institutions and tribal colleges over the next 10 years. In supporting economically disadvantaged college students through this bill, we help them to achieve the American dream. We also strengthen our economy by ensuring that we continue to have the smartest, most competitive workers in the world.

It is clear that the legislation before us and the new health reform law signed by President Obama yesterday are important steps forward for our country. Once we get beyond the rhetoric of the debate, it becomes clear that this bill is vital to our Nation. It protects the aspects of our health care system that are working well while fixing those things that are broken including outlawing the nefarious games that health care companies play.

It improves health care quality and it reduces costs; reforms the student loan system and expands important programs to help all America’s children access a higher education—and it does all this while substantially reducing the Federal deficit.

I hope we can join our colleagues in the House and move swiftly to pass this reconciliation bill.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BINGAMAN. Mr. President, I will conclude by complimenting my other committee chair who is on the Senate floor, Senator HARKIN, who has worked tirelessly to get this legislation through the HELP Committee. He deserves great credit for his leadership on this bill, as does Senator BAUCUS.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, that is a good introduction to the next speaker, the distinguished chairman of the HELP Committee, Senator HARKIN.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. HARKIN. Mr. President, I thank my friend from New Mexico for his kind words, and I thank him for the great work he did on getting us to this Point.

I have a limited amount of time. I want to respond to the motion to commit made by the Senator from Tennessee yesterday that would reduce our deficit even further in Princeton, New Jersey.

We all want lower student interest rates. I am, quite frankly, surprised. I do not remember my colleague from Tennessee or other colleagues on that side of the aisle raising much care around here when the private bankers and Sallie Mae were charging students over 20 percent interest. I did not hear a peep out of the other side.

We have capped all of those interest rates now, and we are changing the program to a direct loan program to get the middlemen out. By cutting out the middlemen, by cutting out the huge subsidies to the bankers, we are able to save over $61 billion over the next 10 years, which we are using, again, to put into the Pell Grant Program to help our students.

I said yesterday, and I repeat, think about the present status quo with this indirect guarantee student loan program. Think about how bizarre it really is. The Federal Government pays fees to private banks to make entirely risk-free loans using taxpayer dollars. The loans, which are already guaranteed by the Federal Government, are then sold back to the Federal Government. The banks then pocket tens of billions of dollars, taxpayers’ dollars, in fees and easy profits at absolutely no risk to them whatsoever. This has been going on for far too long. What this bill does is it ends that. It takes all those savings that otherwise would go to Sallie Mae and to the bankers and puts them into Pell grants.

Mr. President, I would ask that our students have too much debt—way too much debt; 73 percent of 4-year college graduates in my State of Iowa graduated with debt that averaged over $28,000. The national average is $23,200 for a student graduating from college. My Iowa students have the second highest debt loads in the Nation. We are taking charge of that.

Three years ago, in the College Cost Reduction and Access Act of 2007, we created the Income-Based Repayment program. That meant that a borrower’s payment would be capped at 15 percent of their net income after adjustments are made for living expenses.
and provided total loan forgiveness after 25 years. We targeted that assistance to people who had the most difficult time repaying their loan.

More can be done. Here is what we did in this bill. Starting in 2014, a new borrower of a Pell Grant will be capped at 10 percent of their net income. They will be eligible for total loan forgiveness after 20 years. This is going to make college much more affordable for students even after they graduate.

If my friend from Tennessee wants to look at ways of reducing interest rates, I am all for it. Some of the biggest users of credit cards are kids in college, and look what they are being charged under credit cards—well over 20 percent, 30 percent sometimes on their credit cards. And they need that for immediate needs. If you are a parent with a kid in college, you know what I am talking about.

If you really want to help students, how about capping the interest rates they can charge on credit cards. I advocated that 20 years ago. We cap it at 12, 15 percent. They cannot charge any more than that. But I do not hear my friend from the other side talking about that. I would do more to help our students than just about anything else.

Three years ago when we cut the interest rates on student loans, we were criticized by the Republicans for not doing enough to increase Pell grants. Now we are being criticized for doing too much on Pell grants and not enough on interest rates for students. We see what this is. It is just another attempt to try to kill this reconciliation bill. That is all it is. Of course I am for lower interest rates. Who wouldn’t be? Of course we are all for making the interest rates lower. When this reconciliation bill is through, I intend to come to the floor on some bill that probably will be coming up—maybe a financial bill or something like that—and I will be proposing at that time that we have lower interest rates. I ask my friend from Tennessee to join us in that effort at that time. But now is not the time and this is not the bill on which to do this.

We have to get our reconciliation bill through. Every amendment being offered by the Republicans is no more than an attempt to stop and kill this reconciliation bill and we cannot allow that to happen.

We are going to have an education bill this year. We are going to have an elementary and secondary education bill. I hope sometime this year. Higher Education Act changes are in this reconciliation bill. We are going to make sure the students have the money to go to college and Pell grants for the lowest income students. And, yes, we have capped interest rates at 6.8 percent. Coulter! I invited my friend, when we have another bill up that addresses this, let’s see if we can get lower interest rates. I would be glad to work on that issue at that time. But right now, let’s put the savings, the $61 billion that we are saving—let’s do what this bill does: put it into better Pell grants so the kids can get into college in the first place.

We also put $2.5 billion into something rather far too long: that is, our Historically Black Colleges and Universities and other Minority-serving Institutions. So a big chunk of that money goes in there so they can also get a good education.

So this is a carefully crafted. We put the money in there in the Pell grants. Let’s keep them there and let’s address the issue of the interest rates later on. I invite my Republican friends to join with us in doing that, especially on credit cards when that issue comes up down the pipe.

Again, I urge my colleagues, when the vote comes up, to defeat the Alexander motion to commit and to keep the money in there for Pell grants.

I yield to the PRESIDING OFFICER.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I wish to say a few words about how much this underlying legislation helps small business. We hear a lot of claims to the contrary, and I wish to set the record straight.

Essentially, small business people in America today spend about 18 percent more than the large businesses for the same health care coverage. Why is that? Because of higher broker fees. Small businesses have to buy insurance through brokers—because administrative costs are higher for them compared to big businesses, and adverse selection hurts them much more than big business. There are a lot of reasons why small businesses pay 18 percent more for health care than big business.

This legislation contains $37 billion in small business tax credits—$37 billion in small business tax credits—most of which go into effect this year, not later but this year, tax credits for a businessperson who wants to offer health insurance for his or her employees. Add to that insurance reforms, which are very much going to help small business. What are they? Preventing insurance companies from discriminating against small employees based on preexisting conditions, preventing discrimination on the basis of older or sicker employees, discrimination against the plan or discrimination against those whose employees work in dangerous industries.

All these insurance reforms are going to help small business. I might say the Congressional Budget Office also estimates the Senate bill will lower premium costs by nearly 7 percent for small businesses—lower premium costs, not increase them, as has been suggested, but lower premium costs for small business.

The bill also provides for State-based exchanges. That is going to help small business because that will require more competition among insurance companies. That will help give better rates and better quality insurance to small businesses.

I might say this as well. The legislation exempts small businesses—that is a business with 50 or fewer employees—from the requirement that employers that do not sponsor health care insurance pay a fee for their employees receiving premium tax credits. That is an exemption for small businesses with fewer than 50 employees from paying any penalty if they do not provide insurance.

So I wished to make it very clear that this bill very much helps small business—and I repeat—with $37 billion in small business tax credits, along with the other reasons I gave.

Mr. Chairman, how much time remains?

The PRESIDING OFFICER. There is 11⁄2 minutes remaining.

Mr. BAUCUS. Mr. President, I don’t know if Senator McCaskill is in the Chamber. I doubt she wants to take 11⁄2 minutes. If not, I will yield back the 11⁄2 minutes.

I understand Senator McCaskill is here now and wishes to speak, and I will try to find a way to squeeze in as much time as I can.

You are on.

The PRESIDING OFFICER. The Senator from Missouri is recognized, and she has 1 minute.

Mrs. McCaskill. Mr. President, I am confused about why the hearing we had scheduled this afternoon cannot go forward. The subject matter of this hearing is oversight of the contract that is engaged in police training in Afghanistan in the Subcommittee on Contracting Oversight. This is a hearing that is getting to the heart of the matter; that we have a real problem with the mission part in Afghanistan police training because of problems with these contracts—problems with oversight at the State Department.

We have now canceled the hearing because we have been told we can’t have it. The witness from the State Department has been canceled; the witness from the Defense Department has been canceled, and the inspectors general who were coming to testify about a GAO report that just came out last week that was damning in its criticism in the oversight of these contracts.

The PRESIDING OFFICER. The Senator’s time has expired.

Mrs. McCaskill. I don’t get it.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, is there an order providing for the next half hour?

The PRESIDING OFFICER. There is not.

Mr. BAUCUS. I ask unanimous consent that the Republican side control the next half hour and that the majority control the half hour following that.

The PRESIDING OFFICER. Is there objection?

Mr. GREGG. Reserving the right to object, that would be a half hour off, so
we should have the half hour after that because you got the first half hour.

Mr. BAUCUS. We won’t worry about that yet.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. GREGG. Mr. President, the Senator from Maine is about to take the floor.

The PRESIDING OFFICER. The Senator from Maine is recognized.

Ms. SNOWE. Mr. President, I wish to thank the Senator from New Hampshire very much for his leadership and for consideration of the time today.

As consideration of health care re-form draws to a close in the Senate with the pending reconciliation bill, I cannot help but arrive at this moment with a sense of profound disappointment in considering what might have been, rather than what has actually occurred with respect to one of the foremost matters of our time.

As I stated as a member of the Senate Finance Committee at the conclusion of our markup of health reform legislation last October, this is one of the most complex set of issues ever placed before one of our committees.

As a member of this committee, I have said that crafting the right approach is arduous in no way obviates our responsibility to make it happen, given the enormous implications of reordering more than $3 trillion in health care expenditures over the course of one-sixth of our economy and affecting every American.

Well, if there is one thing I have learned, it is that the only way to allay people’s fears is by systematically working through the concerns, the issues, and the policy alternatives from all sides. When we hear proponents portraying the passage of health care reform as the equivalent of landmark legislation of the past, what they fail to note is those efforts were all bipartisan. Regrettably, part of the history we made this week is that, for the first time, a truly watershed bill became law purely along partisan lines.

As I mentioned on the floor last November, it is almost impossible to imagine how transformational legislation over the last nearly 100 years, such as Social Security, Medicare, and civil rights could have been as strongly woven into the fabric of our Nation had they not been bipartisan.

We could have extended that bipartisan legacy. The majority had 60 votes for health care reform, so they had a choice. They could have worked collaboratively to develop a more balanced, effective, and credible approach that— even if it ultimately failed to attract many Republican votes—could have resulted in legislation more widely embraced by the American people because, in the final analysis, no one party or person has a monopoly on good ideas.

That is precisely the reality that originally brought six of us together in the Senate Finance Committee in the so-called Gang of 6, to the credit of Chairman BAUCUS, who convened a meeting last summer, along with Ranking Member GRASSLEY, and that the chairman and ranking member referenced earlier in the debate on the floor; that was the only bipartisan effort in any committee of the House and Senate. Certainly, that has been true and indicative of their collaborative, cooperative relationship. As the chairman pointed out, closed 31 times, week after week, for over 4 months, to debate policy and not politics because we were attempting to reach bipartisan consensus on reform legislation. While we ultimately did not reach an agreement, given our discussions were ended prematurely by an artificially imposed deadline, our efforts did, in many ways, form the foundation for the subsequent Finance Committee legislation that, while far from perfect, produced bipartisan reforms, including benefits the insurance companies that have been discussed so often. We tried to navigate the ideologies on both ends of the political spectrum.

At the same time, as I stated at the conclusion of the Finance Committee markup, the issue of affordability remained one of my paramount concerns. I further expressed that we could not create vast, new bureaucracies and governmental intrusions. Finally, I said that as a member of the committee was to continue to work to improve the legislation and, therefore, it would be imperative moving forward that the majority in the Senate give deference to the scope and the complexity of this issue, earn broader support, and resist the impulse to retreat into partisanship.

Yet regretfully, since the Finance Committee vote on October 13, the wheels essentially came off. The process was bifurcated with only one party represented. Long gone was the transparency of the Finance Committee debate, and what came to the Senate floor was a 2,400-page bill—900 pages longer than the Finance Committee package. And what we were forced to complete by Christmas Day, after a mere 21 days on the floor. In looking at a relative equivalence in terms of benchmark legislation, the Senate debated the Civil Rights Act of 1964 for 57 days. The FAA bill that we just considered—that we just voted on this past Monday—we disposed of 45 amendments. That is 17 more than what we addressed in the amendment process on health care reform legislation in December. What exactly were people afraid of?

Think what we could have been celebrating today if we would have had the open amendment process we had been promised or even if we had had, as I urged, that bipartisan summit last October instead of just last month. If it was a good idea now, it would have been a good idea then. Imagine if everyone had the opportunity to sit down with the actual legislative language and work through all the issues, determining what works and what doesn’t work. We could have crafted a better product. But now we will never know. We could have, instead, developed something practical, rolled it out in phases, something that is critical, given we are already in treacherous economic and fiscal waters.

It is not as though we lacked the time. After all, the major provisions of this initiative do not even take effect until 2014. In fact, CBO has said that with the majority of the reform measures not scheduled to commence until then—4 years from now, by year 2013—there will still be 50 million uninsured Americans, exactly the same number as today.

There are those who will argue that the Senate-passed legislation was basically the same bill that emerged from the Finance Committee. But the facts tell a story of a different bill that, far from improving upon the finance measure, as I had indicated would be critical, instead went even further in the opposite direction from what Americans wanted—with greater bureaucracy, more taxes, and ill-conceived measures that will cost our Nation jobs rather than help to create them.

Look at this chart, with respect to the employer mandate, to cite some examples. Something of critical importance to me, as ranking member of the Senate Small Business Committee, the Finance Committee proposal contained no employer mandate per se, forcing firms to offer health insurance. Rather, it specified that if a firm chose not to offer insurance and any of its workers received subsidized coverage in the exchange, the firm would pay a penalty equal to the lesser of an average credit amount that the employee received in the exchange or a flat $400 fee for all its workers.

While I would have preferred a zero penalty, the Senate-passed bill actually got worse, as you can see with this chart. First, penalties nearly doubled from those in the Finance Committee package to $750 per employee. Then it greatly expanded the instances in which penalties would be applied, requiring employers with more than 50 full-time employees who don’t at least offer coverage and have even one full-time employee receiving a subsidy through the exchange to pay $750 for each of its full-time workers.

Under the reconciliation package that is pending before the Senate, firms with more than 50 workers would have to pay $2,000 per employee with just the first 30 employees exempted. That is a 167-percent increase over the $750 in the bill that was just signed into law. So we have gone from $400 to $750 and now to $2,000. For those that are new enough, part-time workers and seasonal workers will now be counted in determining whether the mandate will apply. That will be devastating. It will be devastating to
small firms, middle-sized firms, restaurants, retailers, and seasonal industries, such as those in my State of Maine, that will be subject to this mandate, which now produces $52 billion in revenue, up from the $27 billion in the Senate bill. We did not increase Medicare taxes. The Senate bill that just now became law, signed by the President yesterday, included $87 billion in Medicare taxes. That disproportionately affects small businesses because they apply to the income those businesses would normally reinvest.

Plain and simple, this .9 percentage point increase in Medicare payroll taxes is a job killer, as it essentially takes an additional percentage point of capital from the very small business owners we are depending on to create jobs, who are more than likely to employ between 20 and 250 employees, all at a moment when we should be looking for ways to help bring capital into small businesses.

If that were not bad enough, here we have reconciliation that is pending before the Senate that compounds the mistake with a 3.8 percent Medicare tax that is unintended because it is imposing a payroll tax on investment income. When combined with a capital gains tax increase the majority is planning for the end of this year, this 3.8 percent tax will raise the capital gains tax rate to an astonishing 23.8 percent, which is a 67 percent increase in taxes on investment during these precarious times.

Taken together, it is a grand total of $210 billion in Medicare taxes. So we went from the Finance Committee at zero to the Senate-passed bill that became law yesterday at $87 billion, and now in the bill pending before the Senate, we have a grand total of $210 billion in Medicare taxes.

It is a hidden tax, by the way. It is not indexed for inflation, so it will be similar to the alternative minimum tax that is going to continue to enshroud more and more people in this tax. It is a major tax increase on individuals, small businesses, and capital, at a time when we desperately need that capital to be reinvested to create more jobs.

Again, we have gone from zero to $210 billion in new taxes in Medicare. Do we seriously believe this is the time we should be instituting these breath-taking and job-destroying increases, not to mention the unprecedented shift because not one dollar gets reinvested in Medicare—not one dollar—not to mention it does not address the physician payment problem with an 11 percent reduction in provider reimbursement that we have to extend this week for another month because it is a month-to-month problem. We need a 10-year fix. That will be over $200 billion but, rather, we are taxing it for other purposes rather than into Medicare. But unfortunately, that's what becomes of a broken process.

Look at what two of the largest organizations representing small business in America stated upon passage of the finance bill. The National Federation of Independent Business said at the time the finance bill passed on October 13:

'Fast forward to the Senate-passed bill in December that now became law as a result of the President signing it yesterday. Now what does NFIB, the National Federation of Independent Business, think?'

The one I referred to earlier—equal treatment for small businesses. On March 21, they said:

'We could not have been clearer how damaging this bill will be to America's small businesses and the economic recovery of this country.'

Particularly in these precarious economic times, shouldn't that make us all deeply concerned?

Now consider what the National Small Business Association released this weekend. I have that on a chart as well.

We have continued to work positively for needed changes...but it is now clear that most of these recommendations have not been accepted. ...We understand that it is impossible to give significant reform such as this one without some objections from nearly every constituency. But our objections to this bill go beyond those reasonable expectations and do better.

To which I add, I could not agree more. They say they oppose the health care reform bill with regret but they base it on all the significant issues that have been incorporated in this legislation that will be damaging to small businesses. I do not agree more.

Furthermore, I am deeply troubled by the manner in which the Medicare tax increases in this bill are to be utilized—$210 billion. According to CBO, and this is their exact words:

'To describe the full amount of the [Medicare] trust fund savings as both improving the government's ability to pay future Medicare benefits and financing new spending outside of Medicare would essentially double count a large share of those savings and thus overstate the improvement in the government's fiscal position.'

So, No. 1, talking about the fact of the reduction of deficit, it is not going to improve that; and No. 2, whether or not it can be plowed back into Medicare, obviously it is not going to affect Medicare's insolvency issue because it is going to go to other purposes and is not intended for the Medicare trust fund. How are we going to strengthen Medicare when these new tax dollars are being diverted from their original intended purpose of actually paying for Medicare benefits?

Perhaps most disturbingly, we don't even have answers from CBO to many of the most fundamental questions in the minds of Americans, the minds of small businesses—what will be the true impact? Those were questions I posed to CBO on December 3 to which I still don't have the answers. What proportion of the legislation is designed to stabilize and facilitate premium increases, and to what extent would other provisions limit their outcome? What would go up and what would go down? We need to know what is going to drive up premium costs and what is going to lower premium costs. Indeed, the headline on Tuesday in my home State newspaper the Portland Press Herald was "Maimers Wait and Wonder: How Will Reform Affect Us?" Which is why I also requested from CBO specific state-by-state analysis of reform's effects on premiums, because while we do have from CBO a national average for premiums, what they would be for minimum credible coverage under the new law, the reality is that cost will vary widely from State to State. That is why I proposed and I asked CBO what the impact would be of opening up the legislation to extend the "young invincibles" plan, that catastrophic coverage for young people, to Americans and subsidies to that coverage as well so everyone at least has one affordable option to purchase health insurance. Why? Because the Federal Government is requiring for the first time that individuals purchase health insurance—that is, first, individual mandates; second, it sets new standards in the plan and the exchanges that could drive up premium costs for certain individuals and small businesses. So we haven't, in the certainty that affordable choices are available? Yet we do not even have substantiation whether provisions of this reform will make health care costs higher or lower. In fact,
there is actually a presumption in the legislation that costs may well go up. I find it telling that the excise tax on high-cost insurance in this reconciliation contains a fail-safe provision, referred to as a health cost adjustment percent that automatically raises the threshold to higher numbers. That was described in the House Democratic summary of reconciliation. They put this way:

CBO is wrong in its forecast of the premium inflation rate between now and 2018. Maine is a high-cost State, regrettably, because it is not a competitive market. We have high-cost plans, along with 16 other States. But given that the bill already provides for thresholds as high as $13,900 for individuals and $36,450 excluding vision and dental benefits before triggering the excise tax, those thresholds are significantly higher than those that were passed in the Senate-passed bill yesterday. Now they will be much higher under the pending reconciliation.

The question is, Why exactly would we still require a medical inflation adjustment for 2018, 8 years from now, that raises those thresholds even higher? What about the presumption in the insurance in medical costs as a result of this legislation that was signed into law and the pending reconciliation? It says they simply do not know. The fail-safe automatic increase in the threshold clearly assumes this legislation still may not address runaway costs.

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

Ms. SNOWE. I ask unanimous consent for 1 additional minute.

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

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

Ms. SNOWE. Madam President, these are the thresholds. Eight years from now—the legislation suggests that because of inflation for medical costs that outpaces inflation two to three times, they are saying that 8 years from now, it will happen. We do not have certainty about medical costs even with the passage of this legislation having taken effect as a result of yesterday. It is precisely because of this uncertainty that I will be offering amendments to address these very issues.

Somehow, the high worth of legislation, of deliberating, of ironing out our differences has been cast aside in favor of either/or propositions when we could have risen to the monumental challenge with the best possible solution to strengthen America’s health care today and for generations to come. I profoundly regret that this process has provided far too few opportunities for small business to afford this commitment will not be made, if at all. We cannot justifiably expect that small companies caught between these twin pressures will see their ability to grow, prosper, and create jobs greatly diminished.

As long-time advocates of fundamental reform of the health care system, we had high hopes for a reform measure that could be signed into law 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 care reform. They especially need reform, but these reforms can’t add to their cost of doing business. They experience the most 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 competitive than what they have 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 hope that the open debate will produce a bill that small businesses see as a solution and not another government burden.”

[From the National Small Business Association, Mar. 19, 2010]

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

From the National Small Business Association, Mar. 19, 2010

NSBA OPPOSES HEALTH CARE REFORM BILL, TWAIN ECKERLY

Despite the extraordinary need of small businesses for health care reform, the National Small Business Association cannot support the reform bill currently pending before Congress. The bill will place significant new pressures on small businesses to both offer and pay for employee health insurance, starting the ball rolling toward reform. With the provider-level reforms that could contain costs and enable small businesses to afford this commitment will not be made, if at all. We cannot justifiably expect that small companies caught between these twin pressures will see their ability to grow, prosper, and create jobs greatly diminished.

As long-time advocates of fundamental reform of the health care system, we had high hopes for a reform measure that could be signed into law 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 care reform. 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 competitive than what they have 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 hope that the open debate will produce a bill that small businesses see as a solution and not another government burden.”

[From the Portland Press Herald, Mar. 21, 2010]
Some Mainers, including Grover, said Monday that they’re excited about the legislation.

Others said they fear that the added costs and regulation will just make matters worse.

All agreed, however, that there is much uncertainty and confusion about how it will ultimately affect their health care costs, their jobs and their businesses.

“We all want to know,” Barbara Thoro of South Portland said Monday afternoon between bingo games at the city’s community center.

Thoro, 87, is president of the Three Score Plus Club, which hosts the weekly gathering.

“We get the public. This bill is going to cover us,” Thoro said. “I would like to have an understanding of what’s in the package, do you have a clue?”

The 10-year, $938 billion bill will eventually extend coverage to 32 million uninsured Americans, prohibit insurance companies from denying coverage to sick people, and create insurance marketplaces, called “exchanges,” intended to make coverage more affordable.

“Our changes will be more immediate, such as subsidies to help senior citizens pay for drugs and the requirement to let dependent children remain on parents’ health insurance until age 26.”

“It’s too late to know all of this going to unfold. Some of the provisions of the bill don’t go into effect until 2014,” said Colleen Pelletreau, director of the Maine Association of Health Plans, an association of health insurers.

“In truth, I’m trying to understand it, to dissect it so we can know what the impacts and (employers’) responsibilities are, and that’s going to take some time,” said Dana Connors, president of the Maine State Chamber of Commerce.

“The big question is . . . does it reduce costs does it add costs?”

Parker Williams of South Portland believes that the legislation will hurt businesses and cost jobs. “Where are they going to get the money to pay for it?” said Williams. “It will take 10 years before it will start to save money.”

Anne LaForgia of South Portland said she has more faith in President Obama.

“Most of the people our age are very concerned,” said LaForgia, who is 84. “It’s really too soon to know all of this going to unfold. Some of the provisions of the bill don’t go into effect until 2014, 2015, so let’s see what happens.”

Anne Williams of South Portland said the legislation will probably not be beneficial to everyone.

“I think it is important to remind my colleagues that over the weekend the veterans service organizations have expressed their deep concern, and more than one VSO, Veterans of Foreign Wars, said this:”

“Bill language is important, and that’s why the VFW remains adamantly opposed to expeditiously fixing the new law. All of DOD’s programs should have been in the original bill, as well as Title 38, Title 36, Title 37; VA’s heart, blood, and genitourinary health care bill.”

“Some might come to the Senate floor and say, well, this is not the appropriate place to fix it. The reconciliation bill has been billed as ‘the bill to fix everything’ that is wrong in the original health care bill. That is how it was sold to House Members: Vote for the Senate bill, and we will fix all of those things that you find as problems in the reconciliation bill.”

“We have before us the reconciliation bill, and some will argue that fixing it for our Nation’s veterans, their spouses, their families, that this is not the appropriate place to do it. I agree. We should have gotten it right the first time. We should not have to have a fix-it bill.”

“We have before us the reconciliation bill and some will argue that fixing it for our Nation’s veterans, their spouses, their families, that this is not the appropriate place to do it. I agree. We should have gotten it right the first time. We should not have to have a fix-it bill. But when we do not bring sunlight to it, when we exclude people who are focused on policy, this is what we get. We get a bill that does not fulfill the promise the President made.”

One thing that reform won’t change is veterans health care.
He went on to say:

No one is going to take away your benefits, that is plain and simple truth.

Well, if it is plain and simple truth, then this body has no choice tonight but to take my amendment, to pass my amendment, to incorporate it in the health care fix bill, to the reconciliation bill, and to make sure that when we finish our business, whether that is tomorrow or the next day, that, in fact, it is very clear in the health care bill who is covered. It is not just TRICARE for Life, it is TRICARE; it is spina bifida for the children of Agent Orange exposure; it is the CHAMPVA program, which covers spouses, children, and the severely disabled of those killed in action.

My hope is that all of my colleagues will see the wisdom in supporting this bill, that they will not look for another avenue to do it in, that they will put it in the fix bill, and they will not leave it up to Secretaries to give us the assurance when we have set up so many outside groups to interpret for the American people what their coverage is going to be in the future.

I think sometimes we can forget the complicated maze this bill creates, where we will actually have nonproviders determining whether your coverage is sufficient that you constructed or that your employer provided for you or that you went out as an independent and bought, and if it does not meet the standard of minimum essential coverage, then you could open it.

The PRESIDING OFFICER. The Senator has 1 minute remaining.

Mr. BURR. I thank the Chair.

Then you could be exposed to a fine because a government bureaucrat has determined that the coverage, the health care coverage you bought, that you were given, is not sufficient enough to meet the minimal essential coverage this bill crafted.

Well, very simply, there are veterans around the country who know they have been left out—their spouses, their family members, their kids with disease. Tonight we can assure them they have been left out—their spouses, their families.

When I introduce that bill, I hope all 100 Senators support it like the House has. I hope the Chair.

The PRESIDING OFFICER. The Senator from California.

Mr. BAUCUS. Madam President, I think the half hour has now turned to an hour and a half, so I call on the Chair.

The PRESIDING OFFICER. That is correct.

Mr. BAUCUS. I yield to the Senator from Michigan for a request.

The PRESIDING OFFICER. The Senator from Michigan.

MR. LEVIN. Madam President, I make this request as chairman of the Senate Armed Services Committee. I would note that this unanimous consent request is supported by my ranking member, Senator MCCAIN.

We have three commanders scheduled to testify this afternoon. They have been scheduled for a long time. They have come a long distance. One of them has come from Korea; one of them has come from Hawaii. I would therefore ask unanimous consent that the previously scheduled, currently scheduled hearing of the Committee on Armed Services, be allowed to proceed and that the testimony of Admiral Willard, U.S. Navy, Commander U.S. Pacific Command; from GEN Kevin P. Chilton, U.S. Air Force, Commander of the U.S. Strategic Command; and from GEN Walter Sharp, U.S. Army, Commander U.S. Forces Korea, in review of the defense authorization request for fiscal year 2011, and the future years defense programs.

Senator MCCAIN supports this request. I understand it is not likely there will be any votes on the floor until 5:30 this afternoon.

The PRESIDING OFFICER. Is there objection?

Mr. BURR. As a member of the committee, and I side myself with the chair and the ranking member that I have no personal objection to continuing. There is objection on our side of the aisle. Therefore, I would have to object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Montana.

Mr. BAUCUS. Madam President, I yield to the distinguished senior Senator from California, Mrs. FEINSTEIN, 10 minutes.

The PRESIDING OFFICER. The Senator from California.

Mrs. FEINSTEIN. I thank the distinguished member, and for the bill for his work on this which has been pro-digious, long, and, I hope, not too exhausting.

I want to speak rather personally about health care reform, why I support the bill that has been signed by the President, why I support the reconciliation bill, and why I will oppose any amendment no matter how good that amendment may appear to be.

I am a doctor's daughter, and I am a former doctor's wife. So I have had most of my life in a medical family. I have had very good health care. My father, who was chief of surgery at the University of California Medical Center, never operated on anyone he did not make a house call on. He was well respected by his students and a great surgeon.

My husband who died was a neurosurgeon, and his practice was spent in stereotactic surgery with respect to people who had abnormal movements and could not control their movements. So I came to believe that we had the best medical system in the United States of America.

It was only in the last few years that I began to see how much medicine had changed in America. We walked into a doctor's office, and it was not like one secretary in my father's office; it was a bank of files and pressure and lines waiting to be seen. I realized that there were so many people who did not have good health care, who worried about losing their health care, and, in fact, were losing their health care; that this kind of reform suddenly was open to me.

Then I looked at some statistics because I thought, America is spending all of this money, spending nearly 15 percent of our GDP on health care, we must be getting substantial bang for the buck. And here is what I found instead.

According to the World Health Organization, the top health care systems in the world begin with France, No. 1, California, my state, a state of nearly 40 million people, in the last 2 years, each year the uninsured have gained 1 million people. So over the past 2 years, California has lost insurance for 2 million people, bringing the total of people up to 8 million who have no insurance whatsoever.

Then you see companies, when the people get sick with HIV, with full blown AIDS, will just simply cancel their policies and throw them out. Then you learn that there is such a thing as a preexisting condition. We all come with certain preexisting conditions, or probably at one time in our life we will have one.

Well, I then began to think more deeply about it and to realize that we have all of these people in this country growing who are uncovered. In fact, in California, my state, a state of nearly 40 million people, in the last 2 years, each year the uninsured have gained 1 million people. So over the past 2 years, California has lost insurance for 2 million people, bringing the total of people up to 8 million who have no insurance whatsoever.

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Then you see companies, when the people get sick with HIV, with full blown AIDS, will just simply cancel their policies and throw them out. Then you learn that there is such a thing as a preexisting condition. We all come with certain preexisting conditions, or probably at one time in our life we will have one.
When the exchanges are functioning, they will have real choice if they wish it. Their insurance will not be taken away from them. Right away, this year, yesterday, those of us who were at the White House heard the President say that immediate gains will take place. For individuals, $5 billion for high-risk pool, helping to provide coverage for those who are uninsured because they have been denied coverage by one of the big medical insurance companies.

Also, children with preexisting conditions can no longer be discriminated against. So the family with the juvenile diabetic who cannot get insurance because the child is a juvenile diabetic will be able to get that insurance.

That is important. We have learned that the notorious doughnut hole which takes place when you spend a certain amount on your pharmaceuticals—there is a hole in the middle at which point there is no help, and each situation would result in receiving $250 to help them through that time.

A child can remain on a parent’s policy until the age of 26. These are some of the things that happen right away.

Noticeable do not like this plan, some of them. But the question comes: Do we keep doing what we are doing, spending more and more of our gross domestic product and not improving our overall performance, not improving our infant mortality, not improving our longevity, the way good practical medicine should?

I wish to talk about one thing that isn’t in any bill about which I am very worried, is the age. The importance of this is that the baby boomers are going to hit the Medicare system immediately. Medicare Advantage, which provides better coverage in southwest Virginia, is starting to cut very hard. And that much law does little to address the historic disparity in Medicare funding between urban and rural areas.

I am also concerned about the cost and spending projections of this legislation. There is a great deal of debate going on right now about the real cost of this bill. Former CBO Director Douglas Holtz-Eakin estimated, in an article in the New York Times recently, that the bill may increase the deficit by over $450 billion over 10 years because of some of these areas I discussed. The official score maintains that the bill would lower the deficit by $143 billion over that same period, but it includes a number of unlikely assumptions, including that Medicare doctors, called the sustainable growth rate, is widely agreed to be broken, but we have not tried to fix it. That is a $250 billion ticket. Many, including myself, believe the Community Living Assistance Services and Supports Act, the CLASS Act, is structurally unsound. I voted against that as we were considering the bill.
In addition, as my colleague Congressman GLENN NYE from the Norfolk-
Virginia Beach area pointed out, there is a great deal of concern among fami-
lies and small businesses regarding the impact of this bill.

Among the most worrisome is that the bill is now law. The question is how to make the law a better law. The process that got us here has been ugly. It has diminished the trust and respect some citi-
zens hold for our own government. We need to restore that trust through a genuine bipartisan effort on both sides of the aisle to fix the problems in the law. We also need to start working together again across the aisle, on this and other issues that confront us, in a bipartisian sense and a sense of shared responsibility about the many prob-
lems facing the country. We are now preparing to begin a series of votes through the reconciliation process that ultimately, quite frankly, is going to mean little or nothing in terms of the outcomes of care and health care. They are not going to seriously address the prob-
lems in it. I understand the concerns on the other side. I respect them. These votes in many cases are politically nec-
essary for the other side. But I call on my Republican friends to begin to work with us across here on this side to address the inequities that we are concerned about, to implement cost controls, to work together for the good of the country once this next couple of days is done.

I yield the floor.

The PRESIDING OFFICER. The Sen-
ator from Connecticut.

Mr. LIEBERMAN. Madam President, I gather I have at least 7 minutes as-
signed to me.

The PRESIDING OFFICER. Ten min-
utes remains.

Mr. LIEBERMAN. I ask that the Chair inform me if I am not finished when there is 1 minute remaining on my time.

The PRESIDING OFFICER. The Chair will so inform.

Mr. LIEBERMAN. Madam President, a good friend once wisely said to me that it is only a very short road that has no turns. The road that health care reform has traveled to get to the Sen-
ate has been very long and has had many turns. Its path to us might well be described as tortuous, with all that word has come to mean. As I said when I explained why I voted for the Senate health care reform bill, any piece of legislation this big, this complicated, and this trans-
formational is unlikely to be perfectly pleasing to anyone. That is true for me. In the end, each of us has to ask ourselves, do the positives in this legis-
lation outweigh the negatives? Does what pleases us in it outweigh what worries us? Let me begin with the measure before us now.

The reconciliation act that is before us preserves most, but not all of the health care reform the Senate adopted and I voted for in December. I con-
cluded then and repeat now that to-
gether these measures achieve real change in the three big areas in which our health care system needs to be changed: reforming health care deliv-
ery to put a brake on the skyrocketing costs of care for individuals, families, and business and making it easier to get better health insurance at a reasonable cost and regulating health insurance companies to protect consumers, including those with preexisting conditions; and helping millions of middle-income Ameri-
cans who cannot afford health insur-
ance now to buy it.

For me it is particularly noteworthy that the Senate bill, plus the reconcili-
ation act, achieves all that progress without a government takeover of health care or health insurance. That would have been a very costly deficit-
exploding mistake and would have fund-
damentally and adversely altered the traditional American balance of power between the public and private sectors that responsibility is the job of this legislation. They are, in my judgment, the only two ways in which health costs and then moving on to ex-
pend health care reform step by step, beginning with preexisting conditions; and help-

According to the Chief Actuary at the Centers for Medicare and Medicaid
Services, the solvency of the trust fund will be extended by 10 years as a result of the Senate health care reform bill that is now law.

However, for those good and signifi-
cant things to happen, future Con-
gresses will have to be very disciplined and keep the promises that are made in this legislation to reform health care delivery to cut costs. Most of those re-
fors will over time be opposed by pro-
viders and beneficiaries. The record of Congress in resisting such pressure to ad-
just the costly status quo is not encouraging. So in the end, I have weighed the pluses and minuses, and I have decided to vote for this health care reform package, choosing its real change over the broken status quo, raising my hopes above my fears, and adding, if I may, a personal prayer that future Congresses and Presidents do not weaken the reforms in this bill that will stop the constant increases in health care costs and help reduce our national debt.

That will happen best if we can achieve the bipartisan effort in over-
seeing the implementation of this his-
toric health care reform legislation that we, unfortunately, were not able to achieve in its passage.

I thank the Chair.

I thank the distinguished chairman of the Finance Committee for his ex-
traordinary effort that produced this admirable result.

I yield the floor.

The PRESIDING OFFICER. The Sen-
ator from Montana.

Mr. BAUCUS. Madam President, first, I thank the Senator from Con-
necticut for his very thoughtful en-
dorsement of this legislation. He is one of the more thoughtful Members of this Chamber, and I want to very much complimint him on his process and his conclusion.

Mr. LIEBERMAN. I thank the Sen-
ator.

Mr. BAUCUS. Madam President, I do not think I have much time remain-
ing—3 minutes. Thank you very much.

The Senator from Maine raised the issue of Medicare solvency. I want to remind my colleagues that health care reform extends the solvency of the Medicare trust fund. Whether it is 9 years or 10 years, I am not sure ex-
actly, but the Medicare trust fund is extended for at least that period of time, which I am sure gives great com-
fort to seniors and near seniors. Health care reform is exactly what the doctor ordered for Medicare’s long-term health.

The Senator also mentioned a letter from an outside group raising concerns with health care reform. Let me add for the record three of the many letters of endorsement that health care reform has received. The first is from the American Medical Association. I will read one sentence:

After careful review and consideration, the Board of Trustees of the American Medical Association supports passage of the health
system reform legislation under consideration... as a step forward in the journey to provide health care for all Americans.

In addition, I have a letter from the Federation of American Hospitals:

On behalf of the Federation of American Hospitals and the more than 1,000 hospitals throughout the United States, I express our strong support for health reform and the Reconciliation Act of 2010. This legislation is long overdue, and we urge all Senators to seize this historic opportunity.

It is signed by Charles Kahn of the Federation of American Hospitals.

I also have a statement here from the AARP, the association of retired folks. Basically it states:

After a thorough analysis of the reform package, we believe this legislation brings us so much closer to helping millions of older Americans get quality, affordable health care.

Again, that is from the AARP.

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

AMERICAN MEDICAL ASSOCIATION.

WASHINGTON, DC.

Dear Speaker Pelosi: After careful review and consideration, the Board of Trustees of the American Medical Association (AMA) support the passage of the health system reform legislation under consideration in the House as a step forward in the journey to provide health care for all Americans.

When H.R. 3590 was being considered in the Senate, the AMA supported its passage while expressing opposition to certain provisions that we believed could be resolved in the conference committee process. Working with the Administration, congressional leaders and their very dedicated staff, significant progress was made toward resolving many of our most serious concerns. Unfortunately, there are issues in H.R. 3590 that cannot be addressed through the current reconciliation process. We need to provide health security for all Americans. The Reconciliation Act of 2010, together with the recently enacted Patient Protection and Affordable Care Act, advance this shared goal by expanding health care coverage to 32 million Americans.

Equally vital, they provide a framework for health care reform that will improve health care for Americans, and, by extension, strengthen our economy and global competitiveness by reducing costs and increasing efficiency.

That is why hospitals will forgo $155 billion in Medicare and Medicaid payments over 10 years as part of a shared sacrifice to bring about the benefits that health reform will deliver to all Americans.

It is no exaggeration to say this is the last opportunity looking for a ‘next time’ that is doomed to be ‘too late.’

We urge Congress to seize this opportunity to improve health care so older Americans and their families get the care they need.

Also today, AARP CEO A. Barry Rand sent a letter to every member of the House of Representatives, urging them to put the health of Americans age 50-plus first and vote ‘yes’ on the legislative package.

AARP members can see how their representatives voted on the health insurance reform package by going to www.aarp.org/governmentwatch. AARP’s Government Watch will be tracking and publicizing every designated key vote on issues facing Americans age 50-plus.

A “Key Vote Summary” highlighting votes on these issues will be published at the end of each congressional session.

AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have, enjoy and share the experience of a lifetime. AARP does not endorse candidates or issue political campaigns.

Watch is a one-stop online portal that will be an authoritative source of information on federal legislative action, and the world’s largest-circulation magazine providing security and protection to older Americans. AARP Foundation is an affiliated charity that provides programs in free legal assistance, information and referral, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in 50 states, Puerto Rico, the U.S. Virgin Islands, the District of Columbia, and the world’s largest-circulation magazine providing security and protection to older Americans. AARP Foundation is an affiliated charity that provides programs in free legal assistance, information and referral, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in 50 states, Puerto Rico, the U.S. Virgin Islands.

Mr. BAUCUS. Madam President, I now ask for 1 hour of debate evenly divided, a half hour on the Republican side and a half hour on the majority side. I ask unanimous consent that we proceed.

I note that the next half hour will be under the control of the Republicans and, as I said earlier, the next half hour is to be controlled by the majority. I note that thereafter the Republicans will be given the floor for a half hour, and I propose that we balance that out in the next consensus.
businesses to create new jobs. In fact, time and time again, you will hear on the Senate floor that small businesses are the engine of the American economy. I certainly agree with that. But this reconciliation bill creates a wall—40,000 dollars high—around any small business that wants to grow past 49 workers.

Think what these job-kill penalties will mean to the unemployed. More than 8 million Americans have lost their jobs since 2007. More than 6 million have been unemployed longer than 27 weeks. But beyond even these grim statistics, the true picture of unemployment in this country is actually far worse. Broader measures of unemployment show that 16 percent of the American people are without jobs or cannot find full-time work.

I recognize some in this body will argue we should not be bothered with these penalties now because they do not become effective right away. But those who say such a thing simply do not understand how small businesses work. We are not talking about big multinational conglomerates here. We are talking about Main Street businesses that are already struggling. Many of them are family-owned enterprises. They do not look at their employees as interchangeable parts, and they do not make hiring decisions to “get rich quick.” When they bring a new employee on board, they are choosing someone who they know will become part of their team and the face of their business to the community they serve.

Having these fines on the books will discourage job growth now, no matter when they become effective, because small businesses will not hire and train workers today just to fire them tomorrow when these penalties go into effect. Ironically, less than a week ago, the President signed into law the so-called HIRE Act, which was authored by Senators Schumer and Hatch to provide a temporary tax credit to encourage companies to hire unemployed workers. That is a creative idea, and I supported it. But for the life of me, I do not understand how a week later we could vote for a bill that imposes fines that will hit small businesses when they hire new workers.

This makes no sense to me, and it is completely contrary to the policy we are trying to pass here. We have tax credits to encourage businesses to hire workers who are unemployed. With this bill, we are going to fine them if they hire workers who are unemployed if they cannot afford to provide them with health insurance. That is why I am offering this commonsense amendment. It would waive the fines, the onerous fines that are in the reconciliation bill when small businesses and medium-size businesses hire workers who were previously unemployed.

The only way in which workers qualify is exactly the same one we adopted in the jobs bill passed by this body last week. It is the height of irony that we would even consider imposing penalties and fines on businesses that are hiring more workers, particularly during this difficult economic time.

I encourage my colleagues to support this commonsense amendment. Thank you, Madam President.

The PRESIDING OFFICER. The Senator from South Dakota.

AMENDMENT NO. 3639

Mr. THUNE, Madam President, I ask unanimous consent to temporarily set aside the pending motions and amendments to offer an amendment which is at the desk.

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

The clerk will report the assistant legislative clerk read as follows:

The Senator from South Dakota [Mr. THUNE] proposes an amendment numbered 3639.

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

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

The amendment is as follows:

(Purpose: To ensure that no State experiences a net job loss as a result of the enactment of the SAFRA Act)

Beginning on page 123, strike line 10 and all that follows through page 124, line 10, and insert the following:

SEC. 2201. TERMINATION OF FEDERAL FAMILY EDUCATION LOAN APPROPRIATIONS OR GUARANTEES.

Section 421 (20 U.S.C. 1071) is amended—

(1) in subsection (b), in the first sentence of the matter following paragraph (6), by inserting “, except that no sums may be expended after June 30, 2010, with respect to loans under this part for which the first disbursement is after such date if the Secretary certifies that no State will experience a net job loss as a result of the enactment of the SAFRA Act” after “expended”; and

(2) by adding at the end the following new subsection:

“(2) no funds are authorized to be appropriated, or may be expended, under this Act or any other Act to guarantee or insuring loans under this part (including consolidation loans) for which the first disbursement is after June 30, 2010 if the Secretary certifies that no State will experience a net job loss as a result of the enactment of the SAFRA Act, except as expressly authorized by an Act of Congress enacted after the date of enactment of the SAFRA Act.”.

AMENDMENT NO. 3649

Mr. THUNE. Madam President, I have another amendment and I ask unanimous consent to temporarily set aside the pending motions and amendments so that I may offer another amendment which is at the desk.

The PRESIDING OFFICER. Without objection, it is so ordered.
We have all talked about this throughout the course of this debate. The other side has said it is $1 trillion or $900-some billion over 10 years, but when you look at the way it is scored, there are 10 years of revenues, 10 years of tax increases, and only 6 years of spending, so that understates the cost over 10 years.

We have a number of other budget gimmicks, some of which I will speak to in a moment. But you look at it when it is fully implemented—and I think that is the number the American people need to focus on—when this is fully implemented, it is $2.5 trillion of expansion of health care in this country, and it is going to be greater intervention than we have ever seen before by the Federal Government in the delivery of health care in this country.

I wish to speak for a moment—because one of my amendments deals with this issue—on how the cost of this is being understated because of the various gimmicks and tricks being used. The CLASS Act is a program that is created as a program where there is an assumption that there is $70 billion available in the CLASS Act to pay for this new health care entitlement. What it does is it creates a new entitlement. As if the existing entitlement programs were those that are already on the way to bankruptcy aren’t enough, we now have to add another one to it. So the CLASS Act is a long-term care entitlement program, which in and of itself perhaps isn’t a bad idea if implemented correctly and if the premiums that are going to be paid by people for long-term care insurance were actually going to go into the payment of benefits.

What this does is it assumes $70 billion from this new CLASS Act program, the proceeds from which would be used to pay for this new health care entitlement program. So it overstates the amount of revenue that is coming in by $70 billion. However, at some point, if you are an elderly person or perhaps even a younger person today who wants to buy into this new CLASS Act long-term care program, you pay premiums. Those premiums, allegedly, would go into a fund that would then be available to pay benefits when the time came to pay benefits. That is not going to happen because you are taking that $70 billion and you are spending it on this new health care entitlement program. So at the future, when those people who have gone into this program thinking they are paying these premiums so they can derive a benefit at some time in the future if they need to, when the time comes to pay out that benefit, there will not be any money. So what happens? It is borrowed. It is added to the debt. So you have another $70 billion that goes on the backs of our children and grandchildren to pay for this new entitlement program. That again, understates the cost of this bill.

That is the CLASS Act bill, and my amendment would strike that from the underlying bill. By the way, I offered that during the debate on the Senate floor during the health care discussion we had the first time around, and I got 51 votes for it. There were 12 Democrats who voted with me in support of the CLASS Act. That is it. The other 42 were against it. One of the reasons I think there is so much bipartisan opposition to it is because everybody recognizes what a sham this is. The chairman of the Budget Committee, Senator CONRAD from North Dakota, said: This is a Ponzi scheme of the highest order, something that Bernie Madoff would be proud of. That is what he said about the CLASS Act. Even the Washington Post went so far as to make the statement that the CLASS Act is a gimmick designed to pretend that health care is fully paid for. That is what the Washington Post editorialized about the CLASS Act—a gimmick designed to pretend that health care is fully paid for.

So you take that $70 billion off the overall revenues that come in under the bill and you are already creating a $70 billion hole. You add to that the $29 billion in Social Security payroll taxes that are assumed are going to come in that we who are employers that get hit with the high-end Cadillac tax, currently paying out to their employees in the form of health care benefits that are tax free, start shifting to cash compensation which would be taxable, therefore, there would apply. That would generate another $29 billion in Social Security payroll taxes. But, there again, those are payroll taxes that at some point are going to have to pay benefits, but we don’t assume that here. We assume it is going to go on to fund this new health care entitlement program. So it is another $29 billion that at some point in the future, when somebody decides: I want to draw my Social Security benefits, they are going to go there. Therefore, we put it back on the debt. More borrowing.

So we have $79 billion, $29 billion, and then we have the implementation cost of this, which CBO has not fully given us because they don’t know what it is going to cost in the outyears. But based upon what they have given us of what it is going to cost in the near term, we have extrapolated that it will cost about $114 billion to implement health care plan run out of Washington, DC. When you add that onto the cost, none of which is accounted for in the underlying bill, you have another $114 billion in cost of this thing not paid for.

Then, we take the Medicare double counting, which is interesting, because you have these cuts that are going to occur in Medicare; you have these payroll tax increases that are supposed to occur in Medicare that are going to generate, collectively, $529 billion in additional revenue. Again, what is wrong with this picture? The assumption is, these are Medicare payroll taxes that are going to go into a...
Medicare fund that, at some point in the future, will pay Medicare benefits. Yet, at the same time, we are saying these Medicare revenues are going to be used to finance this new health care expansion.

So what are you doing? You are double counting. You cannot spend that money twice. We are taking $529 billion in Medicare cuts, in Medicare payroll tax increases that supposedly would go into a Medicare trust fund to pay benefits at a higher cost because we are using those proceeds of that program. Students are going to pay for it in the form of higher interest rates on their loans. Essentially, we are now not only taxing small businesses, cutting Medicare recipients, but we are also taxing students to pay for this expansion of health care.

We have another $19 billion which, at some point in the future—of course, this is all going to have to be paid for again by our children and grandchildren, but we have all this double counting that is going on and all these gimmicks that are being used to understate the cost of this bill. When you add it all up, $143 billion so-called budget savings ends up in a $618 billion cost. In other words, as the other side has said, a $143 billion budget surplus because of this health care expansion, if you take out all the gimmicks—the CLASS Act, the revenues, the Social Security payroll tax revenues which are double counting, the Medicare double counting, and the student loan program—we have a real deficit of $618 billion in the first 10 years. If you extrapolate that out into the second 10 years, it is $1.8 trillion that will have to be borrowed under this bill to pay for the costs of it. That is the cost that we know today. That is all going to be passed on to future generations, to our children and grandchildren.

The dirty little story that hasn’t been told in this whole debate is how much this is going to cost future generations because of the enormous debt we are piling up and all the games and the gimmicks and the chicanery that are being used to understate the true cost of this: $183 billion “savings” in this bill. When you take out all the double counting, all the gimmicks, we end up with a $618 billion deficit in the first 10 years. That is tragic.

That is why I am offering this amendment to strike this CLASS Act. We shouldn’t be creating another new entitlement when we can’t pay for the entitlement programs we have. They are all going bankrupt, and we are going to create yet another one, which is going to lay more debt on the backs of our children and grandchildren.

The other thing I wish to mention just briefly in closing speaks to the other amendment. The other amendment, as I said, because of this take-over of the student loan business by the Federal Government, there are lots of States that are going to lose significant numbers of jobs. My State has over 1,200 jobs in South Dakota that are related to the student lending business, and those are all now going to be bureaucratic jobs in Washington, DC. There are 31,000 jobs across the country where you have people who are working in the student loan business. Those jobs are in jeopardy because that is all going to be drawn into Washington, DC. Don’t the American people have effectively focused on what is being done in this reconciliation bill above and beyond the bad stuff that is related to health care.

So we have this student loan program which is coming back into the Federal Government and a lot of the revenues now are being earmarked for other things. They are being earmarked for the health care bill: $9 billion is being used to pay for the health care expansion; $10 billion is going towards the Medicare double counting; $12 billion is coming out of the student loan program. Who is going to pay for that? Students are. Students are working in the student loan business; $10 billion is going to pay for that. Students are working in the student loan business. Who is going to pay for that? Students are.

What my amendment essentially would do is say the Department of Education has to certify that there will be no jobs lost across the country associated with this takeover of the student lending business and bringing all that power and consolidating it all in Washington, DC.

So those are the two amendments I offer. I hope my colleagues will vote for those. This is bad policy in so many ways, but in taking over yet another industry in this country that is created with lots of jobs before billing a lot of jobs is the wrong way to move forward when you are trying to pull an economy out of a recession.

I yield the remainder of my time.

The PRESIDING OFFICER. The Senator from Texas.

MOTION TO COMMIT

Mr. CORNYN. Madam President, I ask unanimous consent to temporarily set aside the pending motions and amendments so I may offer a motion to commit, which is as follows:

The Senator from Texas [Mr. CORNYN] moves to commit the bill H.R. 4872 to the Committee on Finance with instructions to report the same back to the Senate within 3 days and to create yet another one, which is at the desk.

Without objection, it is so ordered.

The PRESIDING OFFICER. Is there objection?

The clerk will report the motion.

The assistant legislative clerk read as follows:

The Senator from Texas [Mr. CORNYN] moves to commit the reconciliation bill back to the Finance Committee to report the bill back without a brandnew tax on savings and investment for certain taxpayers. This is an additional 3.8-percent tax on savings, which includes dividends, capital gains, ordinary savings for many consumers, many Americans who have not had to pay before but which this bill allows—a $529 billion tax hike on those categories of income.

This is a mistake for a lot of reasons. One, it will discourage the very thing we need to be doing more of, which is saving. It will reduce productivity, and it depresses wages and the standard of living for millions of Americans. Simply put, increasing taxes, particularly during a recession, on the very sectors of the economy that we want to invest and to create jobs is a terrible mistake.

According to forecasts by the Institute for Research on the Economics of Taxation, a 2.9-percent tax increase—not 3.8 percent but a 2.9-percent previously proposed—would depress economic growth by 1.3 percent and reduce capital formation by 5.1 percent.

The damage to jobs and economic growth during a recession when unemployment is at 9.7 percent would be even greater under the current proposal because we are talking about a 3.8-percent tax, not a 2.9-percent tax, according to the Senate Journal article and this report from the Institute for Research on the Economics of Taxation.
Not only will this motion protect jobs and the investment security of taxpayers, it will also make sure the reconciliation bill does not break yet another one of President Obama’s promises. This is just another one of the President’s promises that have been broken by this bill when he said, talking about this bill:

Everyone in America—everyone—will pay lower taxes than they would under the rates Bill Clinton had in the 1990s.

But the truth is, this additional tax on savings and investment will make taxes higher than they were even back in the 1990s when Bill Clinton was President of the United States.

I ask my colleagues to support my motion to commit this bill to the Finance Committee.

I also ask unanimous consent to have printed in the RECORD at the conclusion of my remarks two articles—a March 17 Wall Street Journal article entitled ‘ObamaCare’s Worst Tax Hike’ and a report I referred to a moment ago from the Institute for Research on the Economics of Taxation.

The PRESIDING OFFICER. Without objection, it is so ordered. See page 119.

Mr. CORKYN. Madam President, this is not the only job-killing provision in this bill, this brand new 3.8 percent tax increase that will attack savings and investment. Other examples of job-killing proposals in this bill include increases in the Medicare payroll tax. This tax is increased to 3.8 percent. It will hit thousands of small businesses that file as subchapter S corporations and pay taxes at individual rates. In addition, this revenue will not be used to pay for Medicare but will be used to fund a brand new entitlement.

Another job-killing proposal in this bill includes new taxes and fees on health care consumers. That is right, the very people for whom we are trying to lower costs and trying to make health care more affordable, many will have to pay additional taxes and fees to the tune of $100 billion which both the Congressional Budget Office and the Joint Tax Committee have confirmed will inevitably be passed down to the very people for whom we are trying to help ensure Medicare as its own discrete program.

Mr. Obama gave a preview of the fiscal confusion this creates at a Wednesday campaign stop in St. Charles. Shortly after accusing his critics of being “just plain wrong” about everything, he went on to boast that “we’re going to be able to help ensure Medicare is sustainable for more than a half century.” Medicare is supposed to be a universal entitlement with at least some connection between the taxes paid on wages in return for benefits and the investment tax, and the apparatus of ObamaCare financing more generally, severs this link by redirecting Medicare’s “dedicated revenue to fund a brand new entitlement. Even Bill Clinton didn’t cross this policy threshold in the health debate of the early 1990s, proposing to fund HillaryCare entirely through new corporate taxes and preserving Medicare as its own discrete program.”

Senator Schumer pointed out to me how many Hispanics in the group market could go up as much as 20 percent because of the mandated government-approved unemployment insurance that has to be sold under this bill. CBO said they concluded a somewhat lower level—between 10 and 13 percent. But still, if the purpose of health care reform is to make health care more affordable, this bill simply goes in the wrong direction.

Then there is the employer mandate. I met this morning with representa-
fund his health insurance overhaul. Social Security taxes for retirement and medical programs for the elderly taxes have always been levied on wages, as a form of social insurance. Exemptions for the Hospital Insurance tax to income from savings would be a sharp departure from previous practice and very bad economics.

**ECONOMIC CONSEQUENCES OF THE 2.9% RATE HIKE**

On a static basis, our preliminary estimate is that the Obama plan’s 2.9% surtax on the capital gains, dividends, interest, and certain other income of upper-middle class and wealthy taxpayers would:

- Raise approximately $39 billion yearly (at 2009 income levels);
- Affect only a small number of upper-income individuals.

In reality, on a dynamic basis, the 2.9% surtax would, after the economy has adjusted to it:

- Depress GDP by about 1.3%;
- Reduce private-sector capital formation by about 3.4%.

Cut the wage rate by about 1.1%, and hours worked by about 0.2%;

Reduce the after-tax incomes of the people in the income range supposedly not touched by the proposed 2.9% surtax by 1.1%–1.2%;

Lose about 70% of its anticipated income tax revenue gain due to lower GDP and incomes across-the-board.

Decrease other federal tax revenues, causing total federal receipts actually to fall by about $3 billion yearly (at 2009 income levels).

**DISCUSSION**

Capital formation is very sensitive to taxes on capital income, and reduced capital formation reduces labor productivity and wages across the board. We estimate that the proposed surtax will depress capital formation, GDP, and wages. The resulting loss of income, payroll, corporate, excise, and other taxes will offset the assumed revenue gains. The wage depression will affect all income levels, and the tax burden will not be confined to the top income earners.

The 2.9% passive income surtax (equal to the Medicare Part A—or Hospital Insurance—payroll tax rate) would be imposed on dividends, capital gains, interest, royalties, and other income from saving and investing. The tax would hit couples with more than $250,000 in adjusted gross income ($200,000 singles and heads of households). The tax would be triggered by earning even a single dollar above the thresholds, after which all of the taxpayers’ passive income would be immediately subject to the tax. This creates a huge tax rate spike or “cliff” at the thresholds. It would be imposed on AGI instead of taxable income, taking into consideration of itemized deductions and the differing circumstances of families which the deductions reveal.

The surtax would depress capital formation and investment, which is vital to bring about expected revenue. The numbers below are for the 2.9% rate hike in isolation. The Administration’s proposal to raise the top tax rates on capital gains and dividends would produce additional losses. Further losses would result from the Administration’s proposal that the Bush tax cuts expire for upper-income taxpayers, which would increase the top tax rates on interest income and other “passive” income to 36% and 39.6%. The return of the itemized deduction limitation and the personal exemption phase-out would raise upper-income individuals’ marginal rates even higher and add more economic damage. (The rise in the top two rates would also apply to labor income, and the Administration’s health care proposal, taking a page from the health care bill that the Senate passed on Christmas Eve, would pile on a 0.9% surtax on wages and self-employment income.)

The House health bill has a 5.4% surtax on AGI. The Senate considered that but dropped it as ill-advised and instead opted for a 0.9% surtax on wage and self-employment income only, building on the existing payroll tax. Any surtax is on capital income would be especially damaging, and the “cliff” in the Obama Administration’s plan would compound the harm and is especially inept.

**THE PRESIDENTING OFFICER. The Senator from Montana.**

**Mr. BAUCUS.** Madam President, has the time on the Republican side expired?

**The PRESIDENTING OFFICER.** There are 25 seconds remaining. **Mr. BAUCUS.** I assume they do not want to use those 25 seconds, hearing no objection.

Madam President, we have several speakers. We are waiting for Senator WHITEHOUSE, Senator EDWARDS, Senator FRITTS, Senator SANDERS, Senator NELSON, and Senator McCASKILL. I do not see any of them right now.

While we are waiting, I wish to make a point about CBO’s analysis with respect to proposed surtax on wage and self-employment income. The Congressional Budget Office says that the health care reform bill will lower premiums for all—millions—Americans—all. The Congressional Budget Office said health insurance coverage would fall by 4% to 7% in the first year, and by 20 to 25% in the same plan in the individual market and the small group market, up to 2 percent lower. Let me repeat that. The individual market for the same plan, the Congressional Budget Office says premiums will fall under this legislation. They will be lower, they will be less by 14 to 20 percent than the same plan in the individual market, as people buy insurance individually, and premiums for the small group market—that is roughly small business—would be up to 2 percent lower than currently.

Why is all that? It is basically because there are savings. The savings come from lower administrative costs, increased competition, and from better pooling of risk.

The analogy I like to refer to is Orbitz and Travelocity. Today with Orbitz, you shop online for an airline ticket. You look for fares and you look for times. The same type of operation will occur with respect to insurance—you get on the exchange and shop for insurance.

I see the Senator from New Hampshire is now on the floor. I yield 4 minutes to the Senator from New Hampshire.

**The PRESIDENTING OFFICER.** The Senator from New Hampshire.

**Mrs. SHAHEEN.** Madam President, I thank Senator BAUCUS.

I am pleased to be here to join in this effort to talk about the importance of health care reform. We have waited so long for health care reform, and yesterday it became a reality. Today, we celebrate a reformed health care system that President Obama has signed into law. With this historic step, we have ensured that more Americans have the health care security and stability they need. We have ensured that families will have choices and even if their jobs do not provide it. We have ended denials for preexisting conditions, and we have a guarantee that no one has to pay more for health insurance if they get sick and that the insurance coverage cannot be taken away. We no longer allow insurance companies to put lifetime limits on the amounts of benefits they will cover.

But insurance reforms are not the only thing we have done. We have made tax relief for more affordable for those who need it most and made it easier for small businesses to provide coverage for their employees. We made important steps to encourage everyone to take advantage of preventive care, and we made sure we created incentive for individuals to enroll in wellness programs and encourage communities to address the public health of their citizens. Finally, we are changing the way doctors provide care, making it better coordinated and more patient-centered.

I am pleased we are here building on the success of the health care reform legislation that was just signed into law. Our resolve is strong, make no mistake about that. We must continue our work in making a good bill even better.

The legislation we are now considering makes great strides to strengthen the new law. It will provide more tax relief for families to help them afford health care and more help for seniors to pay for prescription drugs.

I have talked with seniors throughout New Hampshire who struggle with the high cost of prescription drugs. The Medicare doughnut hole, as it is known, causes great stress in family budgets when seniors have to pay full price for the drugs they need, people such as Sue Quinlan from Portsmouth, who wrote to me about her experience with the doughnut hole. She wrote:

This year, because of my illness, my drug costs have doubled, and in September I experienced the “doughnut hole,”’’ which means that when my Total Drug Cost reached $2,400 for the year, I was on my own.

She went on to say:

You know you are in the donut hole when a drug you have been taking for $29.97 for years now costs $720.82 and wants to confirm that you no longer need to worry. They will get a discount on medicine critical to their health, and we will begin to close the doughnut holes. Seniors will now have access to affordable drugs on which they depend. We have all heard the
story of seniors breaking their pills in half or skipping their daily doses because of the cost. Under this bill, a senior with high cholesterol and heart disease who relies on Lipitor and antihypertension medication to stay healthy can take these drugs with peace of mind and less financial stress. This bill will expand affordable coverage to 32 million Americans. The bill will provide the same Medicaid deals for every State so that the Federal Government will help share in the burden of providing coverage for new populations. The bill also builds on the previous bill to attack waste, fraud, and abuse in our health care system.

This is a historic time. Today, we build on that historic legislation with improvements to make it stronger and even better for American families and seniors.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Madam President, I yield 6½ minutes to the Senator from Wisconsin.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. FEINGOLD. Madam President, for far too long, my constituents have been at the mercy of the health insurance industry which has dictated how and whether they get health care coverage. Wisconsin businesses have been threatened with coverage because of preexisting conditions, dropped from coverage because they made too many claims, or simply forced to pay through the nose for skyrocketing premiums. Those days are now coming to an end thanks to the Patient Protection and Affordable Care Act.

We have taken an important step with the enactment of that bill, but as you know, our work is not done. The Patient Protection and Affordable Care Act has been signed into law, and Congress must be committed to strengthening and adjusting this law as necessary in the years to come. The first step, of course, is for the Senate to pass the Health Care Education Reconciliation Act of 2010, which the Senate is now debating. This bill will strengthen our health care reform law to ensure that health insurance is even more affordable for working families and that seniors actually pay less for prescription drug coverage.

Taken together with the Patient Protection and Affordable Care Act, this bill would help Wisconsinites purchase good, affordable health insurance and health care. As a result, this year children will no longer be denied health coverage for preexisting conditions, insurance companies will no longer drop Americans because they are sick, young Americans can remain on their parents’ coverage longer, and the Medicare doughnut hole that shortchanges seniors for the next 4 years, States will prepare to set up health insurance exchanges for individuals and small businesses to purchase more affordable health insurance. As a result, an estimated 541,000 Wisconsinites who are uninsured and 320,000 Wisconsinites who have individual market insurance will gain access to affordable coverage. As many as 358,000 Wisconsinites are expected to qualify for a tax credit to help them purchase health care coverage. Experts believe this reform effort will lower premiums in the nongroup market by 14 to 20 percent for the same benefits—premium savings of $1,540 to $2,200 per year in Wisconsin. Now, this is real savings.

According to the nonpartisan experts at CBO, over the next 10 years, our national deficit will decrease by $143 billion and up to $1.2 trillion in the following 10 years. Those savings come from a number of cost containment provisions, including one which I strongly support that will begin to reimburse physicians based on the quality of care they provide rather than on the quantity of care. This movement toward value-based health care purchasing is one that is already seeing great success in hospitals and medical groups around my State of Wisconsin. I was so pleased to work with our nationally recognized medical centers around Wisconsin on these successful efforts.

Health reform also means more choice, more affordability, and more protections for Wisconsin businesses. Over 77,400 small businesses through small business exchanges, the State of Wisconsin are eligible now for tax credits starting this year to help purchase health insurance for business owners and their employees. No longer will small businesses be vulnerable to insurance practices of raising rates on a year-to-year basis due to an employee falling ill.

I visit all 72 counties in Wisconsin every year, and I always hear about the burden of health care costs on small business owners. If these businesses are discouraged from striking out on their own to start a small business or to expand it because they can’t afford or couldn’t get health insurance on their own. This bill will help those Wisconsinites start businesses and create jobs by providing the affordability and protections of the large insurance group market to small business owners.

Reform also means better and more affordable health care for Wisconsin’s rural communities. We are building upon improvements made by the Patient Protection and Affordable Care Act by closing the Medicare Part D prescription drug doughnut hole by 2020. Beginning this year already seniors who reach the doughnut hole will receive a $250 rebate, with more and more assistance available each year until the doughnut hole is ultimately closed. Seniors will also be guaranteed an annual wellness visit and no cost sharing on preventive care visits to their physicians.

Of course, we know this reconciliation bill is not just about health care. It also ends unjustified subsidies for private banks and lenders to issue Federal student loans. By transferring the authority to make all Federal student loans over to the existing Federal Direct Loan Program effective July 1 of 2010, we will save approximately $84 billion over 10 years. These savings will in part be used to ensure that students do not see a reduction in their Pell grant awards next year, providing much needed assistance to Wisconsin’s low-income and middle-income students when they need it the most. Historic health care reform is now the law of the land. But we have to do more, and passing this bill is the next step.

The ACTING PRESIDENT pro tempore. The Senator’s time has expired.

Mr. FEINGOLD. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Montana.

Mr. BAUCUS. Mr. President, I yield 7 minutes to the Senator from Florida, a valued member of the Finance Committee.

Mr. NELSON of Florida. I thank the Presiding Officer and the chairman.

For the first time as a nation, we are recognizing that people have a right to be destroyed by sickness. Under the Senate bill passed by the House and signed into law yesterday by the President, folks are no longer going to have to choose between their health and their pocketbooks. Parents will no longer have to worry that their child can’t afford to get their kids to the doctor. Seniors will not have to wonder if Medicare will still be there for them several years down the road.

Health care reform doesn’t mean people can’t get health insurance. It means more affordability and coverage for all, but it still requires folks to do their part. Families who can afford to will be asked to contribute to the cost of their care. People are expected to get regular primary care so they do not end up in the emergency room with something that could have been treated easily and cheaply if it had been addressed sooner.

But, very importantly, we are also going to hold the insurance companies accountable. We are finally telling them: You can’t drop someone just because they get sick; you can’t cap someone’s benefits just because you are tired of paying for their care; and you can’t decide not to offer someone coverage because they have a preexisting condition. We are telling them: No more, no more, no more.

We are also saying to our seniors that we, as a nation, remain unwavering in our commitment to protecting and preserving Medicare for today, tomorrow, and the next millennium.

There has been an awful lot of misinformation going around about Medicare and something called Medicare Advantage. The fact is the original Senate bill proposed an unfair way to fix overpayments to these private Medicare HMO insurance plans. The fix
would have come at the expense of seniors living in areas with high medical costs, such as my State of Florida. I was able to pass an amendment in committee that fixed that problem fairly.

Under this reconciliation bill, the President has his wish. The aged have their preexisting conditions as a grounds for rejecting them. The seniors—are going to demand that they provide quality service. I appreciate the President’s leadership on this issue and the fact that he heard the concerns expressed by a number of us, including Senator SCHUMER and Senator WYDEN.

But having said all this, we have left something undone in this Senate bill that is now law and even in this reconciliation package. I am not happy with the drug companies. The drug companies, I think, are moving to eliminate preexisting conditions as a grounds for rejecting them.

I also hear from folks who are frustrated that in other countries folks are getting the very same drugs for much less than we pay here. I had an amendment that would have required the drug industry to pay its fair share of the tab for health care reform. It required the drug manufacturers to give the government price breaks on drugs for a lot of our low-income seniors, and that would have saved us $106 billion of taxpayer money, which was more than enough to fill the doughnut hole alto-gether and then make a dent in offsetting the Federal deficit.

In that regard I want to thank Majority Leader REID who has promised us—Senator MERKLEY, myself and others—that we will have the chance to vote on a public option provision. I think millions of Americans understand that public option is a choice that people should have—the right to go outside of the private insurance companies for their health insurance. That public option will provide competitive pressure on the insurance industry to control soaring health care costs. So I very much appreciate Senator REID telling us that we are going to have a vote on that issue within a couple of months.

This bill is a strong step forward. It is no small thing that we are providing health insurance to 32 million more Americans. It is no small thing that we are moving to eliminate preexisting conditions as a grounds for rejecting someone for health care. It is no small thing that we begin to fill that doughnut hole so that seniors will be able to get the prescription drugs they need in an affordable way. Those are, among other achievements, quite significant.

But having said that, after the passage of this legislation, we still have to deal with the reality that we will continue to spend far more per capita on health care than any other major country.

A few days ago, we had the Ambassador from Denmark visiting Vermont. In that country, they provide quality care for all of their people, and they do it spending about 50 percent of what we do because they have eliminated private insurance companies and all of the administrative and profiteering costs associated with private insurance companies. I hope we will one day at least authorize the option to move forward with a single-payer, Medicare-for-all program, which I think ultimately is the way we are going to go as a na-

I do want to say a word on one aspect, one provision of this bill which I think is enormously important, and I am very excited it is included in this bill. Again, I thank Senator Reid for his help in making sure it remained in and is amply funded. That is that in this legislation we are going to take a giant step forward in providing primary health care to the people of this country through a major expansion of the National Health Service Corps. This legislation provides enough funding so that we are going to create, over the next 5 years, 8,000 new health center sites, more than doubling the number that we have today. We are going to increase access for primary health care, dental care, mental health counseling, and low-cost prescription drugs by doubling the number of Americans with access to community health centers from 20 million to 40 million in every State, and in every region of this country. That is a huge step forward in providing basic health care to millions of Americans who today cannot access that care.

While we do that, we are also going to significantly expand the number of doctors, the number of nurse practitioners and dentists that we desperately need in order to provide primary health care to our people.

This legislation—over a 5-year period—triples the amount of money going into the National Health Service Corps, a program which provides debt forgiveness and scholarships for those doctors and dentists who will be serving in underserved areas throughout this country.

Through the National Health Service Corps, we are going to support an additional 17,000 new primary health care doctors, dentists, nurse practitioners, and mental health professionals. What that means is that if somebody has no health insurance, if somebody has Medicaid, if somebody has Medicare, if somebody has private health insurance, that individual is going to be able to walk into a community health center and get the high quality care they need. The incredible thing, and this is quite remarkable, is that by doing this we are going to actually save taxpayers money because we are going to keep people out of the emergency room, which is the most expensive form of primary health care; we are going to prevent people from becoming sicker than they should and ending up in the
hospital at great expense. Based on a study by the Geiger-Gibson Program at George Washington University, it is conservatively estimated that, by investing $12.5 billion in health centers and the National Health Service Corps, we would save Medicaid alone over $17 billion over the next 5 years.

This legislation is going to be very significant in providing the primary health care that we need as a nation, and I am very appreciative it is part of the bill.

Mr. President, as I conclude, I ask unanimous consent to have printed in the Record the findings of the study by the Geiger-Gibson/RCHN Community Health Foundation Research Collaborative, George Washington University, dated October 14, 2009.

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

**Findings**

Since health centers are non-profit entities that operate subject to comprehensive federal standards, our models assume that health centers will serve as many patients as their revenues permit. As a result, the number of patients at health centers depends on the revenue available to health centers and the distribution of insurance coverage among health center patients. The Senate provisions increase health center revenue in three key ways: (1) by increasing federal health center grants; (2) by increasing Medicaid revenues as a result of expanded Medicaid coverage; and (3) by assuring higher private insurance revenues as a result of the extension of the Prospective Payment System (PPS) to health center patients insured through a health exchange. By lowering the number of uninsured patients, health reform thus will allow health centers to use their grant funds to reach additional uninsured patients, thereby increasing the number of patients who can be served.

It is important that this federal health center grants and payments under Medicaid and private health insurance represent only a portion of the revenue of health centers. Other important sources include other federal, state, local and private grants or contracts. As in our prior report, we conservatively assume that these other funding sources will grow by only five percent annually.

We estimate that by 2019, these combined policy changes would roughly triple the number of patients receiving care at health centers. The number of patients that would rise from an estimated 19.0 million in 2009 to 44.2 million in 2015 and to 60.4 million by 2019. In order to expand to serve this many patients, we assume that the number of health center patients served at health centers and adjusted savings to account for health care inflation to estimate medical savings associated with the expansion of services at health centers over the next ten years. These are summarized in Table 1.

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**TABLE 1—ESTIMATED INCREASE IN HEALTH CENTER PATIENTS, TOTAL MEDICAL SAVINGS AND FEDERAL MEDICAID SAVINGS UNDER THE SENATE PROVISIONS, 2010 TO 2019**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of Patients (mil)</th>
<th>Increase (2009 Patient)</th>
<th>Est. Total Med Savings Per Person</th>
<th>Est. Total Medical Savings (bil)</th>
<th>Est. Federal Medicaid Savings (bil)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>19.0</td>
<td>-</td>
<td>$1,780</td>
<td>$39.0</td>
<td>$11.0</td>
</tr>
<tr>
<td>2015</td>
<td>24.4</td>
<td>5.4</td>
<td>$1,551</td>
<td>$73.7</td>
<td>$22.5</td>
</tr>
<tr>
<td>2019</td>
<td>34.2</td>
<td>9.8</td>
<td>$1,262</td>
<td>$129.1</td>
<td>$34.2</td>
</tr>
<tr>
<td>2010–2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010–2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Authors’ estimates.

As seen in Table 1, in 2019, we estimate that the number of patients receiving primary care services at health centers will rise by 41.4 million over the 2009 level of 19.0 million, to 60.4 million total patients. This growing use of health centers to serve an additional 41.4 million patients times the medical savings of $1,780 per patient yields an overall medical savings estimate of $73.7 billion in 2019 alone. Over the 2010-2019 period, we estimate a $129.1 billion in total medical savings. (Following the approach used by the Congressional Budget Office, we estimate only the additional savings due to increases in the number of patients who receive their health care through health centers will lead to $69.6 billion in total medical savings. (Following the approach used by the Congressional Budget Office, we estimate only the additional savings due to increases in the number of patients served at health centers. We estimate that the 19.0 million patients already served in 2009 create medical savings of $24 billion in that year alone; savings from the existing 19 million patients are not included in the estimates shown in Table 1 above.)

This estimate includes all medical savings, whether public or private. From the federal perspective, the critical question is federal savings. We estimate savings attributable to federal spending by focusing on federal Medicaid savings, accounting both for the increased volume of Medicaid patients and the effective increases in federal matching shares for Medicaid. (There are also state Medicaid savings not included in the estimate of federal savings.) This calculation yields an estimated federal Medicaid savings of $22.5 billion in 2019 and $105 billion between 2010 and 2019. This is a conservative estimate of federal savings, since there would also be savings attributable to federal matching shares for Medicaid as well as in the federal subsidies spent to purchase health insurance through exchanges.

The **ACTING PRESIDENT** pro tempore. The time of the Senator has expired.

Mr. **BAUCUS**. Mr. President, how much time remains on our half hour? The **ACTING PRESIDENT** pro tempore. There remains 2 minutes 40 seconds.

Mr. **BAUCUS**. I yield 2 minutes 40 seconds to the Senator from Missouri. The **ACTING PRESIDENT** pro tempore. The Senator from Missouri is recognized.

Mrs. **McCASKILL**. Mr. President, we have had a lot of that childhood story we all learned of "Chicken Little." We have had a lot of Chicken Little around this building in the last few months: The sky is falling, the sky is falling. You know, I woke up this morning, I looked up and the sky was not falling. Every day that goes by in America people are going to realize the sky is not falling. In fact, as time goes on that sky is going to get bluer and brighter because people in America are going to realize this bill is not full of booby traps, it is filled with good things that will reform health care.

I rise this afternoon to take a couple of minutes to talk about a new low of obstructionism, taking game playing to a whole new level. In 10 minutes I was supposed to convene a hearing on the contracts for police training in Afghanistan. This is a very important part of our mission in Afghanistan, the training of local police departments. There was a witness who was going to be there from the State Department, a witness there from the Defense Department, the Inspectors General were going to be there.

Just last week GAO wiped out a contract that had been let on police training because of problems with the way the contract was competed. So this hearing was timely and it is important. We cannot succeed in Afghanistan if we do not have effective police training. These contracts are problematic. The State Department is supposed to be overseeing them. We have hundreds of millions of dollars not accounted for.

So what do I find out this morning? The Republican party is not going to let us have the hearing. Why in the world? Why in the world are we not being allowed to work this afternoon? Why in the world are we not able to ask questions at a hearing in a few minutes as to why the police training is not going well in Afghanistan and how we can do better?

Our men and women are over there and they are at risk if we do not get this right. I don't get it. I don't get what the purpose of saying no is. I don't get what we accomplish. We are sent here to work. We are paid by the people of this nation to work. The idea that I had to call these witnesses and say go home because the Republicans will not let us have a hearing—
somebody has to explain this to me. Disagree with us, debate, vote no—but let us work. I implore you: Let us work.

The ACTING PRESIDENT pro tempore. The Senator’s time has expired.

The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I have one unanimous consent request that we continue altering sides of the debate. I ask consent we continuing alternating back and forth, and the next half hour be on the second side.

I ask unanimous consent the next half hour be controlled by the Republicans and the half hour thereafter be controlled by the majority, and the half hour after that be controlled by Republicans.

The ACTING PRESIDENT pro tempore. Is there objection?

Without objection, it is so ordered.

Mr. BAUCUS. Mr. President, for the information of Senators, the final block of time is reserved to be under the control of the chairman for concluding remarks; that is, prior to a series of votes. I make that statement for the information of Senators.

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

AMENDMENT NO. 3579

Mr. ROBERTS. I ask consent to call up Roberts-Inhofe-Brown amendment No. 3579, and I ask unanimous consent Senator CRAPO be added as cosponsor.

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

The clerk will report.

The bill clerk read as follows:

The Senator from Kansas [Mr. ROBERTS], for himself, Mr. INHOFE, Mr. BROWN of Massachusetts, and Mr. CRAPO, proposes an amendment numbered 3579.

Mr. ROBERTS. I ask unanimous consent the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To strike the medical device tax)

Strike section 1405 and insert the following:

SEC. 1405. REPEAL OF MEDICAL DEVICE FEE.

(a) In General.—Section 9009 of the Patient Protection and Affordable Care Act, as amended by section 10004 of such Act, is repealed effective as of the date of the enactment of this Act.

(b) Expansion of Affordability Exception to Individual Mandate.—Section 5000A(a)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by striking “8 percent” and inserting “5 percent”.

(c) Application of Provision.—The amendment made by subsection (b) shall apply as if included in the Patient Protection and Affordable Care Act.

Amendment No. 3588

Mr. INHOFE. Mr. President, I call up amendment No. 3588 and make it pending.

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

The bill clerk read as follows:

The Senator from Oklahoma [Mr. INHOFE] proposes an amendment numbered 3588.

Mr. INHOFE. I ask unanimous consent we dispense with the reading of the amendment.

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

The amendment is as follows:

Purpose: To exclude pediatric devices and devices for persons with disabilities from the medical device tax

On page 99, between lines 9 and 10, insert the following:

(e) Exclusion of Medical Devices for Pediatric Use and Persons With Disabilities.—

(1) In general.—For purposes of section 4191(b)(1) of the Internal Revenue Code of 1986, as added by subsection (a), the term “taxable medical device” shall not include any device which is primarily designed—

(A) to be used by or for pediatric patients, or

(B) to assist persons with disabilities with tasks of daily life.

(2) Expansion of Affordability Exception to Individual Mandate.—Section 5000A(a)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by striking “8 percent” and inserting “5 percent”.

(3) Application of Provision.—The amendment made by paragraph (2) shall apply as if included in the Patient Protection and Affordable Care Act.

Mr. INHOFE. Mr. President, President Obama repeatedly promised during the campaign that no one making under $250,000 per year would see their taxes increase. However, the Democrats claim to spend $2.6 trillion in new health care at a time when the country cannot afford the promises they have already made and we have a record 1-year budget deficit, $1.4 trillion.

We hear President Obama always talking about what he inherited from George W. Bush. What he inherited was nothing like what he did. He actually raised the deficit $1.4 trillion in 1 year. That is more than President Bush did in his last 5 years.

The HELP bill, which recently passed the House, represents an unprecedented
expansion of government control and increases taxes on Americans during a difficult economic time. But the Democrats did not stop with one expensive health care bill. Now the Senate is debating a fix-it bill which increases taxes an additional $50 billion on the American people.

Reading through the legislation, I am struck by a myriad of ways this raises taxes on American citizens, from job-creating small businesses to middle-income families—over a half trillion dollars of new taxes.

If you happen to need a medical device—that is what we are talking about right now—you get taxed under the bill. Section 9009 of the recently passed health care bill imposes a new tax on assistive devices, which includes items such as pacemakers, ventilators, and prosthetics, and incubators for premature babies. The fix-it bill—I call this the payoff bill because as you all know the Speaker of the House had to pay off these individuals. I understand how that works. That is what this bill is all about right now. That is why it needs to be amended. This is what we are currently debating. It actually expands to include more medical devices and the list includes elastastic bandages, most hand-held dental instruments, and examination gloves.

I am joining with my Republican colleagues to propose an amendment striking the tax on medical devices.

Additionally, I have filed amendment No. 3588—that is what we are talking about now—that will strike this expansion of taxes on assistive devices for two of the most vulnerable populations, children and individuals with disabilities.

I have previously spoken on the floor about this new tax and how it hurts Americans. Let me remind you of a couple of examples.

My son-in-law Brad Swan installs pacemakers and defibrillators. I know this is true because he lives right across the street from us. At 1 o’clock in the morning he was called to an emergency involving a young 8-year-old boy with no heartbeat whatsoever. He was born with congenital heart disease, was able to have a pacemaker put in that morning, right after he was called, and now he has a full, healthy life ahead of him. My older sister Marilyn faced a similar situation and now he has a full, healthy life ahead of him. My older sister called, and now he has a full, healthy life ahead of him. My older sister called, and now he has a full, healthy life ahead of him.

Mr. HATCH. Mr. President, I ask unanimous consent that the pending amendment be set aside. I have an amendment that poses an amendment numbered 3644.

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

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

The bill clerk read as follows:

The Senator from Utah (Mr. HATCH), for himself, Mr. Coburn, and Mr. Crapo, proposes an amendment numbered 3644.

The ACTING PRESIDENT pro tempore.

Mr. HATCH. Mr. President, I ask unanimous consent that the pending amendment be set aside. I have an amendment that poses an amendment numbered 3644.

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

The amendment is as follows:

(Purpose: To protect access for America’s wounded warriors)

On page 99, between lines 9 and 10, insert the following:

(e) EXCLUSION OF MEDICAL DEVICES SOLD UNDER THE TRICARE FOR LIFE PROGRAM OR VETERAN’S HEALTH CARE PROGRAM.—

(1) I N GENERAL.—For purposes of section 500A(e)(1)(A) of the Internal Revenue Code of 1986, as added by subsection (a), the term “taxable medical device” shall not include any device which is sold to individuals covered under the lifetime program for the veteran’s health care program under chapter 17 of title 38, United States Code, any portion of the cost of which is paid or reimbursed under either such program.

(2) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 500A(a)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by striking “8 percent” and inserting “5 percent.”

(3) APPLICATION OF PROVISION.—The amendment made by paragraph (2) shall apply as if included in the Patient Protection and Affordable Care Act.

Mr. HATCH. Mr. President, before I talk about my amendment to exempt our Nation’s wounded warriors from this new medical device tax, let me take a moment to talk about the enormous tax burden imposed under this bill.

Republicans in Congress agree with the majority of Americans who believe that simply throwing more hard-earned taxpayer dollars at a $2.5 trillion health care system will not deliver meaningful reform. Simply raising more than $650 billion in new taxes at a time when our national unemployment rate stagnates near double digits is just not a good idea.

Now, let us take a look at the claims that despite more than $650 billion in new taxes in this bill, this big government bill will not raise taxes for Americans making less than $200,000 a year, a pledge that President Obama repeatedly mentioned both as a candidate and then as our President. Well, the Democratic chairman of the Finance Committee, and I commend him for his honesty, in his floor remarks on March 23, 2010, stated: One other point that I think is very important to make is that it is true that in certain cases, the taxes will go up for some Americans who might be making less than $200,000. We have known all along that the pledge is an illusion that will slowly but continuously disappear over time.

A recent analysis by former Congressional Budget Office Director Douglas Holtz-Eakin based on data provided by the Joint Committee on Taxation reveals some startling facts on the distributional impact of the Senate-passed bill. Let me share these findings with you:

Only 7 percent of Americans would qualify for the new government subsidy to help them pay for mandatory health insurance. 93 percent of all Americans will not be eligible for a tax benefit under this bill.

Twenty-five percent of Americans earning less than $200,000 a year would see their taxes rise. So what does this all mean? For every one family that receives the government subsidy, three middle-class families will pay higher taxes.

Simply put, we will continue our march towards the Europeanization of America as fewer and fewer Americans continue to bear the burden of supporting the needs of a growing majority.

By the way, the figures I just discussed, do not take into account all the tax increases in this bill signed by the President yesterday, including hundreds of billions in new taxes on employers who do not provide coverage to insurance premiums, prescription drugs and medical devices.

Representatives from both the Congressional Budget Office and the Joint Committee on Taxation testified before the Finance Committee that these taxes will be passed on to the consumers. So even though the bill tries to hide these taxes as fees, average Americans who purchase prescription drugs and buy medical devices will end up footing the bill. Every American knows that there is no such thing as a free lunch in this town.

Included in the $650 billion of new taxes in this health bill is a tax hike of $20 billion on medical devices. Of the few exemptions included in the reconciliation bill, there is no mention of...
the brave men and women in the military and our veterans who have sustained injuries defending this country during the wars.

My amendment would prevent this new tax from raising costs or hurting access for American soldiers and veterans and other medical devices used by the TRICARE program and the Veterans health care program. We must protect our wounded warriors who rely on these life-saving and life-enhancing medical devices.

I urge my colleagues to stand up for our brave warriors and support this amendment.

Let me tell you, I hope my colleagues on both sides will stand up for the wounded warriors. I hope they will stand up and realize that these folks should not be hammered with higher costs on medical devices. We owe them a debt of gratitude not more taxes.

The ACTING PRESIDENT pro tempore, Senator from Iowa.

Mr. GRASSLEY. I wish to speak in support of Senator INHOFE’s amendment No. 3588, which would be to exclude medical devices for children and persons with disabilities from a medical device tax.

I know that when you talk about a medical device tax and if it is on the manufacturers, you are going to say: Why, what should I be concerned about for because some manufacturer is going to pay it. Well, don’t fool yourself. You corporations do not pay taxes, only people pay taxes, and there are three categories of people who pay taxes: stockholders or employees or consumers. And I will bet in most cases consumers end up paying for that.

So this provision in this bill is much broader than the Inhofe amendment would apply to, but I think Senator INHOFE has picked out a very important aspect of adding taxes, the extent to which it’s the vulnerable people whom you call children and persons with disabilities who are consumers who shouldn’t be paying for a tax to pay for a bill that 59 percent of the people in this country say they are against. But because the majority party and the President want to make history, just make history, don’t worry about the people at the grassroots of America, what they think.

So there are all these taxes and all of these, and I compliment Senator INHOFE for his leadership in at least trying to reduce this burden on people who are very vulnerable, people with disabilities.

Of the many taxes in this bill, I am especially worried about the tax on medical devices. What will happen when the Democrats impose a new tax hike on $20 billion of these innovative medical devices? During the markup of the Finance Committee bill, I asked the question to the nonpartisan Congressional Budget Office and the Joint Committee on Taxation. I would like to say it is very important that you understand that because everybody thinks everything connected with Congress is totally political. Well, these are professionals who are around here, the expert group of Senators and Representatives, and then their job is, in a professional way, to look at what things cost and how much money certain taxes will raise. So they are kind of like God around here. They are believers—that is, they are determined, if you know, it takes 60 votes. That is a lot of power when you have to have 60 votes to overrule something on a point of order.

So explaining what nonpartisanship is that the Congressional Budget Office and our constituents understanding that so they understand we are not quoting a Republican or a Democrat, we are quoting professionals, I think is very basic to understanding the points that I am making so that they are accepted as intellectually honest.

In this particular case where these two offices—both of them said these excise taxes will be passed on to consumers in the form of higher prices and higher costs. When I began my remarks, I said that is what is going to happen. Well, Chuck Grassley said that, but I want you to know that is what these professionals in the Joint Committee on Taxation and the Congressional Budget Office backed me up in saying.

Who are the consumers of these devices? I have the exact language here of how these things are going to be passed on to consumers so that you know, you see the document right here.

Who are these consumers of these devices who will bear the burden of the new medical device excise tax? I would like to tell the story of the Tillman family, a family who would bear the burden of this new medical device tax.

At only 5 months old, Tiana Tillman had her life saved by a medical device. This story has received a lot of attention because Tiana’s father is a professional football player for the Chicago Bears. However, lifesaving stories like this happen all across the country.

When Charles Tillman reported to training camp in 2008, it was not long before his coach told him his 5-month-old daughter Tiana had been rushed to the hospital. When Charles arrived at the hospital, Tiana’s heart rate was over 200 beats per minute. The doctor told Charles and his wife Jackie that Tiana may not make it through the night.

Tiana survived the night, and after a series of tests, she was diagnosed with cardiomyopathy—that is, an enlarged heart that is unable to function properly. Her condition was critical, and without a heart transplant, she would not survive. But finding pediatric donors is very difficult, and many children do not survive that long wait time.

Tiana was immediately put on ECMO, a device that would help the functions of the heart while Tiana waited for a transplant. However, ECMO is an old device that has many shortcomings.

The Tillmans waited for one of two outcomes: either Tiana would receive the transplant or she would die waiting on ECMO.

If you want to know, ECMO is E-C-M-O, an acronym.

But then doctors told them about the new pediatric medical device called the Berlin Heart—the Berlin Heart is an external device that performs the function of the heart and lungs—the Tillmans decided to move forward with the Berlin Heart. After 13 days of being on ECMO without any movement, Tiana underwent surgery to connect the Berlin Heart. After the operation, you can see Tiana in that photo. It pumped her blood through her body—a job her heart could not perform on its own.

Doctors said the Berlin Heart helped Tiana regain her strength because she was able to remain on the paralytic medication and finally moving.

Not long after Tiana connected to the Berlin Heart, a donor was found and Tiana underwent an 8-hour transplant surgery. The risky surgery was a thank you to God. Usually it takes some time for a new heart to start working, but doctors said that due to Tiana’s strength, her new heart started working immediately.

You see here Tiana today. She probably loves that football just like her dad loved the football. She is a happy and healthy 2-year-old girl. She enjoys playing on her swing and watching her dad play football.

Without the Berlin Heart to keep her alive and help her to gain strength, she might not, in fact, be alive. Democrats would increase costs for families such as the Tillmans with this tax, particularly. But it will be relieved somewhat if we adopt the Inhofe amendment. In fact, the Democratic bill would tax most pediatric medical devices. I wish to make clear that any vote against the Inhofe amendment is an endorsement of the tax on devices such as the Berlin Heart and many others children across this country rely upon. Not only that, it would also probably have a great impact upon research that brings about some of these miracle medical devices that make a difference. Taking money away from research at businesses is going to delay the miracle things that come along, whether they are pharmaceuticals or medical devices.

We should not be discouraging that. In the rest of the world, there has not been as much research done in the rest of the world as is done in the United States. Maybe go back 50 years ago and you had Germany and other European countries very much involved. But their government taking over everything and their high rates of taxation are slowing up medical research. So the United States has been the beneficiary of that. Our pharmaceutical industry and medical device
industry have taken advantage of it. So much new development around the world in the enhancement of these devices as well as pharmaceuticals have come because of the research we do. This tremendous tax burden that the American consumer is going through. Some of the revenue coming in to fund this bill, which isn’t going to drive down health care costs, is going to stymie a lot of innovation we should not want to stymie.

Mr. GRASSLEY. I will take that 3½ minutes to comment on another aspect of the bill. This is not on the Inhofe amendment, at this point. It is something unrelated to health care, but in a sense it is related to health care. This is the nationalization of the student loan program. The long time they have on behalf of their students have had the benefit of going with a direct student loan from the government or getting it through the banks. They have voted by their feet, by the overwhelming amount of them going to the banks to get their student loans. Now this reconciliation is going to nationalize student loans, have just direct loans. There are about 31,000 people around the country who have something to do with student loans. Those people every day are there waiting for me. They were there giving me intravenous fluids. They were there to care for me. I had health care coverage. The doctors were there waiting for me. They were there to give me transfusions. They were there to make sure health care is affordable to their employees.

Many know that recently I was stricken with an illness. Five weeks ago this time, I was in an ambulance on my way to the hospital, bleeding profusely, very sick. I was lucky. I had health care insurance. The reason was that is there for people to find insurance that is available, affordable.

What we see is obstructionism at its worst. I have yet to hear them say: Let us all come together and say: I mean it when I say no. I am willing to give up the coverage I have, my family and employees. I am talking to the Senators on the other side. Say no and mean no. But mean it for yourselves as well as the people outside who are begging for the coverage.

I thank the Chair.

Mr. BAUCUS. Mr. President, I thank my good friend from New Jersey. I am reminded how he led the fight years ago to stop cigarette smoking in airplanes. I was so pleased when he did that for many millions of Americans who are still pleased. It was he who did it.

I yield 10 minutes to the Senator from Oregon, a big leader in health care reform. He has been working health care reform as long as I can remember. I thank the Senator from Oregon.

The ACTING PRESIDENT pro tempore. The Senator from Oregon is recognized for 10 minutes.

Mr. WYDEN. Before he leaves the floor, let me echo the praise for our friend from New Jersey, who has prosecuted the case against cigarettes for so many years. We are thankful to him. What a strong advocate he is.

I thank the chairman for well for all his efforts. I wish to highlight a couple of provisions he and I worked on together that speak to the headlines we are seeing in this morning’s newspaper; in particular, the provision he and I partnered on that allows States to innovate and take fresh approaches in terms of addressing health care challenges. We all read today about how roughly a dozen States are...
already challenging the important, recently-signed health care law on the grounds that the individual mandate is unconstitutional. He and I worked very closely together to ensure that States could have a waiver to, in effect, go out and set up their own approach. In fact, counsel to the Senate Finance Committee specifically said, in response to our questions during the markup of health reform, that if a State could meet the general framework of our legislation, it did not have to do it with an individual mandate.

I thank the chairman for stepping up and empowering the States. I want the country to know that under the legislation Chairman Baucus worked on with me, every State does not have to litigate. They can innovate. They can go out and look at fresh approaches to address our health care challenges. That would include doing health reform without an individual mandate. I have followed the discussion on the floor over the last couple days about how somehow reform would Europeanize the health care system. On that, that Chairman Baucus has done, with Section 1332 of the health reform bill, similar to what I sought to do in the legislation I drafted that had bipartisan support, is to send a message to all the States all across the country that we invite them to come up with the kind of fresh, creative ideas that are going to help us hold health care costs down. In fact, the chairman and I spent a lot of time trying to make sure States could tailor their own health insurance exchanges, which would be fresh marketplaces, so that, for example, an approach in Montana or Oregon that folks there thought made sense, could be entirely different than a strategy New York would try on its own. Not only is section 1332 a provision that allows for State innovation, but, as the chairman knows, there is also another approach that our colleague Senator Cantwell came up with that advances similar State innovation, allowing States to set up a basic health care plan.

So my message to these States talking about litigating right now is, why would you say at this point you are going to go out and go to court and sue everybody in sight when, in fact, what the President signed yesterday gives the States the authority to come up with their own approach? Senate Finance Committee counsel is on record as saying States could come up with their own approach without an individual mandate. I hope—even given the amount of attention that is being paid this afternoon to the question of States filing these lawsuits, alleging the law is unconstitutional—I hope some of those States will take a look at section 1332 that, in my view, ought to be attractive to elected officials all across the political spectrum who share the view Chairman Baucus and I share: of what we would like to empower the States.

Another area where innovation is encouraged to occur is the Medicare Advantage provision in our legislation. We have had a lot of discussion on the floor about Medicare Advantage. Having been involved with this program for a number of years, and its predecessors during the days when I was codirector of the Gray Panthers, I wish to offer up an approach that could create a Medicare Advantage Program that is entirely new.

On the other hand, there are very good Medicare Advantage Programs in our part of the country that have been able to win recognition from the Federal Government as high quality plans. In fact, under this legislation, plans that have earned a high quality rating from the Federal Government on the basis of, for example, how they manage chronic conditions, the kinds of screenings they do of a preventive nature, and their responsiveness to member complaints, when they get a high rating from the Federal Government on the basis of such criteria and earn those extra stars, they will get bonus payments. This was an idea the Chairman worked closely with me on when the legislation was advanced by the Finance Committee.

We will probably have further discussions on the floor about Medicare Advantage, but I only come to the floor today to say—for those who are interested in promoting quality, and their responsiveness to member complaints, when they get a high rating from the Federal Government on the basis of such criteria and earn those extra stars, they will get bonus payments. This was an idea the Chairman worked closely with me on when the legislation was advanced by the Finance Committee.

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Second, I hope colleagues will look at the new incentives in this legislation to promote quality in the Medicare Advantage program and beyond because I believe those two provisions in this legislation—that encourage State innovation, that promote quality in the Medicare Advantage program—are widely supported by colleagues on both sides of the aisle in the days ahead.

That is, in my view, the kind of approach that can bring the American people together and help us implement this law in a fashion that is in line with what Americans want: good quality, affordable care, and reform that works for them.

Mr. Chairman, I thank you for this time and particularly for your help on those two provisions that I think ought to appeal to both Republicans and Democrats in the days ahead.

Mr. BAUCUS. I thank the Senator very much.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Might I inquire, Mr. President, how much time remains on this side for this block?

The PRESIDING OFFICER. Fifteen minutes.

Mr. BAUCUS. I thank the Chair.

Mr. President, I yield 10 minutes—5 minutes—to the Senator from Colorado.

Mr. BENNET. Thank you, Mr. President. I say thank you to the Senator from Montana for his generosity. I will not take 10 minutes. I know the Senator from Pennsylvania is here.

Mr. President, I stand here today for the millions of Coloradans and American families who are sick and tired of the name calling, the bickering, and the partisanship in Washington.

I am here today for over 800,000 uninsured Coloradans who will now have a fighting chance to get the health care they need.

I am here for the 1.2 million Coloradan children who will never again be at risk of being denied coverage because they have a preexisting condition.

I am here for the 70,000 small businesses that will get a tax cut to provide health insurance, so they do not have to make the terrible choice between providing health care coverage for their employees and keeping their doors open.

I am here for the hundreds of thousands of seniors who depend on Medicare and expect us to protect and preserve it for generations to come.

We have passed a bill that makes our country more competitive, ends insurance company abuses, gives people more coverage, and starts putting our country on a more sound fiscal footing for the next 20 years.

I join those on this side of the aisle and on the other side of the aisle who have made this a not a perfect piece of legislation. No piece of legislation is perfect. But it is a great first step for the reasons I said.
The nonpartisan Congressional Budget Office has confirmed a $133 billion reduction in the Federal deficit over 10 years, as a consequence of our passing this legislation, and a $1.2 trillion reduction in the first 20 years.

Now, let me say that this reconciliation bill—a bill that gets rid of the special deals I spoke out against at the end of the year, a bill that makes sure our seniors can afford the prescription drugs they need, a bill that covers more people in my State of Colorado. But the insurance companies and the special interests have not given up. The defenders of the status quo are still at it. Put simply, to amend the bill is to kill this bill. The only reason we are going through this process is because opponents of health care reform want to kill the bill. Now is not the time to play games with the lives of thousands of Coloradans and millions of Americans, and I will not do it.

There are also some who are well intentioned and want to amend this bill to include a public option. I am and have been a strong proponent of a public option and, like a lot of people, have taken a lot of heat for it. I am not sure why because everywhere I went in Colorado people said to me: Michael, if you are going to require us to have insurance, we want as many choices as possible for our family. Please don’t force us into this private insurance if there are other options out there.

I told them all we could do to convince the House to include it in this bill, and we were disappointed when they did not. We are going to continue to fight for it until we get a vote. We will have our vote on a public option. But I will not risk the well-being of Coloradans to do it, and I will not play into the hands of those who want to kill the bill.

So today I stand with many of my colleagues, with the American Diabetes Association, the American Hospice Foundation, Autism Society, Doctors for America, Easter Seals, and the National Alliance on Mental Illness, among with over 150 organizations that want us to pass this bill as well. I stand with AARP which knows that changing this bill now will put seniors at risk.

But more important than all of that, I stand with the people of Colorado who expect more from their government and who want more for their children and grandchildren than politics and name calling.

I urge all of my colleagues to pass reconciliation and send this bill to the President’s desk.

I yield the floor.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I yield the remainder of the time to the Senator from Pennsylvania, Mr. CASEY.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I am grateful for this opportunity to speak about health care. I commend our chairman, Senator BAUCUS, for his great leadership in the Finance Committee and on so many other important issues we have been wrestling with with regard to health care.

We have had a chance over many months and weeks as we speak today—to talk about a lot of the policy of the bill the President signed into law, our health care bill we passed here in the Senate, and, of course, the policy contained in the bill we are considering. But it is important for us to step back and talk about some—not all—but a few examples of some of the real people out there on whom this legislation will have an impact.

I have spoken a number of times about Trisha Urban from Berks County, PA—all the problems she and her family had with their health care; denied coverage because of a preexisting condition. December. Now the health care reform puts American families in control of their health care benefits with lower prescription drug bills, more secure health care for our seniors can afford the prescription drug bills; they have the full freight for prescription drug bills; it will ensure they can have access to the medical care they need to grow up healthy, but also they will be able to reap the benefits of other parts of this bill.

This bill will also help hard-working insured Americans from having to declare bankruptcy due to medical bills, as that Ritter twins, whose time has come. At a time when they had with their health care: declining wages and small business owners—not their insurance companies—in control of their health care.

Secondly, this bill makes health insurance affordable for middle-class families and small businesses—one of the largest tax cuts in history—reducing premiums and out-of-pocket costs.

Third, it holds insurance companies accountable, at last, to keep premiums down and prevent denial of care at the critical moment, including for preexisting conditions.

No. 4, this legislation improves Medicare benefits with lower prescription drug costs for those in the doughnut hole, better chronic care, free prevention care, and virtually a decade more of solvency for Medicare.

Finally, No. 5—and this is not a comprehensive summary but one more point—this legislation reduces the deficit, according to the Congressional Budget Office, by $143 billion over the next 10 years. If you look at the 10 years after that, 20 years in total, it is well over $1 trillion.

So this is a bill, and this is legislation, whose time has come. At a time when we have 577,000 people out of work, almost a record number of people out of work in Pennsylvania—we have to make sure that one of the things we put in place is a more secure health care system for workers and their families.

We all have heard the list of provisions that will go into effect right away. Small businesses will have access to—have the eligibility, I should say—for tax credits. Some companies will get credits up to 35 percent of the dollars they spend on premiums. The Federal Government will be investing in community health centers even in greater amounts than the Federal Government does now. Older citizens would not be affected by the doughnut hole problem where they have to pay the whole freight for prescription drug costs for several thousands of dollars’ worth of care. They are going to get relief from that. In 3 months’ time—3 months from yesterday—people with preexisting conditions will be able to get help from a high-risk pool, a special fund to help them in that crisis.

As we know, in 6 months—in September—children will have the full legal protection in new insurance plans for denials of coverage—or I should say against denials of coverage—for a preexisting condition.

So for all of those reasons and more, whether we are thinking about the小女孩 that Trisha Urban and her family had before and certainly after her husband’s death, or the Ritter twins, Hannah and Madeline Ritter, we hope more families have the benefit of the protections in this bill. We know one thing. We know small businesses across the country are starting to get a sense now of what this will mean in terms of helping them with the tax credit, helping their employees with the critically important issue of health care.

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

The PRESIDING OFFICER. The clerk will call the roll.
Mr. CORKER. Mr. President, I wish to thank the Senator from New Hampshire who I think has offered extraordinary leadership on this issue and on the issues regarding our country’s huge amount of indebtedness. As does Senator GREGG, I find it hard to believe that we are giving $500 billion in savings from Medicare, as he just mentioned, to leverage a new entitlement when we know that Medicare itself has a $37 trillion unfunded liability. As he mentioned, we go further by not even dealing with this doc fix which he was just discussing.

I look forward to his amendment, I look forward to supporting it, and I thank him for his leadership.

I wish to speak today about unfunded liabilities. I was the mayor of a city, I know the President, I am speaking to the State from where he comes. I was the commissioner of finance for our State where we dealt with all of our financial issues for the State—Senator GREGG was a Governor.

One of the things that I think bothered all of us who used to serve at the city and State level was unfunded mandates. It is an incredible thing to think in a piece of legislation and, by the way, have a huge signature ceremony where everybody is patting each other on the back and celebrating that they just passed something, and the part that is left out is that at the same time that they are passing legislation and, by the way, have a major event where everybody is patting each other on the back and celebrating that they just passed something, and the part that is left out is that the country is left with a huge unfunded mandate.

We have a very good Governor in our State. His name is Phil Bredesen. He is a Democrat. He has spent a lifetime in health care. He has handled our State’s finances very well. He called me on Friday with a sense of tremendous concern in his voice talking about the fact that this bill was going to cause the State of Tennessee, which is already experiencing huge tuition increases—having all kinds of services there that we are having difficulties dealing with—and this bill is going to create a $1.1 billion unfunded liability for the State of Tennessee. I just find it hard to believe that, again, knowing the stress our States around this country are dealing with, we are passing legislation that puts in place a $1.1 billion unfunded mandate on the State of Tennessee.

But let me go a step further. This bill also violates something we thought was sacrosanct around here and that was the Unfunded Mandates Reform Act, which basically said that we acknowledge—most of us have come from other places, served in local and State governments, and we acknowledge that these not to be passing legislation that creates unfunded mandates. We shouldn’t be pitting ourselves on the back, passing legislation that we say is good for the people back home, and then sending the tab there.

So this bill violates that. I think everybody in this body knows it violates that. So it is just kind of, yes, we said we didn’t want to deal inappropriately with States, but we decided we wanted to pass health care reform, and we are going to do it.

Let me come to the one that I find most fascinating. Senator GREGG was just talking about the fact that we have a 21-percent cut coming for physicians who treat Medicaid recipients, and instead of taking the Medicare savings that we found in this bill and using that to make sure those physicians are paid, we are not going to do that. So in a short time, without us talking again, emergency action—$200 billion or so—these physicians are going to have a cut.

Let me tell my colleagues what we are doing in this bill, and I think the President may already know this, but in addition to creating in our State a $1.1 billion unfunded mandate, we are going to pay physicians who treat Medicaid recipients at the same level as, if you are a primary care physician, as Medicare reimbursements are taken, but we are going to do that for 2 years.

Now, this is like the worst joke ever that we can play on our States. What we are saying is, we are going to mandate to the States that the primary care physician who sees Medicaid recipients, their rate has to be jacked up, and we are going to provide the money for that for 2 years, but then that drops off. So not only do we have this issue of the unfunded mandate, we are creating this cliff issue for the State. In this bill, which means that after this 2-year period ends—after this 2-year period ends and we have given them the money to pay these physicians at Medicaid rates instead of Medicaid, which is much lower—we are going to cut off the funding.

So the State is going to be in the position, obviously, of having to keep that up. It is like the worst joke ever.

I don’t know how we can come up with legislation such as this reform. I said this before. Half the people who are going to be receiving health insurance after this bill passes are going on a Medicaid Program.

There was a bill in the Senate that Senators Wyden and Bennett worked on together. It had some flaws. It would have been an interesting starting place, though, and that bill did away with Medicaid and caused Medicaid recipients to have the same kind of health care that you and I have. What we have done in this bill instead of that—instead of focusing on cost—we are going to put half of the new recipients in a program that none of us—none of us—would want to be in, and we are calling that health care reform. I do plan later to offer an amendment to deal with this issue of unfunded mandates. I think it is wrong for us as a country to have people in Federal office who push their desires off on people and then call them to pick up the tab. I was a mayor. I was a commissioner of finance. The President served in the general assembly. Senator GREGG served as a Governor.
We know that is wrong. I don’t know why we are doing it. I plan to offer an amendment to correct it.

Mr. President, I thank you for the time, and I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

AMENDMENT NO. 3651

Mr. GREGG. The States don’t have the elasticity the Federal Government has, which we will not have much longer, by the way, as a result of passing this bill specifically because our debt is growing so fast that it is going to be very hard for us 5 or 6 years from now to be able to sell our debt at a reasonable price, in my opinion, and we are going to find that maybe some people don’t even want to buy our debt.

There was a very significant event this week when it was determined that the debt issued by Warren Buffett was going out at a lower cost than the debt issued by the United States of America. That is the first time that anybody can remember something like that, and that is a very clear statement by the markets that they are getting very worried about how much deficit and debt this country is running up.

Now we pass this bill which adds $2.6 trillion to the spending of the U.S. Government and alleges it is paid for, but we know it is not going to be, and creates new entitlement programs which we know would not be fully funded. Even if it were paid for, it takes resources which should be used to reduce the debt, especially in the area of making Medicare more solvent, and uses them to expand new programs.

This event, as I have described it, is an astroid of debt headed at our country. The simple fact is, it is going to have an effect. The effect will be that we will have more difficulty selling our debt, the deficits and debt we pass on to our children will be extraordinary, and their ability to have a higher standard of living will be reduced as a result of that.

But the point, of course, is this bill, on top of all of the other egregious things it does in the area of fiscal policy—of running up debt and creating a massive government that we can’t afford, being intrusive in everybody’s health care delivery system, undermining the ability of small businesses to offer insurance and raising premiums, raising taxes on people not only earning more than $200,000 but earning less than $200,000, replete with special deals—on top of all of that, this bill, as Senator CORKER said, puts pressure on the States and local communities.

It asks them to spend money which they did not want to spend and which is not reimbursed. That is not fair. It is called unfunded mandates. It is inappropriate. We actually have a law around here that this bill basically runs over that says we will not do that. As I said earlier, another thing this bill does, which I find extraordinary, is it does not address one of the elephants in the room relative to the cost of health care in this country, which is the fact that we are not adequately reimbursing our doctors; that our doctors are going to receive a $285 billion cut over the next 10 years, a $65 billion cut over the next 3 years unless we correct that. This is from basically a freeze level of reimbursement.

Every year we adjust that payment so doctors do get their money they deserve or at least some portion of it in that we do not keep up with inflation. But this bill, which is supposed to be a comprehensive resolution of health care, leaves the doctors out in the cold. It means every year they are going to have to come hat in hand, one more time perhaps, and say that we should not have to ask for, which is a fair reimbursement for their services.

We will every year, hopefully, address it. But it is not right that we have a bill that does not even account for the doctors.

Why was it not put in? It was not put in because if it had been put in this bill could not meet the budgetary rules that give it the special protection that allows it to come to the floor of the Senate renaiti, and been in deficit, at least over the first 10 years, by $100 billion, even using the gamesmanship scoring the other side of the aisle has used relative to the big bill.

This is not fair to the doctors. The doctors deserve better than this. We should correct this right now as part of this process. This trailer bill has the title “fix-it bill” on it. One thing we should definitely fix is the fact the doctors are getting shortchanged. So let’s fix it. That is what my amendment does.

My amendment says: OK, this bill alleges it generates a surplus. Let’s use part of that surplus to make the doctors whole for the next 3 years. It is a paid-for amendment. I cannot imagine anybody would want to oppose this amendment. After all, after we complete this bill—immediately after we complete this bill—we are going to do, I believe it is a 1-month extension to try to pass the debt limit. How can anyone say this is inconsistent, how fundamentally hypocritical is it for us to pass a major health care reform bill, and then in the next breath—literally the next breath—within the next 24 hours, this body would take up a bill to give its doctors an extension, and the doctors fix. I think it is 1 month. That is not right. Let’s do it now. Let’s do it in this bill. Let’s do the doctors fix. I have come up with a proposal that will take care of the doctors in a fair and forthright manner for the next 3 years.

That is my amendment. I am not sure if it is at the desk or whether I have to send it to the desk.

I send my amendment to the desk. The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from New Hampshire (Mr. GINGRICH) proposes an amendment numbered 3651.

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

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

The amendment is as follows:

(Purpose: To provide for a long-term fix to the Medicare sustainable growth rate formula in order to improve access for Medicare beneficiaries.

On page 61, between lines 3 and 4, insert the following:


Paragraph (1) of section 108(a)(2) of the Social Security Act, as amended by section 101(a)(2) of the Department of Defense Appropriations Act, 2010 (Public Law 111–118) and as amended by section 5 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended to read as follows:

“(1) UPDATE FOR 2010 THROUGH 2013.—

“(A) IN GENERAL.—Subject to paragraphs (7), (8), and (9) of the amendment to the single conversion factor shall be 0 percent for such years.

“(B) NO EFFECT ON COMPUTATION OF CONVERSION FACTOR FOR 2011 AND SUBSEQUENT YEARS.—The conversion factor for each of 2011 through 2013 shall be computed under paragraph (1)(A) for 2011 and subsequent years as if subparagraph (A) had never applied.

Mr. GREGG. Mr. President, let me summarize it again. We know the doctors are being shortchanged. They deserve fair treatment. It is pretty obvious that if we are going to do a health care reform bill, the proper place to correct the doctor issue of reimbursement is in that bill, not the next day in a short-term extension.

This is a forthright and fully paid-for attempt—and if it is passed it will occur—to reimburse the doctors at a fair rate for the next 3 years and correct what is known as the SGR problem relative to doctor reimbursement. I cannot understand why we would not want to do something such as this.

I see the Senator from North Carolina. I will be happy to yield to him for any thoughts he may have on this amendment or the Senator from Oklahoma.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Mr. President, I wish to reiterate the thought he may have on this amendment or the Senator from Oklahoma.
be cut. They are targeted for 21 percent. It expires March 31. There is not a more appropriate time than right now.

What a lot of us have said is: Let’s pay for it. Let’s simply pay for it. Enough is enough on spending money we do not have. This is an excellent opportunity, where we have savings from the health care reform bill that we can now pump back in to pay for the fix to the sustainable growth rate about which the doctors have been under the gun.

We have extended it every 30 days for some time without paying for it. Here is a real opportunity in a bill that is designed specifically to fix things that were missed in the health care bill.

I thank my colleague, Senator Gregg, for understanding the importance of this issue and working up an amendment but, more importantly, saying to every physician in America: We can finally fix this, we can do it with money that is paid for and, more importantly, we can take you out of the box of this horror story of wondering what your reimbursement for services is going to be at any given point in time in the future.

Let me seize this opportunity in this bill and fix this sustainable growth rate.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, what needs to be fixed in this bill is a whole lot more than that, but this is a great attempt to try to solve a problem.

Let me describe a scenario, what is getting ready to happen. Every State is cutting Medicaid reimbursement. We are going to add 16 million people to Medicaid. We cannot get them all seen now. Then we have a doctor cut that is coming to 21 percent for people who are under Medicare. What is going to happen? What do you think the average physician is going to do? I can tell you that they are going to do three things: Fewer will see Medicaid patients so there will be fewer doctors taking Medicaid at the time we increase the enrollment by 50 percent. That is No. 1.

No. 2, fewer doctors are going to take Medicare as we have this ballooning increase of baby boomers going into Medicare.

No. 3—and this is probably more important than anything—we are going to see a large percentage of doctors, with this bill passed with no continuity as to how they are ever going to get funded under Medicare, quit. They are going to quit. They can take their training, their effort, their education and knowledge and apply it in some other field of endeavor and not have to live with the hassle of a 21-percent cut hanging over their head.

Even if we fix it for 3 years, 3 years from now the same problem is going to come up. Conceivably it is going to be worse. So there is no fix in it. There is an unrecognized $300 billion to get doctors even, let alone take away the cut—no increase—with this amendment. My hope would be we would fix this situation for 3 years.

Mr. GREGG. Mr. President, I ask unanimous consent that we be able to participate in a colloquy on our side of the aisle.

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

Mr. GREGG. Mr. President, I wish to ask the Senator from Oklahoma, who is obviously well qualified and has an in-depth knowledge of this issue, I heard the other side of the aisle say: There are no cuts to the benefits of people on Medicare. If you reduce doctor payments under Medicare 21 percent, don’t you thin that is going to affect what they receive? Technically, there will be no cut because they will still have the right to see a doctor. Is it not going to be hard to see a doctor because doctors will stop seeing them?

Mr. COBURN. Absolutely. I can tell you that they are not going to find a doctor, and that is the whole problem. Whatever we see in the urban areas now, multiply it tenfold in the rural areas. We are going to increase eligibility for Medicaid to 133 percent of the poverty level, we are going to add 16 million people to a system that is not handling the people who are in it today, so we are going to promise them: Here is your Medicaid.

Now where is the care? It is not going to be there. There is not the available physicians in this country to care for 16 million new Medicaid patients.

If we, in fact, do not fix long term the SGR, physicians are going to do one of two things. They are going to completely quit seeing Medicaid and Medicare patients or they are going to retire. Quite frankly, physicians my age who are still practicing are not doing it for the money; they are doing it because they love the patients. But they are going to be forced to quit because they will not even be able to pay their overhead to care for those patients.

Mr. BURR. If I may add to Dr. Coburn’s comments and say, when you double the size of the Medicaid population, you are already forcing more doctors to say: I am not going to see Medicaid patients. But you are changing the payer mix. Every provider, every practice, every hospital is going to see more patients whose reimbursement is less. That is automatically going to affect Medicaid right there because people are going to have to try to bring in more private pay, private insurance.

Mr. COBURN. Will the Senator yield for a second?

Mr. BURR. Absolutely.

Mr. COBURN. What it is going to do is exacerbate the cost shifting going on with Medicare and Medicaid right now, which means insurance rates for everybody else in the country are going to go up.

Mr. GREGG. I thought we were told insurance rates were not going to go up.

Mr. COBURN. All I will tell you is, the best guess of CBO—wonderful people, but they can only make decisions within the parameters they are given. There is no question private insurance, individual and family insurance, is going to go up, but everybody else’s is because we are going to increase the trend of cost shifting from government programs to the private sector.

You are going to end up with three taxes. You will pay income taxes, you will pay a Medicare tax, and then you will pay a tax on your insurance—actually, you will pay four—and then you are going to pay higher health insurance premiums because the government does not cover the cost.

Mr. GREGG. I assume that is not just going to be people with incomes over $200,000.

Mr. COBURN. That is everybody in this country who has private insurance, either through their employer or the individual market.

Mr. GREGG. Isn’t it equally likely that a large number of small employers will get frustrated with the rate increases they are getting in order to support people on Medicaid that they will simply drop that and push their membership, their employees over into this new exchange?

Mr. COBURN. Yes, they will pay the fee. They will pay the tax and say it is easier. Consequently, the young people in our country, because we do not have a big enough payment under the “individual mandate,” are going to say it is smarter for me to save my money, pay the fine, and not get insurance because when I get sick, I can get it. You are going to get what is called adverse selection, which is even going to drive the rates up further. Anybody 40 or older, watch out, your health insurance rates are getting ready to bloom.

Mr. GREGG. We have basically a multiplier effect.

Mr. COBURN. That is correct.

Mr. GREGG. In the area of costs being driven up as a result of this new policy of adding a huge number of people to an uninsured system that cannot afford it right now, Medicaid. The costs are going to multiply on people in the private sector. The effect will be higher premiums, less opportunity for your employer to give you insurance and, in the end, a higher tax rate for you, Americans who are just working Americans, not people with high incomes.

Mr. COBURN. And people who are not necessarily getting a salary.

Mr. GREGG. Then they do not even take care of the doctors. They cut the doctors 21 percent on top of all this.

Mr. COBURN. What happens to all this? What is the ultimate? The ultimate is failure of the insurance market.

Mr. GREGG. That is the goal, isn’t it?

Mr. COBURN. That is the goal, so the government can control it all. I yield back.

Mr. BURR. Let me add, if I may, to my good friend, Senator Gregg, even though some would choose not to have coverage and pay the fine, we have an
emergency room system that is obligated to see those individuals when they have traumatic care. For those who claim we have sorted out the system where the high-cost delivery of care does not exist, no, we have again exacerbated the problem.

I think Senator Cornyn hit on the key. As you try to handle the health care of individuals by limiting the reimbursement, whether that is the way we are limited in the problem you are trying to solve. Whether we do it by shifting them into Medicaid, you have now cost shifted more money to the side causing greater inflation for the health care in this country.

Mr. Gregg. The Senator is absolutely right. Isn't it true one of the ultimate cost shifts is to claim that the health care bill is fiscally responsible when it ignores the fact that the doctors are being cut by 21 percent and does not even attempt to address that huge problem which represents $85 billion of the $285 billion cost shift?

Mr. Burr. I have learned throughout this whole process to never try to figure out what promises have been made. But I know the promise we have made to physicians—to reimburse them fairly for the services they provide anything less than that jeopardizes the pool of health care professionals we have and eventually will affect the quality of care simply because if the pool is not big enough to handle the patients, the bill will suffer.

Mr. Gregg. So I guess I would get on to the next question because it is pretty obvious we have to correct this problem with the physicians. In fact, as I understand it, the next bill immediately that we will consider will correct it for 30 days. Why wouldn't we correct it right now for 3 years, get that 3-year consistency in the system so physicians can have some confidence in their reimbursement rates, fully paid for? Why is that possible? Conceivable reason would there be not to vote for this type of amendment?

Mr. Burr. Because the Senator from New Hampshire remembers this body did pass a bill that partially paid for an extension of this through September of this year. The problem was, when they passed the health care bill, they used the pay-fors out of that extension bill to be included in this health care bill. Now they have gone to a point that they have 90-day renewals and claim it is an emergency. One, I don't think that passes the threshold of emergency. I think it should be paid for. And there is a legitimate way to pay for it and extend it for 3 years, where this Congress can fully understand the implications of the current health care bill as it is implemented and put back the comfort of physicians around this country and their trust back in the system.

Mr. Gregg. Well, I think the Senator is absolutely right, but I would also suggest that maybe there is another reason they haven't paid for it in this bill or put the correction in this bill, which is that if they did that, the bill would fail because it would be out of compliance with the budget because it is a $285 billion cost over 10 years. Therefore, aren't they sort of trying to pull the wool over somebody's eyes here? Another way of looking at it is if this bill that we know exists for our doctors, that we are never going to pay for it? We are not going to pay; we are just going to act as if it doesn't exist? We know as soon as this bill is over, we will have to do something about it, at least for the next 3 years.

Mr. Burr. You are absolutely right, it will be the first order of business when this bill is finished if we miss the opportunity to fix it in this bill and fix it for 3 years and actually fix it in a way that it is paid for.

Mr. Gregg. I see the Senator from Arizona has arrived.

Mr. McCain. Mr. President, I ask unanimous consent to be included in the colloquy.

Mr. Gregg. The President, Without objection, it is so ordered.

Mr. McCain. I would say to the Senator from New Hampshire that there is some recent information that I find hard to believe, but apparently it may form the basis of his position. I believe this 11, 273-page piece of legislation, the IRS may need up to $10 billion to administer the new health care program this decade, and it may need to hire as many as 16,000 additional auditors, aggressively employees to investigate and collect billions of new taxes from Americans. Is that possible, in this legislation, I would ask the Senator from New Hampshire?

Mr. Gregg. The Senator is absolutely correct, and that does call into question the representation that this bill is not a tax increase on Americans that we need 16,000 new IRS agents to enforce it.

Mr. McCain. At $10 billion to administer, is it probably believable, given what is in 2,733 pages.

Mr. Gregg. Well, you are going to need one IRS person for everybody in America who doesn't have insurance, I guess, or however the ratio works out. Everybody has to buy insurance under this bill, and your local IRS agent is going to show up at your door to tell you that you better do it or else you will have to answer to the IRS.

We know there are no new taxes in this bill, we have been represented to us a number of times.

Mr. Burr. If I could add, it also adds some insight into how many people will choose not to have insurance and make themselves susceptible to the fine. The anticipation is the IRS is going to choose a lot of people to recover the fine.

Mr. McCain. I would also finally add that perhaps we could get some indication—I think we should before we vote on passage of this bill—as to how many new bureaucrats and bureaucracies there are going to be with 193 new boards and commissions and other layers of bureaucracy. I think the American people are owed at least a round figure as to how many new bureaucrats there are going to be to administer this program.

I see the Senator from Montana, and I don't want to impede on what has been the agreed-upon rule here, but I did want to ask my friends very quickly that I think there are several myths here that have to be refuted by the facts.

One is that this legislation will result in a tax cut for the American people. I would say to my friend from New Hampshire, we have to rebut that in the next hour.

The next myth is that the health care bill won't increase taxes on individuals with incomes under $250,000. The fact is, millions of Americans with incomes below $250,000 will pay higher taxes.

Another myth: The legislation will reduce the growth of health costs—President Obama's stated goal for health reform—and premiums will go down. The fact is, national health expenditures and premiums will increase.

Another myth: The legislation is deficit-neutral. The fact is, commitment to health care spending under existing plans increases the deficit.

Myth: "If you like the plan you have, you can keep it." Fact: Millions of Americans with coverage will lose their current coverage, including 330,000 citizens of my State who have the Medicare Advantage Program.

Finally, the myth is that the law will provide immediate coverage for children with preexisting conditions. The fact is, children are not necessarily protected against discrimination for preexisting conditions.

So I hope we have a chance, I would say to my friend from New Hampshire, to address the allegations about this legislation, and perhaps the first one is that legislation will result in a tax cut for the American people when the fact is that taxes will increase for millions of Americans.

I would yield to my colleague from New Hampshire.

Mr. Gregg. I thank the Senator from Arizona, who has been one of the most cogent and thoughtful speakers on the issue of what this bill really does. He has hit the nail on the head time and time again with his points. They are all absolutely accurate.

Mr. McCain. At the Senator completed his statement?

Mr. McCain. Well, I just wanted to throw in here that perhaps one of the most egregious statements, and it is worth repeating, is this so-called doc fix. They are using an assumption that we will cut physicians' fees by 21 percent sometime this fall in order to make up—and please correct me if I am wrong—some $281 billion over 10 years, which we know is not going to happen. And the reason it is not going to happen is because we refuse to take Medicare patients if they cut their reimbursement by some 21 percent.
So this is one of the fundamental assumptions they are selling this on, is that it is deficit neutral when it is not.

Mr. COBURN. If I may, I would like to add one other thing here. Think about it. We are talking about the cuts that are set to go. But since there is no tort reform in this bill, we spend $225 billion on defensive medicine and liability costs continue to rise. You could bring them back whole, but if you give them no increase, they are still going to quit seeing Medicare patients.

One other point I would like to make is with the student loan program being totally taken over by the government, 31,800 people in this country this July will lose their jobs. So we are going to lose 31,800 jobs in the private sector, but we will add 16,500 jobs at the IRS. I don’t think anybody in America would like to see that happen.

Mr. McCAIN. The CEO of Caterpillar wrote a letter saying that the taxes for Caterpillar would go up by $100 million next year from what they pay to now that they pay to Caterpillar? It obviously makes them either not hire or lay off individuals as they pay an additional $100 million. And I might point out, as we all know, Caterpillar’s headquarters is in Peoria, IL.

So, again, I would ask the Senator from New Hampshire, is this legislation deficit neutral?

Mr. GREGG. No, it is not deficit neutral if you actually score the number of years of income against the number of years of expenditures or you include the direct fix. Either one would throw this into a deficit-negative situation.

Mr. McCAIN. Isn’t that another of the great scams, that for 4 years the benefits are cut and the taxes are increased, and for most—not all but most—of this bill, none of the benefits really kick in until after 4 years?

Mr. GREGG. That is right.

Mr. McCAIN. So when you score it, that is the way you make it deficit neutral over 10 years?

Mr. GREGG. That is correct. And it is a bit of a scam, as you say.

I am going to have to reserve the remainder of our time here for a moment, but I understand the Senator from North Carolina wants to bring up an amendment.

**AMENDMENT NO. 3632**

Mr. BURR. Mr. President, I ask unanimous consent to temporarily set aside the pending motions and amendments so that I may offer an amendment that is at the desk.

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

The clerk will report the bill clerk read as follows:

The Senator from North Carolina [Mr. BURR] proposes an amendment numbered 3632.

Mr. BURR. Mr. President, I ask unanimous consent that the amendment be considered as read.

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

The amendment is as follows:

(Purpose: To protect the integrity of Department of Veterans Affairs and Department of Defense health care programs for veterans, active-duty service members, their families, widows, and orphans who have sacrificed in defense of our Nation)

At the end of subtitle F of title I, insert the following:

**SEC. 1564. DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE HEALTH PROGRAMS.**

Subtitle G of title I of the Patient Protection and Affordable Care Act is amended by adding at the end the following new section:

(4) CLARIFICATIONS WITH RESPECT TO CERTAIN PROGRAMS AND AUTHORITIES.—Nothing in this Act or in the amendments made by this Act shall be construed as affecting any of the following:

(1) Any authority under title 38, United States Code.

(2) Any authority under chapter 55 of title 10, United States Code.

(3) Any health care or health care benefit provided under the TRICARE program under chapter 55 of title 10, United States Code, or by the Secretary of Veterans Affairs under the laws administered by such Secretary.

(4) Eligibility for health care provided by the Secretary of Veterans Affairs under title 38, United States Code.

Mr. BURR. Mr. President, I yield the floor, and I protect the remainder of the time.

The PRESIDING OFFICER. Who yields time?

The Senator from Montana.

Mr. BAUCUS. Mr. President, the debate on this bill is winding to a close, so let me return to the nonpartisan Congressional Budget Office.

The Congressional Budget Office is the referee we all turn to as an impartial judge of whether we are accomplishing what we set out to do, so I will take a moment and quote from the Congressional Budget Office. It is very appropriate to the proper perspective on the other side. Let me read excerpts from the most recent Congressional Budget Office statement on deficits, debt, and coverage and whether this is deficit neutral. This was released Saturday. This is a statement by the Congressional Budget Office and the Joint Committee on Taxation. They are our scorekeepers. They determine how much we are spending and how much revenue we are taking in and legislation and what the net result is.

Here are the highlights of the letter:

Enacting both pieces of legislation—H.R. 3590 and the reconciliation proposal—would be an estimated net reduction in Federal deficits of $1.3 trillion.

The incremental effect of enacting the reconciliation proposal would be to reduce the number of nonelderly people who are uninsured by about 32 million people. The share of legal nonelderly people with insurance coverage would rise from about 83 percent currently to about 94 percent.

CBO said of the new health care law:

Enacting H.R. 3590 would reduce Federal budget deficits over the ensuing decade—

That is the next decade, the second decade—

with a total effect during that decade in a broad range between one-quarter percent and one-half percent of gross domestic product.

But what is more, CBO further said:

The combined effect of enacting H.R. 3590 and the reconciliation proposal would be to reduce Federal budget deficits in that decade, with an effect in a broad range between zero and one-quarter percent of GDP.

In other words, the new health care formula would accomplish major deficit reduction. This is the CBO talking, not Senators. Don’t take my word for it. Don’t take anyone else’s word for it. This is the Congressional Budget Office. It is correct. This reconciliation bill itself would accomplish major deficit reduction, probably the greatest deficit reduction actually we are going to take over a long period of time—the preceding perhaps 8, 9, 10 years and a subsequent period of time. We don’t know that, but this is certainly major deficit reduction. Together, these two bills would accomplish deficit reduction of historic proportions.

Let me continue to quote from the Congressional Budget Office:

The reconciliation proposal would probably continue—

Get this—to reduce deficit budget deficits relative to those under subsequent decades.

Not just this period, not next decade but subsequent decades. This is my edit number 2. This means that this bill continues to reduce the deficit in year after year after the second decade, according to the Congressional Budget Office.

Finally, CBO says:

In subsequent years, the effects of the provisions of the two bills would tend to decrease the federal budgetary commitment to health care would grow faster.
than the effects of the provision that would increase it. Let me get to that statement. It gets to the Federal involvement in health care as a result of the consequences of this bill.

In subsequent years the effect of the provisions of the legislation would tend to decrease the federal budgetary commitment to health care would grow faster than the effects of the provisions that would increase it.

Further quoting: As a result, CBO expects that enacting both proposals would generate a reduction in the federal budgetary commitment to health care during the decade following the 10-year budget window.

Even less government in the second 10 years relative to current law. In other words, CBO says that after the first decade, health care reform will reduce—yes, reduce—the budgetary role of government in the health care sector.

Whom do we trust? Whom else are we going to listen to? We all have opinions. Those folks at CBO have sharp pencils. They are very good at what they do. They are nonpartisan. Nobody has ever questioned their professionalism. Nobody has ever questioned their professionalism. They are very good. This is what CBO says.

That is it. CBO says health care reform cuts the deficit. Let me pause there and let that sink in. CBO says health care reform will cut the deficit. CBO also says it expands coverage.

That is quite a feat—more coverage, deficit reduction, and less Federal involvement in health care. I think this bill is pretty well designed to accomplish those purposes—cuts cost, increases coverage, and reforms the health insurance market, most significantly in the individual market and also in the small group market.

On another matter, I think it is relevant and important—this is a letter from AARP, dated March 24 of this year. It says:

Dear Senator,

We have made enormous progress advancing historic, urgently needed health care reform legislation, but we are not done yet.

We now urge you to promptly pass the Health Care and Education Affordability Reconciliation Act of 2010—without amendments—to help make affordable, high quality health care available to all Americans.

The Reconciliation Act will:

1. Close Medicare’s dreaded “doughnut hole” drug coverage gap for all beneficiaries. This is top priority for AARP because it helps older Americans afford drugs they need to stay healthy and avoid costlier treatments.

2. Make coverage more affordable for hard-working middle-income families who now too often are uninsured because the cost of coverage is beyond their modest means.

3. Further strengthen our fight against fraud, waste and abuse, a key component to better containing rising costs in our health care system; and

4. Improve Medicare’s fiscal health and extend the solvency of the Medicare Trust Fund.

These provisions build on the solid foundation of the Patient Protection and Affordable Care Act that the Senate passed in December. These two bills together will protect and strengthen Medicare’s guaranteed benefits, eliminate fraud, waste and abuse, and crack down on insurance company abuses, such as denying affordable coverage because of age or health status and setting arbitrary caps on how much they will cover. The legislative package will also provide affordable coverage options to millions of Americans and small businesses, help Americans to better plan for their future long-term care needs, and receive services to help them remain in their own homes and stay out of costly nursing facilities.

We, like you, have countless stories from our members who were denied coverage or cannot afford their prescriptions or insurance premiums. Health care remains among the most important economic issues for the vast majority of Americans.

Health expenditures consume roughly one sixth of our economy today, and will reach 20 percent in seven years if current trends continue. These skyrocketing costs strain the budgets of families and businesses as well as the government—crowding out other priorities—as health care costs continue to grow at 2–3 times faster than general inflation. That is why all the major health care stakeholders have come to the table to solve this unsustainable situation.

Delay will only mean more Medicare beneficiaries will not be able to afford the drugs they need, their family members and neighbors will not be able to afford the coverage they need. Billions of additional dollars in uncompensated care costs will unfairly shift to those who do have coverage. More individuals will impoverish themselves to get the health care they need. Skyrocketing costs will cause even more family, business, and government budgets to crack down on insurance company abuses, such as denying affordable coverage because of age or health status and setting arbitrary caps on how much they will cover. The legislative package will also provide affordable coverage options to millions of Americans and small businesses, help Americans to better plan for their future long-term care needs, and receive services to help them remain in their own homes and stay out of costly nursing facilities.

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the fact pattern given them by this bill is, on its face, not believable relative to what is going to happen in the out-years, even though they have to score it as believable. It is a fantasy.

Mr. MCCAIN. I ask the Senator from New Hampshire to address the Senator from Montana is here, maybe it is a legitimate question. Does the Senator from Montana believe that the assumption given to the Congressional Budget Office that the so-called doc fix, reimbursement for physicians who treat Medicare patients, will be cut by 21 percent? The Senator from Montana knows full well the AMA has been told in no uncertain terms it will be fixed between now and when it is supposed to take effect because the fact is, as the Senator from Montana knows, you can cut Medicare physician reimbursement. Then doctors will not treat Medicare patients. So maybe the Senator from Montana would tell us if that was a valid assumption given to the CBO, would be something that would be accrued because physicians’ payments would be reduced by some 21 percent?

Mr. GREGG. I simply ask the time of the Senator from Arizona come off ours and the Senator from Montana for his answer come off his.

Mr. BAUCUS. Mr. President, that sounds fair.

Let me say to my good friend from Arizona, first of all, clearly this body, the Senate and the Congress, going to not let the SGR problem expire; that is, doctors are not going to be cut 21 percent, whatever the rate is the first year or more and so on. That is not going to happen. First, from the senators’ point of view, second from the doctors’ point of view, that is not going to happen. I do not want to take too much time on the subject, but the long and short of it simply is we are going to have to find a way, this Congress, to address it. If I might finish, it is not part of health care reform, and we will find a way. A question is going to be how much will be paid for. That is a judgment this body is going to have to make in the pretty near future. Mr. MCCAIN. I appreciate very much the acknowledgment, on the part of the manager of the bill, that the assumption that provides us with deficit neutrality is not valid. That is the point we have been trying to make. It is based upon the assumption that doctors—I am very happy to hear the Senator from Montana unequivocally what was given and assumed by the CBO when they gave us our numbers is not true. So we will be voting. In a short period of time, on a piece of legislation on which is based on false assumptions. I think that is an unfortunate circumstance.

Mr. GREGG. I simply note the Senator from Montana made the case for my amendment rather eloquently because my amendment addresses the doctors fix and it is paid for. Therefore, I certainly hope the Senator might consider voting for it.

At this point, I yield 5 minutes to the Senator from Georgia.

Mr. CHAMBLISS. I thank the Senator, from New Hampshire. Let me reiterate what just came out of this dialogue and colloquy between the Senator from Montana and the Senator from Arizona. That is this. CBO has said this is going to be a deficit saver, a deficit reducer, and the President is going around the country talking about the fact that this bill is going to reduce the deficit by 21 percent. What the President is not going to say but what the Senator from Montana just agreed to, is the fact that our physicians who are due a 21-percent decrease in Medicare reimbursement payments are not, in fact, going to have that 21-percent reduction. That decrease was included in this bill to make it appear more deficit-neutral over the first 10 years. When you factor that in, this not only does not reduce the deficit, but it actually increases additional $281 billion in what the number of the CBO says we are going to reduce the deficit by.

You know very clearly we are going to have to add to this bill as we pass this bill because the Senator from Montana is right, we are not going to see that 21-percent reduction. I suspect that the $523 billion in Medicare cuts that are provided for in this bill, that are scheduled to take effect in future years, may not ever happen. If that is the case, then not only are we looking at an additional cost of that $523 billion, but $281 billion for the SGR fix or the doctors fix, but we are looking at increasing the deficit to fund a domestic program in a future way.

One thing the CBO does say is, this bill provides an additional $569.2 billion in new taxes, new taxes on the American people, particularly the small business community that is hit the hardest by this.

The American people have made it very clear: They do not want these bills to become law. Two new polls by CBS and CNN show that only 20 percent of Americans believe this legislation will benefit them and their families. Still, the majority party has chosen to push these unpopular proposals through.

My constituents in Georgia have reached out in record numbers to register their opposition to President Obama’s plan.

Why? For starters, because this is an unprecedented government involvement in an industry that constitutes one-sixth of the Nation’s economy. If we get it wrong, if we overreach, our fragile economy will suffer and a recovery will lag, perhaps for years.

This bill is going to harm the un-American: It would penalize individuals for not purchasing health insurance. Today, we have seen 13 State attorneys general file lawsuits challenging the constitutionality of fining Americans for not purchasing insurance.

The bill that passed the Senate and was signed by the President is filled with backroom deal-making, partisan arm-twisting and special carve-outs for some of my wavering colleagues on the other side of the aisle.

Now, instead of working together on a bill that would be more palatable to the American people, my colleagues on the other side of the aisle have decided to push forward in the face of united opposition.

The Governor of Georgia recently expressed concern regarding the unfunded mandates in this legislation. Our State faces an additional billion dollars or more of Medicaid spending per year.

These new costs that will be absorbed by the State will require further tax hikes on Georgians or cuts to public safety, education and other core State government services.

The bill that was just signed contains $518.5 billion in gross tax increases. It cuts Medicare by $465 billion—and, more importantly—does nothing to bend the health care cost curve down.

Looking at the years 2013–2024, the 10-year period after the law is fully implemented, the deficit cost is estimated to be $2.6 trillion.

Some of these numbers are so large that its tough to get your head around them. But rest assured that they will detrimentally impact Americans and our economy.

There is also substantial evidence that this new law will hurt small businesses.

The bill imposes $493 billion in new taxes that will fall disproportionately on the backs of small-business owners.

A $54 billion increase in the Medicare payroll tax will hit approximately one-third of the small-business owners across the country.

A $90 billion tax on insurers means small businesses that manage to provide health insurance coverage for their employees will see this tax passed on to them, increasing premiums.

The CLASS Act portion of the new law appears to make it less costly before the end of 2025, but the CBO estimates the program would pay out far less in benefits than it would receive in premiums over the 10-year budget window,” raising $70 billion in premiums that will fund benefits outside the window. Outlays in later years will increase significantly, and the legislation just signed into law is still filled with the sweetheart deals that have so angered Americans.

That includes the Cornhusker Kickback, in which the Federal Government pays the entire tab of Nebraska’s Medical Expansion.

It also includes the Louisiana Purchase, in which the Federal Government pays an extra $300 million in
Medicaid dollars to the State of Louisiana.
And it still has the Gator Aid Florida Medicare Advantage grandfather clause to protect certain areas of Florida from Medicare Advantage cuts that all other Americans will face. Meanwhile the 176,000 seniors in Georgia who rely on Medicare Advantage to supplement the gaps in traditional Medicare will see their benefits cut by $33 each month.
The new law significantly raises taxes, cuts benefits for seniors, adds to the Federal deficit and allows the government to make decisions that should be between a patient and his doctor.
The reconciliation bill—optimistically deemed a “fix-it” bill—is actually a “make-it-worse” bill.
The legislation before us today raises taxes by an additional $50 billion more than the Senate bill. That is an overall tax increase of $569.2 billion.
The reconciliation bill nearly doubles the tax on health insurers beginning in 2014, and also raises taxes and fees on drugmakers and medical devices. The Congressional Budget Office has specifically stated that these taxes will be passed on to all Americans in the form of higher health costs and rising insurance premiums.
The reconciliation bill raises another $66.1 billion from Medicare Advantage, bringing total Medicare cuts in both bills to $523 billion. And it forces an additional 1 million individuals into Medicaid on top of the 15 million already added to Medicaid in the Senate bill. That means 16 million of the 32 million newly insured individuals would obtain that coverage through Medicaid—a program President Obama admitted already suffers from serious access problems.
It also increases penalties for businesses that don’t offer health insurance and have at least one employee receiving a tax break through the exchange. The exchange would cost $750 per full-time employee to $2,000 per full-time employee.
And, among other things, it penalizes many Americans with higher incomes from rent, interest, royalties and individuals by forcing an almost 4 percent Medicare tax on their investment income.
According to the Congressional Budget Office, this bill is going to cost $940 billion over 10 years.
We are burdening our children and grandchildren—generations of America’s future—by creating a behemoth new government entitlement program.
And in the same week of its creation, we turned around and immediately added to this new program almost $1 trillion more.
The American people are asking a simple question: Where does the spending end?
Also, I wish to talk about a specific provision that is going to have an immediate, direct impact on my taxpayers in Georgia; that is, with the increase in the threshold to qualify for Medicaid going from 100 percent to 133 percent, in my State, according to our Governor—and he has run the numbers—that is going to cost the taxpayers of Georgia, in addition to their share of this $569.2 billion in additional taxes, an additional $1 billion per year that Georgia taxpayers are going to have to pay.
We are in difficult times in my State, as all 50 States are right now. That is a new provision, a new tax.
I ask unanimous consent that a statement from the Governor of Georgia, the Honorable Sonny Perdue, be printed in the RECORD.
There being no objection, the material was ordered to be printed in the RECORD, as follows:

(From the Office of the Governor, Mar. 22, 2010)

STATEMENT OF GOVERNOR SONNY PERDUE REGARDING THE HEALTHCARE LEGISLATION PASSED BY THE UNITED STATES CONGRESS
ATLANTA—Governor Sonny Perdue issued the following statement today regarding the healthcare legislation passed by the United States Congress:

“Unfortunately, the United States House of Representatives passed legislation last night that imposes a nearly $5 trillion tax increase over the will of the American people. The enormous upheaval of our healthcare system was pushed through the House against the wishes of the majority of American families and businesses.
Here in Georgia, this vote will force an additional trillion dollars or more of Medicaid spending per year, requiring either a tax hike or offsetting cuts to public safety, education and other core services of state government. While this colossal unfunded mandate creates more uncertainty and concerns about the debilitating impact it will have on Georgia’s small businesses. The extension of the Medicare tax on all non-wage income means that small business owners will see their top rate increased by 20 percent and investment income taxes increasing 60 percent.
What is most unfortunate is that the American people had no voice at the table in Washington during the course of this debate. The only glimpse citizens saw of the process were closed-door meetings that resulted in backroom deals and the buying of votes to ensure passage. I am today renewing my December request to the Attorney General that he join other attorneys general in the constitutional travesty of this travesty. My office has already begun to review any and all legal options to challenge this legislation.
I also urge the Georgia General Assembly to continue moving forward on my proposal to allow Georgians to purchase insurance plans across state lines. Now that Congress is mandating every American purchase health insurance, we should open the individual market to as much competition as possible.
Since this bill has such a significant impact on future state budgets, it is imperative that current candidates for elected office publicly state their plans to either support the Obama-Pelosi legislation or fight for the people of Georgia.”

Mr. CHAMBLISS. Let me say that within the last 48 hours we have discovered that the agency that is going to be administering the new health care reform bill the President signed into law today is the Internal Revenue Service. The Internal Revenue Service has said that in order to review the tax returns of every taxpayer in America to ensure that they have complied with the law and bought insurance or had insurance taken out through their employer, they are going to have to have an additional 16,500 Internal Revenue Service Agents at a cost of an additional $10 billion to the taxpayers. That $10 billion is not factored in here in anyway.
We are dealing with a piece of legislation that the American public has spoken over and over in every poll taken, whether it is by a Democratic pollster, Republican pollster or an independent pollster, that they do not want. We are going to force that bill down on the American people and that is wrong. That is not the way this body and the body across the Capitol should be working with respect to the best interests of the American people.
I urge my colleagues at the appropriate time during the debate on the amendments this afternoon and tonight to repeal this bill and let us replace it with a true, meaningful health care reform bill that we can all agree on. There are a lot of provisions in this bill, for 2,700 pages and 900,000 words, there is little to no detail of what this so-called fix-it bill that we can agree on, that we can replace this bill with, that will provide the American people with true, meaningful health care reform that they need and deserve.
We will not see all of these huge increases in taxes, we will not see all of these huge reductions in Medicare benefits, and we can do the will of the people in the right and appropriate way.
I yield the floor.

Mr. GREGG. Mr. President, I yield 2½ minutes to the Senator from Louisiana.

AMENDMENT NO. 3553

Mr. VITTER. Mr. President, at this point I ask unanimous consent to set aside any pending amendment and call up amendment No. 3553.

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

The bill clerk read as follows:

The Senator from Louisiana [Mr. VITTER] proposes an amendment numbered 3553.

Mr. VITTER. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To repeal the government takeover of health care)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Patient Choice Restoration Act”.

SEC. 2. REPEAL.

The Patient Protection and Affordable Care Act, and the amendments made by that Act, are repealed.

Mr. VITTER. Mr. President, this amendment is very simple, and it goes to the heart of all of these arguments.
This amendment would repeal this new section of the Patient Protection and Affordable Care Act. This amendment would repeal this new section of the Patient Protection and Affordable Care Act.
March 24, 2010

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. GREGG. What is the time situation?

The PRESIDING OFFICER. The minority has 23 minutes 47 seconds left.

Mr. GREGG. And the majority?

The PRESIDING OFFICER. The majority has 24 minutes 52 seconds.

Mr. GREGG. I yield 10 minutes to the Senator from Tennessee.

Mr. ALEXANDER. Mr. President, could you let me know when 8 minutes has been consumed?

The PRESIDING OFFICER. The Chair will advise the Senator.

Mr. ALEXANDER. Mr. President, this has been a debate filled with passion and good intentions and a lot of hard work. Both parties have come to vastly different conclusions. The President and the majority have said, this is an historic occasion. I agree. But I believe, as do most of us, that it is an historic mistake, and it is important to say why we think that. This is the fundamental mistake, that with the law that was passed yesterday and what the majority has proposed to do in this second bill, to expand a health ObamaCare delivery system that we all know is more expensive than we can afford, instead of stepping back and instead seeking to reduce the cost of that health ObamaCare delivery system so that more Americans can afford to buy health insurance. That is the mistake. I wish to try to say in 3 or 4 minutes what this bill means to Tennesseans. I was listening to the Senator from Montana and the Republican Senators talk about debt. We believe, I believe, that this bill, these two bills, will increase each Tennessean’s share of the national debt.

The Senator from Montana says: Well, but the Congressional Budget Office says it does not. Well, that would be like going to the Congressional Budget Office and saying: I have got a horse farm here. Tell me how much it costs to operate over the next 10 years. The CBO would say: Would you like me to tell you how to do it with the horses or without the horses? If you tell me how to do it with the horses, it is not going to cost as much. Or, if I have a gas station, would you like me to tell you how to operate that with the gas in it or without the gasoline?

That is what we are saying here. They have gone to the Congressional Budget Office and said: Tell us how much this health bill costs. They have said to them: With the doctors or without the doctors?

They say: Oh, no, keep the doctors out.

Because, according to the President’s own budget, that is $371 billion over 10 years. If you put that in, then the whole bill adds to the deficit, so they leave it out. So that is why we say, and I would say, that the first thing this bill does is add to the debt, each Tennessean’s share of the debt.

The second thing is, it adds $8.470 in new spending for every Tennessean. There are 240,000 Tennesseans enrolled in Medicare Advantage, which is about one out of four persons in Medicare who will have their benefits reduced by half, according to the Congressional Budget Director in testimony before Congress, whose words have been being extolled on all sides.

The next thing it does is about 1.4 million Tennesseans making less than $200,000 will pay higher taxes, based on estimates by the Joint Committee on Taxation. Some 300,000 Tennesseans in the individual health insurance market will see premium rate increases of 30 to 45 percent based upon a Blue Cross/Blue Shield study of Tennessee and other analysis.

Tennessee’s small businesses employing 50 or more people and construction companies employing 5 or more people—that is, 5,000 construction companies in Tennessee—will pay higher health ObamaCare costs because of new government mandates.

Then here is the other one. This is the one that was just added over the weekend: 200,000 Tennessee students including—I checked—11,000 at the University of Tennessee-Knoxville where I was once a student—will be forced by $1,700 to $1,800 over the next 10 years on their student loans in order to help pay for the health ObamaCare bill and other programs.

Let me say that again. Over the weekend, without any debate in the Senate, they have stuck in this bill—they are going to overcharge 19 million students in America, 200,000 in Tennessee, $1,700 or $1,800 more than it costs the government to borrow the money, because they are taking over the student loan program.

They borrow the money at 2.8 percent, they loan it out at 6.8 percent, they take the difference, they spend it, $8.7 billion of it to help pay for the health ObamaCare program. So that is 200,000 Tennessee students. These are not Wall Street financiers. This is a mom with a child and a job going to school to get a better job. That is 200,000 Tennessee students. And $1.1 billion in costs will be forced on the Tennessee government. This is according to our State Democratic Governor, who said that is the cost of the Medicaid expansion and what happens to the State after the physicians reimbursement expires in 2 years for Medicaid. This will force the State to Tennessee and many other States, to raise taxes, cut services, or increase college tuition.

According to an Oliver Wyman study, 30 percent of young people will pay up to 35 percent more in premiums as premiums go up in the individual market.

Then finally, of course, the bill does add in Tennessee about 200,000 people to our TennCare or Medicare rolls. But
that is not health ObamaCare reform because nationally only about half of doctors will see new Medicaid patients.

So we are saying to people, we are giving you health ObamaCare, but it is like saying, we are giving you a bus ticket to a bus line where the bus only runs on half of the time. When you put these low-income Americans into this program in such large numbers, what that additionally does is create more opportunities for physicians, for hospitals, and for drugstores to say, we cannot serve Medicaid patients any more.

The feeling this is the wrong course and an historic mistake. What we would do instead is replace this bill with a different bill that focuses on costs. We have said it over and over again. We said it at the health ObamaCare summit. We would start with allowing people to buy health care across State lines; with allowing small businesses to combine their resources to offer insurance to more people at lower costs; with reducing the number of lawsuits against doctors for malpractice.

We would step up efforts against waste, fraud, and abuse, expand health savings accounts. All of these were proposals made before the Senate, basically ignored. But the fundamental mistake on the reason we have such a difference of opinion between that side of the aisle and this side of the aisle is that that side of the aisle, which has the majority, is expanding a health ObamaCare delivery system that we all know is too expensive, and we think inordinately ignored. But the fundamental waste, fraud, and abuse, expand health care once and for all for all Americans.

I yield back my time to the Senator from New Hampshire.

Mr. GREGG. I would yield for 30 seconds to the Senator from Kansas to put in order a couple of amendments.

The PRESIDING OFFICER. The Senator from Kansas.

AMENDMENT NO. 3577

Mr. ROBERTS. I ask unanimous consent to temporarily set aside the pending motions and amendments so that I may offer an amendment, No. 3577, which is at the desk.

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

The clerk will report.

The bill clerk read as follows:

The Senator from Kansas (Mr. ROBERTS) proposed an amendment numbered 3577.

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

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

The amendment is as follows:

(Purpose: To protect Medicare beneficiary access to hospital care in rural areas from recommendation by Independent Payment Advisory Board)

At the end of subtitle B of title I, insert the following:

SEC. __. PROTECTING MEDICARE BENEFICIARY ACCESS TO HOSPITAL CARE IN RURAL AREAS FROM RECOMMENDATIONS OF INDEPENDENT PAYMENT ADVISORY BOARD.

(a) In general.—Section 1983(c)(2)(A) of the Social Security Act, as added by section 3405 of the Patient Protection and Affordable Care Act and amended by section 10320 of such Act, is amended by adding at the end the following:—

‘‘(vii) The proposal shall not include any recommendation that would reduce payment rates for items and services furnished by a critical access hospital (as defined in section 1861(m)(1));’’.

(b) Expansion of affordability exception to individual mandate.—Section 5000A(e)(1)(A) of the Revenue Act of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended by striking ‘‘8 percent’’ and inserting ‘‘5 percent’’.

MOTION TO COMMIT

Mr. ROBERTS. Mr. President, I ask unanimous consent now to temporarily set aside the pending motions so that I may offer a motion to commit, which is as follows:

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report.

The bill clerk read as follows:

The Senator from Kansas [Mr. ROBERTS] moves to commit the bill (S. 3880) to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes to repeal the Patient-Centered Outcomes Research Institute, the Center for Medicare and Medicaid Innovation, any new functions of the United States Preventive Services Task Force, and the Independent Payment Advisory Board and adds an offset.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. BAUCUS. Mr. President, how much time remains?

The PRESIDING OFFICER. There is 21 minutes 40 seconds.

Mr. BAUCUS. I yield half that time to the distinguished chairman of the Banking Committee, former chairman of this Committee, and one of the most valuable and productive Members of this body, the Senator from Connecticut.

Mr. DODD. I thank my colleague and commend him for his leadership on this issue, along with, of course, our distinguished majority leader so many others, including the wonderful staff we don’t often mention—the remarkable work being done by the individual staff of Members and the committee staff of the Health, Education, Labor, and Pension Committee. I see my good friend, Tom HARKIN, who now chairs that committee, along with Max BAUCUS, and so many others of the leadership staff who have brought us to this moment.

I rise to discuss the Health Care and Education Reconciliation Act. Although none of us are ignorant of the historic nature of the health care portion of our work this past week, I wish to take a few moments to talk about the significance of the education portion of the health care legislation. I listened intently to my friend from Tennessee talk about this part of the bill as well. I have great admiration for him, having served as the Secretary of Education and as Governor of Tennessee. He has a wealth of knowledge on the subject matter. I commend him for it. However, we disagree with this particular portion.

I rise to express a different point of view about why I believe what we have included in this bill has great value. Obviously, the major attention has been focused on the health aspects of what we are doing. That in itself is a major achievement. The reconciliation portion of this bill before us now strengthens a good bill and makes it even better.

Last evening I discussed portions of the bill that I think add tremendous value to our efforts to provide health care once and for all for all Americans. But the education portion of this bill also has great significance.

Since the Pell grant was established in the 1970s, as all of us know, it has provided a college possibility for millions and millions of young Americans. I had the great pleasure of serving with Claiborne Pell as a Member of this body. He served in the 1960s up until only a few years ago. We lost him a number of months ago; he passed away. But it is my hope to think of the memento of that individual, that one Senator made in the lives of millions of our fellow citizens. In years to come, some may not know who Claiborne Pell was, but I would like the record to reflect that he was a remarkable Senator. He authored legislation creating the Northeast Corridor, wrote the legislation that banned the testing of nuclear weapons on the ocean floor. He was the author, along with Jacob Javits, of the National Endowment for the Arts and Humanities, and he was the author of Pell grants. Unique and remarkable contributions, each and every one of them, but he should long be remembered for making education an opportunity that would not be denied because one lacked the resources to afford it.

Those millions of young Americans are now leaders in our Nation. They are innovators, some of our most productive and successful citizens. This bill is not unlike the GI bill at the end of World War II, when we recall men who came back from the theaters of the Pacific and Europe who were able to receive an education under the GI bill, who would tell us what a remarkable investment it was.

It has been repaid millions of times over by those who today make contributions to our country because they got an education because there was a creative Congress, because there was an administration that understood the value of an education in the midpart of the 20th century. Here we are now into the second decade of the 21st century facing a similar issue.

There should be no doubt in anyone’s mind about the value not only of making us a healthier country by the adoption of the health care provision of this bill, but a better educated country—
not only to advance our own needs—but to make sure individuals have the opportunity to maximize all of their potential. Today that wouldn’t be the case without Pell grants. What they have done to and for our society has been remarkable. Countless individuals would not have had the opportunity to attend college without Pell grants.

Since then the importance of a college education has only grown, not only for individual students who want to achieve their full potential, but our Nation as well. America’s ability to compete in the global economy depends on having a well-educated workforce in the 21st century. Today, that means a college education. Unfortunately, while the urgency of opening the door to college has grown, the support provided to our most important college aid program has slipped. In fact, it has gone further. In 1975, the maximum Pell grant covered 80 percent of the average student’s tuition, fees, room, and board at a 4-year public university. Today it covers less than one-third at a public university. Our failure to keep pace with the exploding cost of college threatens to slam the door on a generation of Americans, making college impossible for many and leaving those who do find a way to further their education with a debilitating burden of overwhelming debt.

Make no mistake, allowing the Pell Grant Program to wither, as would be the case without the adoption of the language in this bill, isn’t just a slap in the face to low and middle-income hardworking American families. It is a serious threat to America’s competitiveness in the 21st century. Fortunately, the legislation in front of us presents an opportunity to revitalize the Pell Grant Program and to unlock the opportunity of higher education for millions of Americans.

The bill invests $13.5 billion to fill the shortfall in the Pell Grant Program and ensures that such a shortfall doesn’t develop again, as the cost of college continues to increase in the years ahead. For instance, if we fail to act, the maximum Pell grant award could be a paltry $2,100 for the year 2030. Never before has the effectiveness of this program been at such risk. The legislation before us protects the maximum award at a level of $5,500 and increases to almost $6,000 by 2017, 7 years from now. We all know that in 7 years the cost of education will have continued to skyrocket. I would be the first to admit that while we are putting tremendous resources into this program, we cannot in 2017 what we plan to do in 2017, what we plan to do in 2017.

We all know that in 7 years the cost of education will have continued to skyrocket. I would be the first to admit that while we are putting tremendous resources into this program, we cannot in 2017 what we plan to do in 2017.

In my home State of Connecticut, this would enable more than 4,300 additional students to go to college. In addition, this legislation makes important investments in Historically Black Colleges, community colleges, and the College Access Challenge Grant Program, which fosters partnerships between government and the nonprofit sector that helps low-income kids get a chance to go on to a higher education.

It invests in programs that help students determine what college is best for them but not, as in the past, only to get into those schools but to graduate from them. When those students do graduate, they will no longer be faced with that mountain of debt we have heard about over and over again that puts so many of their own careers and contributions to society on hold while they have to pay off these debts, seeking jobs and opportunities that may not be what they need for their future growth and potential.

To help with this, our legislation caps repayment of Federal loans at 10 percent of discretionary income and forgives payments after 20 years. This represents an important investment not only in our children’s future but in the future of our country. It will pay enormous dividends.

This investment isn’t just smart, it is fully paid for. In fact, the Congressional Budget Office estimates this legislation will reduce the national debt deficit by over $117 billion over the next 10 years. We accomplish that by eliminating what amounts to billions of dollars in wasteful spending within the Federal student loan program.

Let me explain. Currently, some Federal student loans are made through the Direct Loan Program, while others are made through the Federal Family Education Loan Program, the so-called FFEL Program. This program overpays banks for servicing these Federal loans. The result is that money intended to help students go on to a higher education ends up instead helping to pad the profits of those lenders. That is a waste of money.

What is more, banks in the FFEL Program get their loan guarantee and interest subsidy entitlements regardless of how well they treat the student borrowers. While they bank the profits when the loans are repaid, taxpayers end up shouldering the risk of defaults. So our legislation converts all future Federal student loans to the Direct Loan Program. This doesn’t cut the private sector out of the student loan industry. What it does is as American as apple pie. It makes them compete. It ends these unnecessary payments and force banks to compete for the job of servicing student loans. When institutions have to compete, consumers benefit.

For students and parents, it means better customer service and the same good rates that have always been the hallmark of Federal student loans. As for taxpayers, it means a savings of $61 billion over 10 years, money that now flows into the coffers of banks, but under this legislation will be used to help more kids go on to college and bring down our national deficit.

In short, what we have here is a win-win, a fully paid for and much needed investment in equal opportunity and American competitiveness. I would be remiss if I did not note that we could and should be doing more. It comes as a serious disappointment to me and to education advocates across the country that funding for a new early childhood learning initiative was not included in this package. I desperately wanted it to be there, as did my friend Tom Harkin from Iowa who has worked with me, along with others, for years on early education. As important as it is to enable a high school student to graduate and attend college, it is just as critical that we prepare every child to be a viable candidate for their next step in the education process. The achievement gap that robs too many American children of their opportunity to fulfill their destiny of 30 percent in 3, according to everything we know about child development. You know the statistics, as most of us do. Investments in early childhood education pay off tenfold when we consider the decreases in crime, the reduced need for special education and welfare services, and improved health of these children who have access to early education.

Just as the increasingly competitive global economy calls us to unlock the door to higher education, we must do everything within our grasp to help every American child to that threshold of maximizing his or her potential. That important work requires a serious commitment to early education. This legislation would have been a perfect opportunity to follow through on that commitment. So the fight will continue, unfortunately, without the strength this bill would have provided. But for now we have the chance to do some real good for young people and for our Nation.

I urge my fellow Senators, both Democrats and Republicans, to support this commonsense measure, save the Pell Grant Program, and make a real difference in the lives of countless young Americans for years to come. I remind my colleagues this is just part of what is at stake in this debate. The amendments being offered, on too many occasions by our friends on the other side of the aisle, are doing nothing more than trying to stop every American child from that threshold of maximizing his or her potential.

I urge my fellow Senators from Arizona. For those reasons, I urge adoption of this package.

I yield the floor.

Mr. GREGG. I yield to Senator McCain such time as he may use.

Mr. MCCAIN. Mr. President, I read a lot about what has been going on in the...
health care debate, and all of us have. Americans are very aware of it. I keep hearing the word “historic” this, “historic” that, “historic.” I agree. It is historic. This is a historic vote, and I think we are pretty aware of what the outcome will be sometime tonight, tomorrow, the next day. It is the first time in history, the history of this country, that a major reform has been enacted on a purely partisan basis, the first time.

Every major reform throughout history have had significant—you can go down the list—bipartisanship votes. In the 1970s—this one, purely partisan, rammed through from beginning to whatever this end is.

It is historic, and it is the first time that a process called reconciliation has ever been used to affect one-sixth of the gross national product. I know the response will be: Well, Republicans did it—et cetera, et cetera. It will be the first time that 51 votes has been the measure of their so-called reconciliation. Now, that is historic. That is historic because we have basically broken down the 60-vote tradition of the Senate when we address it in this fashion—an issue of this magnitude.

Let me tell you, when the President of the United States was still a Senator—another time we were doing reconciliation—what he said:

You know, the Founders designed this system, as frustrating as it is, to make sure that the concerns before the country moves forward. . . . And what we have now is a president:

He was referring to former President Bush who . . . hasn’t gotten his way. And that is now prompting, you know, a change in the Senate rules that really I think would change the character of the Senate forever. . . . And what I worry about would be you essentially have still two chambers—the House and the Senate—but you have simply majoritarian absolute power on either side, and that’s just not what the founders intended.

That is what Barack Obama, the Senator from Illinois, said.

So here we are. Yes, it is historic. It is historic. And it is historic what we have seen take place from the beginning. We have seen the special interests. We have seen the votes, the provisions in these bills that carve out special deals for special interests and special States, such as the “Louisiana purchase,” the $100 million inserted in this 2,733-page document that builds a major health care advantage program cut drastically—how many of them were allowed in the majority leader’s office? How many of them were allowed in the Speaker’s office? How many of them were allowed in the White House as the special interests’ representatives went in and out?

So there are winners and losers. That is what is being judged. The winners will be those who live in favored States who will have special deals. There will be those who hired PhRMA, the hospital association, the unions, etc. Again, my congratulations to PhRMA. They are running $100 million-some worth of ads favoring this deal because they got a deal that is worth billions—worth billions.

As I have quoted on the floor several times, their head lobbyists, or $2 million-a-year lobbyists, said: A deal is a deal. We expect the White House to keep it.

So who are the losers? Who are the losers? Well, the first loser is the Senator because, as I said before, this reconciliation, requiring only 51 votes, is a radical departure from anything we have done in the past. I do not accept the statement that it has been done in the regular way we address legislation—legislation through the House, legislation through the Senate, a conference committee, and then, obviously, a final vote. But they cannot afford a final vote because there are 41 votes now, not 60. So the Senate is a major casualty of this process.

But the biggest losers probably are average citizens—average citizens who were told the Congressional Budget Office judged this to be deficit-neutral, and it would not cost the taxpayers additional money. I just had a conversation with the Senator from Montana who said clearly we are not going to cut physician payments by 21 percent; so, therefore, the assumption they gave the Congressional Budget Office is false—is false. So before we go any further, it is already a $150 billion deficit because everybody knows we are not going to cut physicians’ payments by 21 percent.

So the American people are the ones who never had access to get a special deal. And 330,000 citizens of my State who have enjoyed and chosen the Medicare Advantage program are now going to see those benefits slashed. But the average citizen who thinks today there is a huge disconnect between their lives and that of the life that is led here and the way we do business here—last Saturday, I was in my own home State of Arizona. I did two townhall meetings and meetings in Phoenix and one in East Valley Phoenix, and people are hurting. People are hurting, people are angry, they are frustrated, and they feel there is a huge disconnect between themselves and Washington. I come back the next day, and they are drinking champagne in celebration of a “historic” victory. Americans do not get it. Americans do not get it. They are angry. They are frustrated.

I want to assure them—this fight is not over. We will take it, as I mentioned before, to the towns and cities of America. We will have townhall meetings all over the country. We will register voters. We will urge them to turn out, and we will urge them to take part in one of the most seismic elections in the history of this country.

I know the liberal media is saying: The American people are going to move on. Well, they are not going to move on because they are sick and tired of the spending and the generational theft we have committed on future generations of Americans. This is only one generation; it is just the beginning. It is a big part, but it is only one part.

So I know I speak for my colleagues when I say this fight is far from over. This struggle to regain control of this body and this institution in Washington, DC, and give it back to the people of this country will go on.

I have great faith in this country and its future. That is why I am confident that over time, sooner or later, we will be back and we will repeal and we will replace this government takeover with medical malpractice reform, with going across State lines to get insurance of your choice, to reward wellness and fitness, to establish risk pools that insurance companies will bid on in order to treat people with preexisting conditions. We have a long list. We will replace that with what all Americans want; that is, to maintain the quality of health care in America and at the same time, bring costs under control.

I thank the Senator from New Hampshire for his leadership. I thank the Senator from Montana for his courtesy during this debate over these days and weeks and even months, on days and nights and weekends. I want to assure my colleagues this debate is far from over.

I yield the floor.

Mr. GREGG. Mr. President, I just want to thank the Senator from Arizona for his excellent summation of where this issue lies and its impact on the American people. I hope that statement will be read across this country because it was a reflection of the concerns which are legitimate and which are being expressed by vast amounts of Americans. It is not unusual it should be expressed by the Senator from Arizona because he is so much a personality of this Nation and a force within our political process.

I would reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from Montana.
Mr. BAUCUS. Mr. President, I yield to the distinguished chairman of the HELP Committee, who has been so involved in health legislation, education legislation. Might I ask, how much time do we have left?

The PRESIDING OFFICER. There remains 11 minutes 48 seconds.

Mr. BAUCUS. Mr. President, I yield as much time to the Senator as he wishes to take, including 11 minutes 48 seconds.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, I thank my friend from Montana, the chairman of the Finance Committee. I thank him for all of his great leadership, and also Senator DODD, who just spoke.

If I might just add a little historical footnote. Senator BAUCUS, chairman of the Finance Committee; Senator DODD, who led the effort through the HELP Committee; myself, as now chairman of the Finance Committee; Senator BURKHOLDER, chairman of the Senate Finance Committee; Chairman MILLER on the House side, chairman of the Education and Labor Committee; and Chairman WAXMAN, the chairman of the House Commerce Committee—all of whom had big parts of the whole health care bill to develop—a historical footnote we all swear in on the same day in January of 1975. It was a great class, and our classmaters, as history would have it, survived to be able to put together this great health care bill.

I again want to thank my longtime friend and colleague from Montana, Senator BAUCUS, for his extreme patience and his endurance in getting us to this point.

Mr. President, we are in the midst of a historic week in this Nation’s Capital. Health care reform is no longer a bill; it is the law of the land. It has been signed.

Just as the history books remember 1935 as the year FDR signed Social Security into law, and 1965 as the year when Lyndon Johnson signed Medicare into law, they will now remember the year 2010 as the year President Barack Obama signed comprehensive health reform into law.

Each of these three bills marked a giant step forward for the American people. Each was stridently opposed by the current political party at the time. Each was stridently opposed by the status quo. But in the end—in 1935, in 1965, and now in 2010—a critical mass in Congress, bipartisan majorities, delivered legislation. They voted their hopes, not their fears. They created a better, fairer, more compassionate America for all of our citizens.

As a Nobel Prize-winning economist recently put it, the new health reform law is a ‘victory for America’s soul’—a ‘victory for America’s soul.’” At long last, we are realizing Senator Ted Kennedy’s great dream of extending access to quality, affordable health insurance to every American. We are ending the last remaining barriers of discrimination and exclusion in our country.

Think about it: Over the decades, we have outlawed discrimination based on race, color, and national origin. We have outlawed discrimination based on gender and religion. We have outlawed discrimination based on age and disability. But until now, it has been perfectly legal to discriminate against our fellow Americans because of illness—because of exclusion of tens of millions of our citizens from decent health care simply because they could not afford insurance or afford health care—blatant discrimination.

When President Obama signed health care reform into law on Tuesday, he set in motion a series of changes that will tear down these last barriers of discrimination and exclusion. That truly is a great moral victory. It is, indeed, a victory for America’s soul.

But our work is not done. The reconciliation bill now before us includes a number of modifications to strengthen the new health care reform law. It also includes reforms in the student lending program that in their own way are also discriminatory, and regret these landmark education reforms have not gotten the attention they deserve.

Mr. President, we are going to have a whole series of amendments. Of all of those amendments, if anything else will sound nice. Some of them I would probably like to vote for myself if they weren’t to this bill. But we can’t be lured into this by the siren song of amendments that sound good but only have one purpose; that is, to kill this bill, to delay it, to kill it, to make sure it is not enacted into law. That is the only purpose of these amendments, make no mistake about it. So when an amendment comes up that I like and I might want to support it, I will not vote against it because it is that important to make sure this reconciliation bill gets passed and sent to the President for his signature.

So I say to all of my friends on this side of the aisle: Don’t be lured. Don’t be lured by the siren song of amendments that may sound good. Don’t be afraid that somehow they are going to use it against you in a campaign. Hey, they can use anything against you in a campaign. Hey, they can use it against you in a campaign. Hey, they can use it against you in a campaign.

Let’s be clear what is at stake. A vote against this bill is a vote against parents’ rights to keep their kids on health insurance plans until age 26. A vote against this bill is a vote against a tough new crackdown on fraud and abuse in Medicare and Medicaid Programs. A vote against this bill is a vote against ending discrimination against rural areas in Medicare reimbursement rates. A vote against this bill is a vote against ending tens of billions of dollars in corporate welfare for banks, a vote against redirecting that money to more generous Pell grants for needy college students.

I might add, a vote against this bill is a vote against a very important provision. I know an amendment has been offered to do away with what is called the CLASS Act. The CLASS Act is now the law of the land. Here is what it is. It is a voluntary program. No one has to join it.

So I say to all of my friends on this side of the aisle: Don’t be lured. Don’t be lured by the siren song of amendments that may sound good. Don’t be afraid that somehow they are going to use it against you in a campaign. Hey, they can use anything against you in a campaign. Hey, they can use it against you in a campaign.

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I urge my colleagues to support passage of the Health Care and Education Reconciliation Act of 2010, to defeat all of the amendments. Let’s get this bill to the President, let’s help our students get to college, and let’s help the people of this country have better health care.

Mr. President, one of the arguments raised by my Republican colleagues regarding the landmark new health reform law just signed into law by President Obama is that it is unconstitutional. I only disagree with one example of the strong constitutional basis of the new law is outlined by the American Constitution Society in a paper released at the end of last year. I commend this paper to my colleagues and ask unanimous consent its conclusions be printed in the RECORD.

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

(From the American Constitution Society for Law and Policy, Dec. 2009)

MANDATORY HEALTH INSURANCE: IS IT CONSTITUTIONAL?

(By Simon Lazarus)

VI. CONCLUSION: MANDATORY INSURANCE IS NEITHER BURDENSOME NOR UNPRECEDENTED.

A major reason why all opponents’ legal arguments fall short is that they share a common factual foundation, which itself is a fallacy. Their root assumption, or assertion, is that requiring Americans to carry health insurance is both extraordinarily novel—"unprecedented"—and extraordinarily burdensome. But this endlessly repeated assertion is specious, for several reasons.

To begin with, experience demonstrates that mandatory health insurance is neither unprecedented nor burdensome. Hundreds of millions of millions of individuals live under a variety of mandatory health insurance regimes, with very high rates of compliance and no record of discontent with the requirement, in other advanced economies and, indeed, in Massachusetts.

As noted above, the overwhelming majority of Americans already carry health insurance that satisfies the terms of the mandate, so they will be covered by the mandate at all. Of the approximately 46 million Americans who currently lack health insurance, the majority are in this state only because it is unaffordable, and the presumption of course, will welcome the opportunity presented by the legislation to gain coverage.

For those currently uninsured Americans who will prefer to forego the cost of coverage, even with whatever level of subsidy they will be in a position to claim, the mandate is no more a burden than the requirement that we pay our income taxes—indeed, it is less, since the coverage they receive in return is available immediately, not when they reach eligibility in their 60s.

By conceding that social and health insurance taxes are constitutionally valid restrictions on individual liberty, while condemning functionally equivalent contributions to private insurers, opponents effectively contend that a single-payer, government-run program like Medicare is the only type of health insurance system Congress may establish. The Constitution surely does not impose such an arbitrary strait jacket on Congress.

The majority of Americans live in jurisdictions that require the purchase of automobile insurance. Health care reform opponents claim that these state mandatory auto insurance regimes are not "precedents" for federal mandatory health insurance, for a variety of essentially legalistic reasons. For example, they argue that insurance is a voluntary payment in exchange for a "privilege," permission to drive on public roads. But for most people, driving is an economic necessity. The constitutional impact on people, mandatory auto insurance is a commonsense indicator of whether the public would find novel or inherently burdensome a mandate to purchase health insurance from the private insurance industry.

If, as opponents claim, the burden of mandatory auto insurance is that of a regulatory monopoly—"in principle—oppressive and unfair, Medicare, and for that matter Social Security taxes would raise constitutional questions no less than if these landmark statutory programs were cast as regulations of interstate commerce.

In fact, of course, since 1937, such questions have never been raised either in the courts or in Congress. The reason is simple: most have never been raised either in the courts or in Congress. The reason is simple: most of these landmark statutory programs were cast as regulations of interstate commerce. In fact, of course, since 1937, such questions have never been raised either in the courts or in Congress. The reason is simple: most have never been raised either in the courts or in Congress. The reason is simple: most of these landmark statutory programs were cast as regulations of interstate commerce.

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The education provisions of this legislation will convert all new Federal student loans to the Direct Loan Program starting in 2011, saving $61 billion over the next 10 years. These changes will also upgrade the customer service borrowers receive when repaying their loans. The legislation will also maintain jobs by ensuring a robust role for the private sector, allowing lenders and not-for-profits to contract with the Department of Education to service Direct loans.

The legislation significantly increases the Federal Pell grant award; the cornerstone of need-based Federal student assistance since its creation in 1972. Investments in this program are essential to ensuring access to higher education and making college more affordable for students and families. Both the House and Senate authorizing and appropriating committees have made significant investments in increasing the maximum Pell grant award, and the cornerstone of need-based Federal student assistance since its creation in 1972. Investments in this program are essential to ensuring access to higher education and making college more affordable for students and families. Both the House and Senate authorizing and appropriating committees have made significant investments in increasing the maximum Pell grant award, and

While Hispanic-serving institutions make up one-third of all Hispanic students, predominantly Black institutions, institutions serving the Nation’s minority populations. Minority serving institutions educate more than half 58 percent, of minority undergraduate students. While Hispanic-serving institutions (HSIs) comprise less than 3 percent of colleges and universities nationwide, they consistently graduate approximately one-third of all Hispanic students with degrees in science, technology, engineering and mathematics. Similarly, even traditionally Black colleges and universities only make up 3 percent of all colleges and universities they graduate 40 percent of African Americans with degrees in science, technology, engineering and mathematics. These schools also produce 50 percent of African-American teachers and 40 percent of African-American health professionals.

Concerning the servicing contracts with eligible not-for-profit servicers, this legislation recognizes that not-for-profit servicers play a unique and valuable role in helping students in their States succeed in postsecondary education and that students should continue to benefit from the lower interest rates provided by not-for-profit servicers.

Including more high-quality servicers in the contracting process will increase competition amongst servicers and deliver better customer service and lower costs. Under the bill, not-for-profit servicers will be allocated a minimum of 100,000 borrower loan accounts as a starting
point. The Secretary of Education has been given the authority to increase or decrease that volume based on factors that include capacity and customer service. With sufficient loan volume and competitive servicing rates, eligible not-for-profit servicers can individually or collectively generate sufficient revenue to continue the valuable services they provide to borrowers. Because of the significant increase in loan volume as all Federal loans are moved to the Direct Loan Program, additional servicing capacity will be needed and is provided for through the contracts provision. I encourage the Secretary to implement these provisions in a timely manner so that many local not-for-profit servicers will continue to play a role in the student loan program.

The Department of Education should use the not-for-profit servicers to increase competition and quality in the student loan programs. To that end, the bill authorizes the Department to state priorities and obligations, such as service to low-income borrowers, in the grants program. This provision is important.


The individual responsibility requirement also pay for by providers, insured individuals and businesses through higher premiums, or Federal, State, and local governments. The requirement encourages servicers, and affects an individual’s decision whether or not to purchase health insurance by imposing penalties on individuals who remain uninsured. Congressional Office, Key Issues in Analyzing Major Health Insurance Proposals, December 2008.

(2) The uninsured receive about $6,000,000,000 in health care of which about $56,000,000,000 is uncompensated. Private spending on uncompensated care is $14,500,000,000, and includes profits forgone by physicians and hospital revenue spent on uncompensated care is $42,900,000,000, and is financed by taxpayers at both the State and Federal levels. Jack Hadley et al., The Uninsured in 2008: Current Costs, Sources of Payment, and Incremental Costs, Health Affairs, August 25, 2008.

(3) Health care provided by the uninsured is more costly. The uninsured are more likely to be hospitalized for preventable conditions. John Hadley, Economics of Being Uninsured: Uncompensated Care, Inefficient Medical Care Spending, and Forgone Earnings, Testimony before the Senate Subcommittee on Labor, Human Services, Education, and Related Agencies, May 14, 2003. Hospitals provide uncompensated care of $35,000,000,000, representing on average 5 percent of hospital revenues. Health Affairs, August 25, 2008.

(4) Those who have private health insurance also pay for uncompensated care. Medical providers try to recoup the cost from private insurers, which increases family premiums by on average over $1,000 a year. Families USA, Hidden Health Tax: America Pay a Premium, May 2009.

(5) The decision to self-insure increases financial risks to households throughout the United States. 62 percent of personal bankruptcies are caused by illness or medical bills, and a significant portion of medically bankrupted families lacked health insurance, experience a recent or recent coverage. David U. Himmelstein et al., American Journal of Medicine, Medical Bankruptcy in the United States, 2007: Results of a National Study, 2008.

(6) The national economy losses up to $207,000,000,000 a year because of the poorer health and shorter lifespan of the uninsured. Elizabeth Carpenter and Sarah Axeen, The Cost of Doing Nothing, New America Foundation, November 2008.
(7) A large share of the uninsured are offered insurance at low or zero premiums, but choose to forgo coverage. New America Foundation, December 6, 2007. According to one estimate, the share of a requirement of a requirement of the uninsured from health reform would leave 50 percent of the uninsured without coverage. Linda J. Blumberg and John Holahan, Do Individual Mandates Work? Urban Institute, January 2008. While generous subsidies alone would not achieve universal coverage, the requirement further expands coverage. Congressional Budget Office, December 2008. The requirement improves budgetary efficiency by significantly lowering the federal cost per newly insured, as estimated by Timothy Gruber. Covering the Uninsured in the U.S., National Bureau of Economic Research, January 2008. In Massachusetts, where a similar requirement has been in place since 2006, the share of the uninsured declined to 2.7 percent in 2009. Massachusetts Division of Healthcare Finance and Policy.

(8) By regulating the decision to self-insure, and expanding coverage, the requirement addresses the problem of free riders who rely on more costly uncompensated care. U.S. Department of Health and Human Services, Office of the Actuary, Fiscal Year 2008 National Health Statistics Report: Uninsured Americans, January 2009. The requirement increases employment-based coverage: despite the economic downturn, the number of workers offered employer-based coverage has actually increased. Sharon K. Long and Karen Stockley, Massachusetts Health Insurance Reform: Employer Coverage from Employees’ Perspective, Health Affairs, October 1, 2009.

(9) The requirement is necessary to achieve near-universal coverage while maintaining the current private-public system. It builds upon and complements private employer-based health insurance, which covers 176,000,000 Americans nationwide. In Massachusetts, a similar requirement has strengthened employer-based coverage: despite the economic downturn, the number of workers offered employer-based coverage has actually increased. Sharon K. Long and Karen Stockley, Massachusetts Health Insurance Reform: Employer Coverage from Employees’ Perspective, Health Affairs, October 1, 2009.

(10) Under the Patient Protection and Affordable Care Act, if there are no requirements that individuals must purchase health insurance, and if the penalty is excused for those below certain income thresholds, the actuarial cost of the reforms will increase. Congressional Budget Office, November 2009. Under the Patient Protection and Affordable Care Act, and the Patient Protection and Affordable Care Act, the Government has a significant role in regulating health insurance. The requirement is an essential part of this larger regulation of economic activity, and the absence of the requirement would undercut Federal regulation of the insurance market.

(11) Administrative costs for private health insurance, which were $90,000,000,000 in 2006, are 26 to 30 percent of premiums in the current private sector. Congressional Budget Office, December 2008. The requirement is necessary to create effective private health insurance markets throughout the country in which improved health insurance products that are guaranteed issue and do not exclude coverage of pre-existing conditions can be sold.

(12) Health insurance and health care services are a substantial part of the national economy, spending projected to increase from $4,500,000,000,000, or 17.6 percent of the economy, in 2009 to $4,700,000,000,000 in 2019. Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Expenditure Projections, 2008-2018. Private health insurance spending climbed from $2,500,000,000,000 in 2008 to $4,000,000,000,000 in 2009, and pays for medical supplies, drugs, and equipment that are shipped in interstate commerce. Centers for Medicare & Medicaid Services. The vast majority of health insurance is sold by national or regional health insurance companies, health insurance is sold in interstate commerce and claims payments flow through interstate commerce.

(13) The requirement, together with the other reforms, the Patient Protection and Affordable Care Act, will add more than 30,000,000 consumers to the health insurance market. Congressional Budget Office, Patient Protection and Affordable Care Act. Incorporating the Manager's Amendment, December 19, 2009. In doing so, it will increase the demand for, and the supply of, health care services. According to one estimate, the use of health care by the currently uninsured could increase by 25 to 60 percent. Congressional Budget Office, December 2008.

(14) Under the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Patient Protection and Affordable Care Act, the Federal Government has a significant role in regulating health insurance. The requirement is an essential part of this larger regulation of economic activity, and the absence of the requirement would undercut Federal regulation of the insurance market.

(15) Payments collected from individuals who fail to maintain minimum essential coverage will contribute revenue that will help the Federal government finance a reformed health care system and improve the availability of health insurance to all Americans.

The preceding 15 points cite numerous studies and papers which illustrates the extensive evidence that the Patient Protection and Affordable Care Act, as amended by Section 1002 of the Health Care and Education Reconciliation Act of 2010, will increase the size of the economy, and eventually eliminate the 'donut hole' immediately reduced in 2010 by as much as $1.2 trillion within 20 years. This trajectory was simply unsustainable.

After decades of working to fix a broken health care system, President Obama yesterday signed into law a reform bill that will stop the spiraling costs, increases access to health care and reduces our long-term deficit by as much as $1.2 trillion within 20 years. By passing this bill, we will reduce the deficit by a total savings of $143 billion by 2019.

In addition to containing costs, health care reform will improve access and quality of health care for millions of Americans. 1.7 million North Carolinians without insurance will now have access to a family doctor. It will provide immediate benefits to small businesses, middle class families, and seniors in North Carolina.

While many of these reforms cut up to 98 percent of North Carolina’s private sector employers, in 2008, only 38 percent offered health insurance.

Small business owners I talk to want to provide coverage for their employees, but costs are prohibitive. This month, I received an e-mail from a small chiropractic practice in eastern North Carolina that had to drop its health insurance plan for employees because rates were doubled over 2 years. Most of the practice’s employees are young women under 30.

But starting today, 112,000 North Carolina small businesses will be eligible for tax credits to provide health care to employees. Within the next 6 months, hard-working, middle-class families will be able to add their children up to age 26 onto their health plans. This will benefit about 877,000 young adults in North Carolina.

This year, insurance companies will no longer be able to deny coverage to a child for a preexisting condition, like asthma or diabetes.

Health care reform means people can access preventive care without being saddled with co-pays or deductibles. This includes well-child visits and seasonal flu immunizations.

I recently heard a story about a North Carolinian who, as a junior in college, had terrible stomachaches. But he could not afford a colonoscopy. He learned of his colon cancer too late for the doctors to save him. Health care reform means this young man would have had a chance.

Health care reform means people who have chronic illness will no longer have to fear losing their insurance because of an arbitrary, insurance company-set lifetime cap.

And it means insurance companies will no longer be able to drop your coverage because you get sick or file too many claims.

Seniors also will see immediate benefits. In North Carolina, 1.4 million seniors will receive preventive services with no additional costs, and 247,000 seniors will have the cost of their medications covered.

I am proud of these immediate benefits and our efforts to reform the health care system for the long term.

This reform effort contains provisions that I have championed since coming to the Senate. In the United States, 23 million adults and children suffer from diabetes, and in North Carolina, diabetes costs our State $5.3 billion per year in medical intervention, lost productivity, and premature mortality.

Given these dire numbers, I added to the health care reform bill the second
piece of legislation I introduced as a U.S. Senator—The Catalyst to Better Diabetes Care Act. The Senator from Texas, Mr. CORKY, cosponsored the bill last July. It creates a national and State-by-State level diabetes report card to track progress at beating the disease, requires the Board of physician education on properly completing birth and death certificates, and requires that recommendations be made on appropriate levels of diabetes medical education that should be considered in the licensing medical certification.

I also worked with the Senior Senator from Colorado, Mr. UDALL, to add a section to health care reform to improve access to health care in rural areas. The section we added will help medical schools establish programs designed to increase the number of graduates who practice in rural areas. It will give schools resources to recruit students from rural areas who have an interest in providing medicine in their communities, and it provides for additional training in pediatrics, emergency medicine, obstetrics and behavioral health.

I also want to take this opportunity to discuss how the bill the Senate is currently considering will help make college affordable for our families.

One of the most significant provisions for our students in this legislation is the over $2.5 billion investment over the next 10 years in historically Black colleges and universities.

There are 10 outstanding HBCUs in North Carolina. HBCUs graduate 40 percent of African Americans with degrees in science, technology, engineering and mathematics; 50 percent of African-American teachers; and 40 percent of African-American health professionals.

North Carolina A&T, an HBCU in my hometown of Greensboro, graduates more African-Americans with Ph.Ds in engineering than any other school in the country.

This is a milestone week for the State of North Carolina. I am working with my colleagues to send this bill to the President's desk to further reduce costs for North Carolina's families and small businesses.

This health care reform effort would not have been possible without the work of some tenacious Capitol Hill staff and personal, personal, personal—my two incredible health care staffers, Michelle Adams and Tracy Zvenyach, who worked countless hours for reform in our country.

Mr. CARDIN. Mr. President, I rise today in full support of the Health Care and Education Affordability Reconciliation Act of 2010. I assert that the investment we make in education with this bill is an investment in America's economic future.

For too long, we have allowed America to lag behind other nations in education, specifically in the number of college graduates we produce. No more. Now is the time to train our workforce to compete in the global economy. Now is the time to provide affordable, accessible, quality educational opportunities so that America will shine as a beacon of ingenuity and prosperity once again. This bill answers the call by making college more affordable and accessible.

Perhaps most significantly, the bill invests in and protects the Pell grant scholarship. It provides $36 billion over 10 years for this program which allows so many to attend college who would not otherwise have the opportunity.

This includes funding to cover a shortfall due to demand. The failing economy has spurred a dramatic increase the number of those students who are eligible for Pell grants. In 2007, there were 5 million Pell grant recipients. In 2009-2010, there were 8.3 million. The bill also provides an increase in the maximum annual award which will ultimately be indexed to the Consumer Price Index and thus linked to increases in the cost of living.

In Maryland, over 85,000 students depend on Pell grants to help them attend college. With the additional funding, that number is expected to rise to 100,000. That is 15,000 additional students who now have the opportunity to share in the American dream! Students like Morris Johnson from Baltimore. Morris is a double major in sociology and communications at Goucher College with a 3.5 grade point average.

I also want to take this opportunity to raise the cost of Federal loans to the direct loan program. This will bring an end to the costly federally-guaranteed student loan program that generated billions of dollars in subsidies for banks—at the expense of additional financial aid for those desiring a Pell grant, that dream would have been out of reach.

For those who find it necessary to borrow to finance their education, the bill solidifies a mechanism for obtaining high-quality student loans. The direct loan program is a reliable lender and cost-effective mechanism for taxpayers. Beginning in July of this year, all new student loans will be originated through the direct loan program. This will bring an end to the costly federally-guaranteed student loan program that generated billions of dollars in subsidies for banks—at the expense of additional financial aid for more deserving students. Instead, direct loans will be serviced by contracted private lenders. Further, direct loans can only be serviced in the United States, thereby preserving American jobs.

The bill also makes it easier for new borrowers after 2014 to repay Federal loans by lowering the existing cap on monthly Federal student loan payments from 15 percent to 10 percent of discretionary income. The legislation provides $3 billion for zero-interest, income-based repayment program.

Just paying for college, however, isn't enough. We need to make sure our students succeed in college and graduate. To that end, the bill supports additional key investments:

The bill dramatically increases funding for the College Access Challenge Grant program. This program funds innovative financial literacy and retention projects. This will increase the number of low-income students who are adequately prepared for the financial challenges of paying for college and related expenses.

The bill underscores the role of minority serving institutions in educating the Nation's low-income and minority students by providing $2.5 billion to support these institutions. This funding represents a significant investment in Maryland where we have four outstanding Historically Black Colleges and Universities. The bill also recognizes the role of community colleges and provides $2 billion for a competitive grant program to develop and improve career training programs.

I said the time for making college more affordable and accessible has come and I believe that. But we also have to be fiscally responsible. This bill is both. It makes historic investments in Federal financial aid and yet comes at no cost to the taxpayers. This is possible by switching all Federal loans to the direct loan program. Doing so saves taxpayers a huge amount in subsidies that were going to the banks. According to the Congressional Budget Office, this savings will amount to $61 billion over 10 years.

The education provisions in this legislation make college more affordable and accessible. It's necessary for America's students and for America's future.

Ms. MIKULSKI. Mr. President, I am proud today to support the student loan reform provisions in the Health Care and Education Affordability Reconciliation Act of 2010. I've said this often, we in this country enjoy many freedoms. Among the freedoms the freedom of the press, the freedom of religion. But there is an implicit freedom our Constitution doesn't lay out in writing, and its promise has excited the passions, hopes, and dreams of people in this country for generations. The freedom to take whatever talents God has given you, to fulfill whatever passion is in your heart, to learn so you can earn and make a contribution—the freedom to achieve.

When I was a young girl at a Catholic all-girls school, my mom and dad made it clear they wanted me to go to college. But, right around graduation, my family was going through a rough time because my dad's grocery store had suffered a terrible fire. I offered to put off college and work at the grocery store until the business got back on its feet. My dad said, “Barb, you have to go. Your mother and I will find a way because no matter what happens to you, no one can ever take that degree away from you. The best way I can protect it is to make sure you are living all of your life.” My father gave me the freedom to achieve. And the provisions in this bill will give millions of
Americans that same freedom without adding a dime to the deficit.

For too long, banks have gotten a free ride from the U.S. Department of Education by offering federally guaranteed student loans. The provisions in this bill will stabilize and unnecessary subsidies to lenders and put that money where it is needed most—in students’ pockets. By reforming the Federal student loan program, we will save over $60 billion in the next 10 years. Many of those savings will go to increase the Pell grant, which has made college a reality for students of modest means for nearly half a century. But we also make critical investments in institutions that help our most underserved students: community colleges and Minority Serving Institutions, particularly Historically Black Colleges and Universities, HBCUs.

I have fought alongside my colleagues for years to increase funding for these programs and there was a point where our hands had been tied to tooth-and-nail just to keep Pell funding from being cut. Now we are in a position where we can guarantee increases in the Pell grant, which helps more than 90,000 students in my home State of Maryland. My colleagues have spoken eloquently about the importance of the much-needed investments in this bill, but I would like to take a moment to highlight the investments in HBCUs. I am the only senior Democrat on the Appropriations Subcommittee and I have been a long-standing champion for these schools in both my work as an authorizer on the HELP committee and as an appropriator through my chairmanship of the Commerce, Justice, and Science Appropriations Subcommittee.

I am proud that Maryland has four public HBCUs which provide an incredible benefit to African-American students and the communities they serve. Few institutions have a combined HMO/PPO market share of 50 percent or greater in 64 percent (200) of the local markets (or Metropolitan Statistical Areas) of the United States. The majority of these students are historically under-resourced, were so often shut. But these institutions are historically under-resourced, and their students are by and large underserved. For that reason they have had to fight for representation, respect, and recognition since they were established. That means lawmakers have to act “now” on behalf of their students when so many have told them to “wait.” So I am here to make sure that the more than 20,000 students at Maryland’s HBCUs get the resources they need to continue this significant investment in HBCUs over 10 years enabled through this reconciliation bill. Maryland is slated to get $65 million, and I am confident that the presidents of Morgan State University, Coppin State University, the University of Maryland Eastern Shore, and Bowie State University will be good stewards of this landmark Federal investment.

Our work isn’t done when it comes to equity in access for higher education, but this bill is a huge step forward. Mr. KAUFMAN. Mr. President, after decades of efforts and a year of extensive debate, Americans will finally have a health care system that controls costs, reduces the deficit, improves access to care, and promises in a variety of contexts as to whether the marketplace is functioning properly, or whether abuses are occurring. In making these assessments, and in deciding on appropriate steps to address any abuses or dysfunction, the Federal Trade Commission must benefit greatly from competitive analysis provided by the Department of Justice’s Antitrust Division and the Federal Trade Commission.

One example where this advice would be particularly beneficial is in implementing the mandate to establish State and/or regional health exchanges. At present, many State health insurance markets are characterized by their extreme concentration. According to the Health Insurers Association, in 2007, at least one insurer had a combined HMO/PPO market share of 50 percent or greater in 64 percent (200) of the local markets (or Metropolitan Statistical Areas) of the United States. The two top insurers accounted for at least 60 percent of enrollment in almost 75 percent of these markets. High concentration and barriers to entry reduce price competition and customer choice.

The law just passed contains an antitrust savings clause, which clarifies that Congress did not intend health care reform to erode the reach of the antitrust laws in any way. To restore true competition however, more than a savings clause is needed.

I am pleased that the law vests in State exchange regulators the power to address competition failures in the market, including the root causes of industry concentration. That means curtailing anti-competitive practices designed to keep prices high and choices low, and also encouraging new market participants by mitigating barriers to entry. Obvious market abuses, such as tying agreements, predatory practices and exchange adverse impact the competitive framework of a new participant to gain public trust? How does a proposed rule impact the ability of young insurance companies to develop a comprehensive network of health care providers?

These are difficult questions and we should not expect State regulators to develop an expertise in them overnight. But our Federal antitrust agencies, have, through years of experience, developed just this expertise. I urge the exchange regulators, as well as the Department of Health and Human Services and other responsible agencies, to make full use of their assistance.

Mr. NELSON of Florida. Mr. President, I rise today in support of two amendments, S.A. 3574 and S.A. 3575, to pass this amendment.

In implementing this comprehensive legislation, the Department of Health and Human Services will be called upon, as will other Federal agencies, and the States, to make assessments in a variety of contexts as to whether the marketplace is functioning properly, or whether abuses are occurring. In making these assessments, and in deciding on appropriate steps to address any abuses or dysfunction, the Federal Trade Commission must benefit greatly from competitive analysis provided by the Department of Justice’s Antitrust Division and the Federal Trade Commission.

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Mr. MENENDEZ. Mr. President, I want to thank the chairman and his staff for taking the time and effort to ensure the 4 million residents of Puerto Rico are not forgotten. The health care reform package we are debating today has several outstanding provisions for Puerto Rico. It is an example of the good we can do for its nearly 4 million U.S. citizens—who pay Social Security and Medicare taxes.

But there is one issue I want to raise and that is the Medicare Advantage program on the island. Approximately 83 percent of the eligible Medicare beneficiaries in Puerto Rico participate in Medicare Advantage, compared to 25 percent in the States. This can be tracked to the fact that eligible seniors in Puerto Rico are not automatically enrolled in Medicare Part B when they turn 65. As a result, it is more beneficial for seniors in Puerto Rico to enroll in Medicare Advantage to receive all of their Medicare services.

However, the fee-for-service, FFS, cost calculation for Puerto Rico is inaccurate and undercounts expenditures per Medicare beneficiary. Last year the Medicare Payment Advisory Commission, MedPAC, alerted Congress to this and recommended that the Centers for Medicare & Medicaid Services, CMS, should expediently use its authority to employ an alternative calculation method.

The fee-for-service cost calculation is important because it will soon be the basis for Medicare Advantage rates throughout the country and Puerto Rico. I strongly believe CMS should take a look at the under counts because there is a very real chance we could do harm to Medicare Advantage in Puerto Rico if we don’t get the FFS costs accurate. I hope the chairman agrees with me.

Mr. BAUCUS. I thank the Senator for bringing attention to this issue. He is a true champion for Puerto Rico and a constructive member of the Finance Committee.

I share his concern about the possible under count of fee-for-service costs in areas like Puerto Rico. That is why we included a provision in the Medicare Improvements for Patients and Providers Act of 2008 to have MedPAC study the accuracy of the calculation and report to Congress. As he points out, MedPAC recommends that CMS conduct a study so that if there are such under counts do not exist, particularly in areas like Puerto Rico where Medicare Advantage provides benefits to over 80 percent of its seniors.

I strongly agree with him that CMS should promptly use its authority to correct any and all under counts that might exist in areas like Puerto Rico. The island has unique circumstances that could affect Medicare expenditures and spill over to Medicare Advantage. Moving forward I will continue to work with the Senator closely to monitor and correct this issue as expeditiously as possible.

Mr. MENENDEZ. I thank the Chairman for his leadership and commitment on this issue.

Mr. NELSON of Florida. Mr. President, I would like to ask the chairman of the Committee on Finance and its ranking member a question on the application of the legislation to Professional Employer Organizations or PEOs.

As you know, there are millions of individuals throughout our country who do business through businesses which are in PEO arrangements. The clear objective of this legislation is to create incentives for health care coverage and not to provide disincentives. I would like the chairman to clarify that, for purposes of the application of section 2716 of the Public Health Service Act (Prohibition on Discrimination in Favor of Highly Compensated Individuals) and for purposes of Internal Revenue Code sections 4951 (Credit for Employee Health Insurance Expenses of Small Businesses) and 4980H (Shared Responsibility for Employers), to any health plans sponsored by a Professional Employer Organization, PEO, or a PEO client organization, the rules would be applied to each client organization separately and eligibility for the small business tax credits and employer shared responsibilities would also apply to each client organization separately and not at the PEO level.

Mr. BAUCUS. If the individual providing services to the PEO client organization pursuant to the PEO arrangement continues to be an employee of the PEO client organization, the Senator from Florida is correct.

Mr. GRASSLEY. I agree with the chairman.

Mr. BAUCUS. Mr. President, I want to talk a moment about one of the only retroactive tax provisions in the Patient Protection and Affordable Care Act. Section 9016. This one deals with the special deductions given to the many nonprofit Blue Cross Blue Shield organizations which are no longer exempt from Federal income tax.

In section 833 of what is known as the Patient Protection and Affordable Care Act, a PEO client organization, the Senate, I have worked to see the people of Small Businesses) and 4980H (Shared Responsibility for Employers), to any health plans sponsored by a Professional Employer Organization, PEO, or a PEO client organization, the rules would be applied to each client organization separately and eligibility for the small business tax credits and employer shared responsibilities would also apply to each client organization separately and not at the PEO level.

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Mr. BAUCUS. If the individual providing services to the PEO client organization pursuant to the PEO arrangement continues to be an employee of the PEO client organization, the Senator from Florida is correct.

Mr. GRASSLEY. I agree with the chairman.
Care Act, Section 9008, and that is proposed to be modified in the Health Care and Education Reconciliation Act. This deals with the annual fee on pharmaceutical manufacturers which, as passed, is to go into effect this year. It is our hope that Congress will delay the implementation of this fee by 1 year, to 2011, by passing the reconciliation bill which we are discussing today on the floor. This will give the government reporting agencies more time to establish systems to report the drug sales to the specified government programs. The U.S. Treasury will allocate this annual fee to each company based on its relative market share for the prior year.

Now, we understand that there have been questions about the nature of this fee that are affecting how the fee should be treated for accounting purposes. It was our intent that the fee is assessed in the year that it is due. A fee is assessed on an entity in any given calendar year only if the entity is engaged in the business of manufacturing or importing branded prescription drug sales to the specified government programs in that calendar year. The reference in the legislation to sales for the preceding calendar year is for the sole purpose of providing the method of calculating market share. It would be difficult to calculate market share and impose and collect the fee in the same year, so we decided to look back to a completed year as a proxy of market share. But it is not intended that a manufacturer or importer would be assessed an annual fee in a calendar year in which it sold no branded prescription drug sales to the government programs. This is regardless of whether the manufacturer or importer had any relevant sales in the preceding year.

As an example, suppose a pharmaceutical company made sales in 2011 but in November 2011 shut down its U.S. operations and had no further sales to the specified government programs. In 2012, that pharmaceutical company would not be subject to the fee. Instead, the 2012 aggregate fee would be allocated among those companies selling drugs in 2012 to the specified government programs.

These same accounting questions may also be raised under the annual fee on health insurance providers—section 9010 of the Patient Protection and Affordable Care Act, as amended. On these issues, our intent is as to the treatment of the fees is the same.

We anticipate that the Secretary of the Treasury will provide guidance on how to determine the fees in situations involving mergers, acquisitions, business divisions, bankruptcy, or other situations where it may be difficult to account for sales taken into account in determining market share. We intend to work with the IRS and the affected groups to further clarify the law consistent with the policy I have just outlined.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, how much time is remaining on our side?

The PRESIDING OFFICER. There is 1 minute 48 seconds remaining.

Mr. BAUCUS. First, I thank all of my colleagues on both sides of the aisle. This has been a very civil discussion, very heartfelt feelings on both sides, and I appreciate that.

Let me also say it is interesting that this is the first time in recent memory that a reconciliation bill has all amendments on one side only. These are clearly amendments designed to kill the reconciliation bill and therefore kill health care reform. So I very much hope that all of these amendments are defeated.

I note there are 23 amendments pending. It is going to take 7 or 8 hours, hopefully less. There will be many more amendments offered tonight. In our expectation that we will continue voting on all amendments until we finally vote on all amendments and we can get reconciliation passed, and therefore all of the measures surrounding health care reform will be enacted and we can proceed.

Mr. GRAHAM. Mr. President, I rise today with great disappointment in both the substance and process of this legislation.

We should be working from a long held medical premise: first, do no harm. Instead, Americans know this government takeover of the health care system is bad and the tactics that have been used to do it are even worse. The policies contained in the recently passed health care bill combined with this reconciliation package will raise costs, lower the quality of care in our country, shift a new unfunded mandate onto the States, and will result in health care rationing.

The reasons Democrats passed this bill on a party-line vote in the Senate on Christmas Eve and late this past Sunday night in the House are because of a slew of backroom deals and arm twisting to win minimum votes. Now we take up the reconciliation bill to remove some of these deals so the President can claim to have clean hands.

There are many other reasons to oppose this bill aside from the unsavory deals made to secure its passage. In both its scope and reach, the combination of health care legislation and reconciliation is unprecedented. It raises $644 billion in taxes and cuts $525 billion from Medicare. The Democrats’ health care proposals that would make Bernie Madoff proud.

The Congressional Budget Office found that savings generated from Medicare will not be reinvested in the program, but rather will be used to pay for new programs, putting even more strain on the long-term viability of Medicare.

There is no guarantee this plan lowers health care costs for consumers. What is sure is that 80 percent of Americans will find themselves in some form of government-run, government-controlled health care. The remaining 20 percent will soon be asked, if not required, to follow.

Historically, large-scale social legislation has passed with great bipartisan support. Social Security legislation passed in 1935 with 77 bipartisan votes. Medicare passed with 68 votes, and the Americans with Disabilities Act passed with 76 votes. Never before have we acted in a manner that would affect one-sixth of our economy on the whims of a single political party. The country has adopted a hard-line ideological approach and continue to push a plan that will put us one giant step closer to the single-payer government-run health care system they have long dreamed of.

Speaking of a federal takeover: if you want a federal takeover of the student loan industry, then your ship has come in. Every student in the country who needs to borrow money for college will now have to come to the Federal Government for a loan, which will make the United States Department of Education one of the Nation’s largest banks. A portion of the proceeds from these loans, about $9 billion, will then be used to finance our nation’s health care spending instead of being put back into education programs. Students will be caught in the middle in terms of health care financing. Not only will their loan interest go to finance an unpopular proposal, but they will be paying higher taxes when they graduate and get a job.

I am afraid that by dealing Republicans out of the game, Democrats have done great harm to comity in the Senate. I have never hesitated to work across the aisle on tough issues and try to reach consensus. After this maneuver, I fear that bipartisanship may be a
thing of the past for the foreseeable future. While there may have been the chance to work together on important topics, I believe Republicans must now pursue a strategy of repeal and replace. Repeal this damaging legislation and replace it with programs that promote fair and affordable health care, encourage innovation, reward wellness, and help those in need.

I will be voting against this reconciliation bill because I believe that combined with the recently passed health care bill, it will do more harm than good for health care and higher education in America.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. GREGG. How much time do we have on our side?

The PRESIDING OFFICER. There is 4 minutes remaining.

Mr. GREGG. Mr. President, a lot has been talked about here. A lot has been discussed. I don’t want to get into an expansive discussion of the issue of the underlying bill. It has been fully aired. But this concept to vote down every amendment, that you have to do that in order to save this bill, seems to reject the concept of a constitutional process.

Think about this for a moment. The whole series of amendments here are being offered to fulfill the statements made by the President of the United States, Senator McConnell has offered an amendment to take out the sweetheart deals. The President said the sweetheart deals would be taken out. Senator Barrasso has offered an amendment which says that if premiums go up, certain parts of this bill will not go into force. The President said premiums will not go up on working Americans. Senator Crapo has offered an amendment which says that if there are taxes on people earning less than $200,000, those taxes won’t go into force. If there are taxes on people earning less than $200,000, those taxes won’t go into force. The President allowed those amendments.

Now, for the first time, we have a chance to offer amendments, and the position on the other side of the aisle is no amendments allowed even if they are good amendments.

So, I guess, obviously, they consider their promises to be an inconvenience. Obviously, they presume the Republican Party is an inconvenience. The Democratic process is an inconvenience. It also appears, considering the opposition to this out in America, that the American people are an inconvenience and that amendments which make sense aren’t going to be allowed to be passed because they don’t want to send it back to the House of Representatives. It makes no sense to me, and I don’t think it is going to make much sense to the American people.

This bill is fundamentally flawed. It needs to be repealed and it needs to be replaced. We have suggested a whole series of amendments which will significantly improve this bill, and I hope some will be supported by the other side of the aisle since they are the policies of the majority of the American people.

The PRESIDING OFFICER. The Senator’s time has expired.

Mr. BAUCUS. Mr. President, make no mistake—

Mr. GREGG. Mr. President, point of order. Is there time remaining on the bill?

The PRESIDING OFFICER. There is 53 seconds remaining for the majority.

Mr. BAUCUS. Mr. President, make no mistake—

Mr. GREGG. Mr. President, point of order. Is there time remaining on the bill?

The PRESIDING OFFICER. The PRESIDING OFFICER. The PRESIDING OFFICER. The time before each amendment and a response to that.

Mr. REID. Mr. President, I say again through the Chair to my distinguished colleague, the Republican leader. All time has expired. Under the rules in the Senate, we start our vote-a-thon now, as the Republican leader said. I would ask that the desire of the minority that there be time before each amendment and a response to that?

Mr. MCCONNELL. Yes, I would say to my friend the majority leader, since the voting will all be called vote-athons, if we could have a minute or so before each amendment simply to describe what it is, that would be helpful.

Mr. REID. Mr. President, I say again through the Chair to my colleague and those Members of this body, we do not have to agree to 1 minute, but we want everyone to understand we have tried to be as fair as we can through this process. There are some who said: Why should we waste—there are 43 minutes or 46 minutes. I think there are 23 amendments pending, so that would be 46 minutes. But we want to be fair. In recent years, we have agreed by unanimous consent to have 1 minute to explain the amendment and 1 minute to disagree with the amendment. I think that is the appropriate thing to do. We want to make sure everyone is treated fairly.

But I alert everyone: The Chair is going to enforce—we are not waiting for the voting—the Chair has enforcement authority to enforce the amendment and 1 minute to disagree with the amendment. I think that is the appropriate thing to do. We want to make sure everyone is treated fairly.

But I alert everyone: The Chair is going to enforce—we are not waiting for the voting—the Chair has enforcement authority to enforce the amendment and 1 minute to disagree with the amendment.

Mr. MCCONNELL. Would my friend yield for an observation?

Mr. REID. Yes.

Mr. MCCONNELL. Even though allowing that, as the majority leader stated, that is certainly optional, it has been the custom of both sides, when we have been in these vote-rama situations in the past, to allow the time on
each side, and I appreciate the willingness of the majority leader to do that.

Mr. REID. Mr. President, I ask unanimous consent, as I directed, or asked, that there be 1 minute to explain the amendment and 1 minute to disagree with the amendment.

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

Mr. REID. Mr. President, I also ask unanimous consent that after the first amendment on which we will do our normal 15 minutes with 5 minutes of time after that, all votes thereafter be 10 minutes. I ask unanimous consent that prior to each vote there be 2 minutes of debate equally divided and controlled with a probability that upon or yielding back of that time, the Senate proceed to vote in relation to the amendments and the motions in the order they have been offered—I think that is the fair way to go so we are not trying to catapult over other amendments people may have offered at an earlier time—with no intervening amendments or motions in order prior to a vote; further, that after the first vote in this sequence, the succeeding votes be limited to 10 minutes each.

The reason I suggest 10 minutes is I have been told by Senator McCaskill and others they want an opportunity to offer amendments, and this will maybe allow them be to offer a few more.

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

Mr. REID. Mr. President, I also note that with just the amendments that have been proposed, if we are fortunate, I am told that we may take 9 or 10 minutes or so, maybe more than that, to get rid of those. There will be continuous votes without any breaks. We are not going to have any breaks unless something untoward happens. Senators should be advised that they should hold hands and stay close to their seats and, hopefully, we will have an orderly process as much as possible during the vote-arama.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I am going to take a few minutes of my leader's time, but just a few, and I will begin the clock.

The PRESIDING OFFICER. The leader has that right.

Mr. MCCONNELL. Mr. President, the administration and some in Congress wish to be heard. They want the American people to sit down and quiet down. That has been their approach to health care for an entire year.

Well, Republicans think Congress serves the people, not the other way around.

We have fought on behalf of the American people this week, and we will continue to fight until this bill is repealed and replaced with commonsense ideas that solve our problems without dismantling the health care system we have and without burying the American dream under a mountain of debt.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, USA Today-Gallup reported that the people of America, the citizens of America, favor what we did by a score of 49 to 40. That is a pretty significant majority. People support this legislation. Why? Because the majority leader is being treated by the insurance industry the way they have been treated.

My friend talks about the mountain of debt of this bill. We have rules and guidelines in this body, in this Congress, in this Senate. There is an independent body that has been set up, not by Republicans, not by Democrats, but by us. It is independent. It is not partisan. That agency, the Congressional Budget Office, determined this bill will save about $140 billion; over the next 10 years, $1.3 trillion. This is make-believe they talk about all these things that are going to cost so much—$1.3 trillion. They are wrong.

I also have to comment on this. My friend, the Republican leader, talks about how hard they were working yesterday when we were at a 45-minute meeting at the White House while the recess was one last slap in the face of Americans across the country who have been howling at Democrats for the past year to stop this bill and to work instead across party lines on reforms that would actually drive costs down.

Today Republicans will give Democrats one last chance to reject the horrible impact the underlying bill and this last-minute add-on will have on our country. Unfortunately, we already know that they plan to turn the other way.

We will offer an amendment to direct the Medicare cuts in this bill back into Medicare, to preserve and strengthen it for future generations. They will reject it.

We will offer an amendment to strike all the new sweetheart deals in this bill. They will reject it.

We will offer an amendment that would have obliged the President to make clear his pledges earning less than $250,000 will not see any tax hikes as a result of this bill. They plan to reject it.

We will offer an amendment requiring HHS to certify that this bill does not increase premiums. They will reject it.

We will offer an amendment to strike a job-killing mandate on business. They will reject it.

While the White House is trying to sell this health care legislation to a skeptical public, Senate Democrats today will speak loudly and they will speak clearly about the things in this bill the White House does not want people to know and vote to endorse them: massive cuts to Medicare for seniors; job-killing mandates and business tax hikes; higher insurance premiums; sweetie deals; tax hikes on middle-class families. This is the real story of health care reform.

Americans may not be hearing about it from the White House, but I assure you, they will be feeling the pain. Americans know this and they want to know that somebody is fighting for them in Washington to make their voices heard. That is what Republicans have been doing on this issue for the past year. That is what we have been doing this week. That is what we will keep doing until the voices are heard. We are not giving up.

Mr. President, I yield the floor.
The number of days in the Finance Committee the bill was available before the markup even took place, 6; the total number of amendments posted online before the markup, 564. They were public. Everyone in America could read them. The number of amendments considered during the markup, 135; the number of days the committee spent marking up the bill, 8; the number of days the final bill was available before the vote, 11.

There is more, but you get the picture.

Chairman Dodd conducted the longest markup in the history of the HELP Committee. On what subject? Health care. Public meetings, many of them on C-SPAN.

There is no bill anymore. It was signed into law yesterday. The work that we did here on Christmas Eve, through the storms of 2010, is now the law of this country. We are going to start in just a few minutes making that law even better.

In my State of Nevada, 600,000 people will be able to have insurance who have never had it before; 24,000 small businesses will be eligible for a subsidy for people they employ to have health insurance and did not have health insurance because they were cheap or mean; they could not afford it. If they would get a paxy, they would cancel when somebody got sick or hurt.

Now someone who is 26 years old can go to whatever they want to do and not worry about losing their insurance until they establish themselves.

This legislation extends Medicare for 9 years as a healthy entity. Medicare is not a perfect program, but it is a good program.

My first elective job was a countywide job in Las Vegas, the metropolitan areas Clark County. When I went on that hospital board, the largest district of Nevada, 40 percent of seniors who came into that hospital had no health insurance. Their sons, their daughters, their mothers, their brothers, their cousins, their neighbors signed for them that they would be responsible for that bill. We had a large collection agency in that hospital. We went after those people.

Not anymore. Now everybody who is a senior citizen who comes into that hospital is taken care of because of Medicare. We are going to have a sufficient second.

Mr. BAUCUS. Mr. President, without being dramatic, this is a killer amendment, pure and simple. Why? Because it is basically designed to prevent spending. That means it will take away tax credits to middle Americans to help them buy insurance. This amendment would take it away. It would kill the assistance to seniors for prescription drugs. It would take that away. It would take away assistance to States. That is why it is a killer amendment.

I proudly support this bill. Why? This bill reduces insurance costs for working-class and middle-class Americans, expands Medicare prescription drug coverage to more than 3 million seniors, provides immediate tax credits for nearly 4 million small businesses, stops $6 billion in annual government subsidies for banks, and puts money into college grants for students and their families.

In contrast, our friends on the other side do not want to do that. They want to kill this bill. I think that is patently against the wishes of the American people.

Mr. President, I move to table the Gregg amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be a sufficient second.

The question is on agreeing to the Gregg amendment, as modified. Who yields the floor?

Mr. GREGG. Mr. President, this amendment fulfills the obligation to our senior citizens. This bill reduces on its face $320 billion in Medicare by cutting Medicare beneficiaries through reducing providers and by eliminating or significantly reducing the Medicare Advantage Program. That number actually, when fully implemented, is $1 trillion over the first 10 years. That is $1 trillion of reductions in Medicare.

That money is then taken and used to create new entitlements for people who are not seniors and who have, for the most part, not paid into the Medicare trust fund. That is wrong. Medicare is in serious trouble. We should use the Medicare savings in this bill for the purposes of making Medicare more solvable.

That is exactly what this amendment does. It keeps Medicare savings in the Medicare trust fund and uses them to make Medicare more solvent.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, without being dramatic, this is a killer amendment, pure and simple. Why? Because it is basically designed to prevent spending. That means it will take away tax credits to middle Americans to help them buy insurance. This amendment would take it away. It would kill the assistance to seniors for prescription drugs. It would take that away. It would take away assistance to States. That is why it is a killer amendment.

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Mr. President, I move to table the Gregg amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be a sufficient second.

The question is on agreeing to the motion. The clerk will call the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 56, nays 42, as follows:

[Rollcall Vote No. 64 Leg.]

YEAS—56

NAYS—42

NOT VOTING—2

Byrd

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YEAS—56

NAYs—42

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 56, nays 42, as follows:

[Rollcall Vote No. 64 Leg.]

YEAS—56

NAYS—42

NOT VOTING—2

Byrd

The motion was agreed to.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, we are going to cut the votes off after 10 minutes. We are going to move these as quickly as we can. We want to get through this series of votes as rapidly as we can, and it is going to take hours to do that. People should stay close here. We are not going to take time for full floor games. We have to move through this process. It makes it so much easier if you are here to vote; otherwise, some people are going to miss the votes.

AMENDMENT NO. 3570

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided, prior to a vote in relation to amendment No. 3570, offered by the Senator from Arizona, Mr. MCCAIN.

The Senator from Arizona.

Mr. MCCAIN. Mr. President, the amendment removes the following items from the legislation: additional Medicaid funding for Hawaii hospitals; additional Medicaid funding for Tennessee hospitals; provides special Medicaid funding for Louisiana; special Medicaid funding primarily for reclamation hospitals in Nevada, Connecticut; $100 million for a Connecticut hospital; frontier funding provision provided in new Medicare money for
Montana, South Dakota, North Dakota, and Wyoming; a provision allowing for certain residents in Libby, MT. I do not argue whether these are worthwhile or needed projects. I do argue the method in which they were inserted in this legislation—the one for Tennessee being as recently as yesterday or the day before—is the wrong process.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I think it is important to recognize this amendment for what it is. It is basically a political stunt at the expense of a lot of victimized people. One is victims of Hurricane Katrina, another is victims of asbestos in Libby, MT; it is at the expense of rural Americans; it is an attempt to derail the bill and force the House to have to vote again, therefore, force, probably, the Senate to go through another vote-arama, go back and forth. It makes no sense whatsoever.

Let’s not forget the underlying legislation passed recently and signed by the President yesterday reduces insurance costs for working and middle-class Americans. This amendment would have the effect of taking away the windfall if passed. It would take away Medicare prescription drug coverage for more than 3 million seniors. If passed, it would have the effect of taking away immediate tax credits for small businesses, and I could go on and on.

I urge Members to support my motion to table. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The question is on agreeing to the motion to table.

The clerk will call the roll.

The question is on agreeing to the motion to table. I ask for the yeas and nays.

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

The result was announced—yeas 56, nays 43, as follows:

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CRAPO MOTION TO COMMIT

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate, equally divided, prior to a vote in relation to the motion to recommit offered by the Senator from Idaho, Mr. CRAPO.

Mr. CRAPO. Mr. President, the two health care bills, the one the President has already signed into law plus this one we are considering will spend an additional $2.6 trillion over the next 10 years.

In order to pay for it, one of the things that these bills include is over $900 billion in new taxes. The President has pledged there would be no taxes on the middle class, and he defined that to be anybody who makes less than $250,000 as an individual or $500,000 as a couple or a family.

All this motion to commit does is say: Let’s take those taxes out of these bills. There are 73 million Americans who fall squarely in the middle class who make less than $200,000 a year as an individual or $250,000 as a couple who will pay the burden of these taxes if we do not make this change.

It is time for this Congress—The PRESIDING OFFICER. The Senator’s time has expired.

Mr. CRAPO. To help the President keep his pledge.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I don’t want to be dramatic about this, but it is a fact that this amendment is a killer amendment. That is why we cannot adopt it. I remind colleagues that the underlying bill the President signed yesterday is a very large tax cut. It has tax credits in the neighborhood of about $400-some billion. That is a big tax cut for Americans who today are having a hard time buying insurance, a tax credit that enables middle and lower income Americans to buy insurance. I think we should keep that in mind.

A vote for this amendment would underscore the fact, prevent all the benefits this bill provides for forming a health insurance market, stopping preexisting conditions. It would prevent about $17 billion in tax credits that otherwise would go to small businesses.

I strongly urge colleagues to support my motion to table this motion.

I move to table the motion to commit and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The question is agreeing to the motion to table the motion to commit.

The clerk will call the roll.

The legislative clerk called the roll.

The result was announced—yeas 56, nays 43, as follows:

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ENZI MOTION TO COMMIT

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to the motion to commit offered by the Senator from Wyoming, Mr. ENZI.

The Senator from Wyoming.

Mr. ENZI. Mr. President, this is not a killer amendment. This just kills a bad part of the bill.

The reconciliation bill makes a bad employment situation even worse. It imposes $52 billion in new taxes on employers who cannot afford to provide health insurance to their workers.

The
The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, sending the bill to committee sounds like killing the bill to me. I have never heard of a motion to commit that is not, in effect, a motion to kill the bill.

We are all in this together in America in enacting health care reform—all groups: business groups, consumers, labor, and so forth. We have consulted with business groups. They are an integral part of this. Business groups want to work with us and have worked with us to get health care reform passed.

I might also remind my colleagues there are tax credits in here for small business to the tune of—I think it is $17 billion. Firms with fewer than 50 employees are totally exempt from any penalty.

This clearly is a motion to kill the bill. Therefore, it would result in taking away all these provisions enacted.

The PRESIDING OFFICER. The Senator’s time has expired.

Mr. BAUCUS. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDENT pro tempore. The amendment directed the Department of Health and Human Services to certify that insurance premiums will not rise faster under the new health care law than they would have if the law had not been passed. If they find that premiums are higher, then the new law would sunset.

This month in Pennsylvania, the President said the Senate bill would reduce most people’s premiums. I say to my friends on the other side of the aisle, if you believe the President and you believe that this bill lowers premiums, prove it. Vote for this amendment.

This is a reasonable, straightforward amendment. It holds the President and it holds the Members of Congress accountable to the American people for promises made. Thank you, Mr. President.

Mr. BAUCUS. Mr. President, all things being equal, I choose to believe the President. Second, I choose to believe the Congressional Budget Office. The Congressional Budget Office has concluded that premiums under this legislation will, all things equal, be reduced for big business as much as 3 percent. Small businesses will see a decrease of 11 percent if you factor in the small business tax credits for coverage. Individuals who receive tax credits in the exchange will find a 15-percent reduction in premiums; again, all things being equal.

Will someone find an increase in premium? Somebody might buy a very expensive health insurance policy. Maybe that person’s premium might go up.

Obviously, this is designed to kill the bill, and I strongly urge my colleagues not to support it. It prevents passage of the bill. It undermines the bill. It repeals the bill, in effect, that has already been signed by the President.

So I move that this amendment be tabled, and I ask for the yeas and nays. The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the motion. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Delaware (Mr. KAUFMAN) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 57, nays 41, as follows:

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The motion to lay on the table was agreed to.

**AMENDMENT NO. 3946**

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3564, offered by the Senator from Iowa, Mr. GRASSLEY.

The Senator from Iowa.

Mr. GRASSLEY. Mr. President, my amendment would require the President, Vice President, Cabinet members, and White House staff to use exchanges created in this bill. It would also fix a loophole so that the committee and leadership staff are also required to obtain coverage in these exchanges.

Today, after seeing my amendment, the White House announced that President Obama will voluntarily participate in the health insurance exchange that Senator Durbin has proposed.

This is a little presumptuous since he has another election before 2014, but it is still effectively an endorsement of my amendment to make sure that political leaders live under the laws they pass everyone else. But the principle should not be voluntary for political leaders. Congress and President Clinton confirmed that in 1995 by enacting the Congressional Accountability Act that Senator LIEBERMAN and I sponsored. It is a matter of not having a double standard.

I urge my colleagues to support my amendment and make sure we are living under the same laws.

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

The Senator from Montana.

Mr. BAUCUS. Mr. President, I could be mistaken, but it is my understanding that the underlying amendment—which also includes Members of Congress in the exchange—is language that was drafted on a bipartisan basis in the HELP Committee. I don’t see Senator DODD here. It is an amendment Senator COBURN worked on and was agreed to in the HELP Committee. It covered Members of Congress and who all should be included.

Frankly, I don’t think it is wise at this point to try to negotiate who should additionally be covered in the exchanges and who should not. It was agreed to before. I say to my good friend from Iowa—he has been my very good friend—I don’t think it is intended to embarrass the President and the executive branch people, but I think it is inappropriate.

The PRESIDING OFFICER. The Senator’s time has expired.

Mr. BAUCUS. I say to my friend, he can be happy when Northern Iowa beats Michigan State this Friday. It will make him happy.

The PRESIDING OFFICER. The Senator’s time has expired.

Mr. BAUCUS. I make a point of order that the pending amendment violates section 213(b)(1)(C) of the Congressional Budget Act of 1974.

Mr. GRASSLEY. Mr. President, pursuant to section 904(c) of the Congressional Budget Act of 1974, I move to waive section 313 of the Budget Act for the consideration of the pending amendment.

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

The PRESIDING OFFICER. Is there a sufficient second? The question is on the motion.

The clerk will call the roll.

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

The yeas and nays resulted—yeas 43, nays 56, as follows:

- Mr. ALEXANDER. A “no” means savings to students.
- Mr. HARKIN. The last time we took our higher education, in 2007, we lowered interest rates on student loans and crafted the interest-based repayment program. In this bill, we lower that down even more—from 15 percent to 10 percent—and we make a historic investment in Pell grants.
- I would agree, I am all for lowering interest rates. I would just note that my friend from Tennessee didn’t take to the floor to complain when Sallie Mae was charging over 20 percent interest on its loans to students. I didn’t see that.

This amendment is not about lowering interest rates. What it is about is continuing a $61 billion subsidy to the big banks in this country. We take that money and give it to students in Pell grants.

Mr. President, I move to table the motion to commit, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on the motion.

The bill clerk called the roll.

The PRESIDING OFFICER. The Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 58, nays 41, as follows:

- Mr. ALEXANDER. The amendment is not about lowering interest rates. What it is about is continuing a $61 billion subsidy to the big banks in this country. We take that money and give it to students in Pell grants.
- I would agree, I am all for lowering interest rates. I would just note that my friend from Tennessee didn’t take to the floor to complain when Sallie Mae was charging over 20 percent interest on its loans to students. I didn’t see that.

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This amendment is not about lowering interest rates. What it is about is continuing a $61 billion subsidy to the big banks in this country. We take that money and give it to students in Pell grants.

Mr. President, I move to table the motion to commit, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on the motion.

The bill clerk called the roll.

The PRESIDING OFFICER. The Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 58, nays 41, as follows:
The motion was agreed to.

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes equally divided prior to a vote in relation to amendment No. 3586 offered by the Senator from Florida, Mr. LE MIEUX.

The Senator from Florida is recognized.

Mr. LE MIEUX. Mr. President, I have heard my friends on the other side of the aisle talk about 30 million new people in America having health care. What they are not talking about is 16 million of those folks are going into Medicaid. Medicaid is a program that doesn’t work. Forty percent of physicians according to MedPac no longer will see Medicaid patients. Pharmacies will not fill prescriptions. You cannot find a specialist.

I have also heard our friends on the other side of the aisle come to the Senate floor and say the people of America should have the same great health care that we have in this body. The corollary should be true as well. We should have the same health care that we are willing to put 16 million new Americans in and 50 million Americans in total. We should all be on Medicaid.

My amendment says 535 Members of Congress, as well as the Vice President of the United States, will go into Medicaid. If it is good enough for them, it should be good enough for us. We talk the talk around here a lot, now let’s see if we will walk the walk.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I don’t think this is really a serious amendment that requires all Members of Congress to withdraw from their Federal health insurance plan, and it requires all Members of Congress to be in Medicaid. Medicaid is a safety net for vulnerable Americans. It should not be the subject for political gamesmanship like this amendment. It is a slap in the face of vulnerable, poor Americans.

Ironically, this killer amendment will have the effect of reducing payments to States which are in the underlying bill. It would take that away. I don’t think that is the intent of the author of the amendment.

Mr. President, I make a point of order the pending amendment violates section 313(b)(1)(C) of the Congressional Budget Act of 1974. The PRESIDING OFFICER. The Senator from Florida.

Mr. LE MIEUX. Pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(G)(3) of the statutory pay-as-you-go act of 2010, I move to waive all applicable sections of those acts for purposes of my amendment, and I ask for the yeas and nays. The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second. The question is on agreeing to the motion.

The clerk will call the roll.

Mr. KYL. The following Senator is waiting to vote.

The question is on agreeing to the motion to commit. The bill clerk will call the roll.

The bill clerk will call the roll.

The bill clerk will call the roll.

Mr. DURBIN, I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

Mr. LE MIEUX. Mr. President, I urge my colleagues to support my motion to commit. Simply put, this motion protects the 11 million Medicare beneficiaries, both seniors and the disabled, currently participating in the Medicare Advantage program.

If the IHS actuary certifies that the Medicare Advantage cuts included in the health reform law would result in 1 million Medicare Advantage beneficiaries losing current health benefits, those Medicare Advantage cuts would not go into effect.

Medicare Advantage makes a tremendous difference in the lives of beneficiaries. They have told me over and over again how important it is for them to have lower deductibles, premiums, and copayments.

And what a difference it makes to have dental and vision benefits.

The Medicare Advantage cuts in the health reform law would take away those benefits. For that reason, I strongly oppose these cuts and urge my colleagues to support my motion to commit and do the right thing for Medicare beneficiaries, seniors and disabled individuals, across America.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, as a motion to commit, this clearly is designed to kill the bill. All motions to commit have that intent and effect. Let’s remind ourselves, the underlying bill protects all Medicare beneficiaries. All statutory benefits are guaranteed in the underlying legislation. Second, the underlying bill renews Medicare Advantage which rewards high performance Medicare Advantage programs, those providing value, whereas under current law that is not the case. In addition, if this amendment passes, fee-for-service Medicare beneficiaries would have to pay a 90-a-year penalty to pay for the excess subsidy of Medicare Advantage plans. For lots of reasons, this motion should not prevail.

I move to table the motion to commit and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to table the motion to commit.

The motion was agreed to.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. HATCH. The following Senator is waiting to vote.

The motion was agreed to.

The PRESIDING OFFICER. On this vote, the yeas are 40, the nays are 59. The three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is not agreed to. The point of order is sustained, and the amendment falls.

Mr. HATCH MOTION TO COMMIT

Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to the motion to commit offered by the Senator from Utah, Mr. HATCH.

Mr. HATCH. Mr. President, I urge my colleagues to support my motion to commit. Simply put, this motion protects the 11 million Medicare beneficiaries, both seniors and the disabled, currently participating in the Medicare Advantage program.
The PRESIDING OFFICER. The Senator from Montana.
Mr. BAUCUS. Mr. President, I move to table the amendment, and ask for the yeas and nays.

The motion to lay on the table was agreed to.

The motion was agreed to.

Mr. CARDIN. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The motion was agreed to.

Mr. GRASSLEY. I move to table the amendment.

The motion to table the amendment, and ask for the yeas and nays was agreed to.

The PRESIDING OFFICER. The Senator from Oklahoma still has time.

The Senator from Oklahoma.

The PRESIDING OFFICER. The amendment offered by the Senator from Montana.

Mr. BAUCUS. Mr. President, I move to table the amendment, and ask for the yeas and nays.

The motion to lay on the table was agreed to.

The motion was agreed to.

Mr. GRASSLEY. I move to table the amendment.

The motion to table the amendment, and ask for the yeas and nays was agreed to.

The PRESIDING OFFICER. The Senator from Oklahoma still has time.

The Senator from Oklahoma.

The PRESIDING OFFICER. The amendment offered by the Senator from Montana.

Mr. BAUCUS. Mr. President, I move to table the amendment, and ask for the yeas and nays.

The motion to lay on the table was agreed to.

The motion was agreed to.

Mr. GRASSLEY. I move to table the amendment.

The motion to table the amendment, and ask for the yeas and nays was agreed to.
The motion was agreed to. Mr. INOUYE. I move to reconsider the vote. The PRESIDING OFFICER. Is there a sufficient second? Ms. MURRAY. I move to lay that motion on the table. The motion to lay on the table was agreed to. 

AMENDMENT NO. 3638

The PRESIDING OFFICER. There will now be 2 minutes of debate prior to a vote in relation to amendment No. 3638, offered by the Senator from Maine, Ms. COLLINS.

The Senator from Maine. Ms. COLLINS. Mr. President, just last week we passed the HIRE Act, which included a tax credit offered by Senator SCHUMER and Senator HATCH to encourage companies to hire unemployed workers. It makes no sense for any of us to have voted for that bill and then not to support the amendment that I have offered.

The amendment I am offering would waive the onerous fines that are in this bill for small businesses that hire unemployed workers. It is about killing the bill back to America. So Sallie Mae is bringing jobs back to America. This amendment is not about protecting jobs, because the bill already does that.

Mr. President, I urge support of the amendment.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, this amendment basically has the intent of creating a group of second-class employees. It is similar to the issue of subminimum wage. It makes all the sense in the world to distinguish the two, between the HIRE Act and this amendment.

The HIRE Act gave incentives for firms to hire new employees. This amendment creates a group of second-class employees. It says you can hire employees so long as they do not have health insurance. I think that is wrong. I do not think we should have a second class of employees, which is the effect of the amendment. I urge it be defeated.

I move to table the amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second. The question is on agreeing to the motion.

The clerk will call the roll. The legislative clerk called the roll. Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 55, nays 43, as follows:

[Rollcall Vote No. 76 Leg.]
The PRESIDING OFFICER. Mr. THUNE. Mr. President, pursuant to section 310(D)(2) of the Congressional Budget Act of 1974 and section 4(G)(3) to section 904 of the Congressional Budget Act, there is a significant risk that the Thune amendment violates the_thor acting as chairman of the Committee on Finance, pursuant to the directions of the Finance Committee, I propose to report the bill back to the Senate, without amendment. The amendment that makes sure it was fully funded, and the motion to commit the reconciliation bill back to the Finance Committee to report the bill back without the brandnew, whopping 3.8 percent tax on investment income and savings. This $123 billion mistake. It will discourage savings and investment and decrease the standard of living for millions of Americans. Simply put, increasing taxes on investment income and savings income is a job killer. It is just one of many job-killing provisions of this bill. $100 billion of new taxes and fees on health care consumers, an employer mandate that will kill jobs.

My motion will also make sure the bill does not break another one of the President’s promises when he pledged that everyone in America will pay lower taxes than they would under the rates Bill Clinton had in the 1990s. I ask my colleagues for their support. The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, this is an honest, straightforward amendment which is concerned about people making more than $200,000. The effect of some amendments to this moment has been trying to protect people making less than $200,000. This amendment is the exact opposite; it is only concerned about people making more than $200,000. This amendment applies to those who make above $200,000 should be exempted. It doesn’t make sense that people making less than $200,000 should also contribute. This tax only applies to those who make above $200,000. There is a passthrough exemption, subchapter S. Other passthroughs are exempted. Retirement income is exempted. It doesn’t make sense that people making over $200,000 should be exempted.

I move to table the motion to recommit to the Senate on the bill. The assistant legislative clerk will join the roll.

Mr. KYL. The following Senator is exempt.

Mr. CORNYN. The amendment is the exact opposite; it is only concerned about people making more than $200,000. This amendment applies to those who make above $200,000 should be exempted. It doesn’t make sense that people making less than $200,000 should also contribute. This tax only applies to those who make above $200,000. There is a passthrough exemption, subchapter S. Other passthroughs are exempted. Retirement income is exempted. It doesn’t make sense that people making over $200,000 should be exempted.

I move to table the motion to recommit to the Senate on the bill. The assistant legislative clerk will join the roll.

Mr. KYL. The following Senator is exempt.

Mr. CORNYN. The amendment is the exact opposite; it is only concerned about people making more than $200,000. This amendment applies to those who make above $200,000 should be exempted. It doesn’t make sense that people making less than $200,000 should also contribute. This tax only applies to those who make above $200,000. There is a passthrough exemption, subchapter S. Other passthroughs are exempted. Retirement income is exempted. It doesn’t make sense that people making over $200,000 should be exempted.

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I move to table the motion to recommit to the Senate on the bill. The assistant legislative clerk will join the roll.
The motion was agreed to.

Mr. BAUCUS. Mr. President, do we have Kansas and Kansas State done lately?

This is a very simple amendment. This health care bill is premised on the assumption that those groups should participate in finding the correct health care solution for our health care system. That includes hospitals, pharmaceuticals, and also includes device manufacturers. This amendment would exclude one section: device manufacturers.

How is it paid for? It is paid for by reducing the number of people who would otherwise get tax credits to help pay for their health insurance. I do not think that is what we want to do. We do not want to reduce the number of people who have health insurance. This amendment would reduce coverage for people who need help buying insurance. So I move to table this amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The bill clerk called the roll.

The amendment is that mine excludes those who will be paying this; it will be the device companies. That includes hospitals, pharmaceuticals, and it also includes device manufacturers. This amendment would exclude one section: device manufacturers.

Byrd

The motion was agreed to.

Mr. BAUCUS. Mr. President, do we have Kansas and Kansas State done lately?

The motion to lay on the table was agreed to.

AMENDMENT NO. 3588

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3588 offered by the Senator from Oklahoma, Mr. INHOFE.

Mr. INHOFE. Mr. President, we just heard from Senator ROBERTS about the medical devices. I think he pointed out very clearly that there is kind of another hidden tax in this legislation of some $20 billion on medical devices. I think it is important to listen to what Senator ROBERTS said, that it was—not—it is not the device companies that will be paying this; it will be the individuals who would be paying it.

Now, the difference between my amendment and Senator ROBERTS’ amendment is that mine excludes those devices for children and those with disabilities. For example, some of our troops coming home have lost limbs, and they have prosthetic devices. This is for them. This is for the 8-year-old whose heart was cut out in the middle of the night and they put a pacemaker in and it saved his life. It is for incubators and this type of thing. It is the same thing. It is the same offset as Senator ROBERTS and Senator SCHUMER had, and I would ask that you seriously consider this amendment. This is for the children and those with disabilities.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, two subjects. First, I wish to correct the record. I mistakenly stated that the Kansas Wildcat was not in the Sweet 16. That was an error. The Kansas State Wildcats are very much in the Sweet 16, and my apologies to coach Frank Martin of the Wildcats. I wish them very well in the tournament.

Mr. ROBERTS. Who is the chairman yield?

Mr. BAUCUS. Well, I don’t have much time, but I will do my very best.

Mr. ROBERTS. I am just so sorry that Montana lost in the first round.

Mr. BAUCUS. I would say to my good friend, he isn’t nearly as sorry as I am. Basically, this is like the last amendment—to two flaws. It offsets a certain group from the shared responsibility in helping to finance health care reform. The second flaw is that it reduces coverage by changing the income threshold. This is not a way to do business.

I move to table the amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be a sufficient second.
The question is on agreeing to the motion.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 57, nays 41, as follows:

[Roll Call Vote No. 80 Leg.]

BYRD

Mr. DURBIN. I announce that the Senator from Utah.

The motion was agreed to.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 54, nays 44, as follows:

[Roll Call Vote No. 81 Leg.]
March 24, 2010

We will solve the SGR problem at the appropriate time. This body will then decide at that time the degree to which we want to pay for the SGR. This is not the time or the place. This is a killer amendment.

According to CBO, it increases the deficit by $65 billion over the next 5 years; therefore, I raise a point of order that the Gregg amendment violates section 310(d)(2) of the Congressional Budget Act.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. GREGG. Mr. President, parliamentary inquiry: This amendment pays for the doctors fix for 3 years, does it not?

The PRESIDING OFFICER. The Chair is unaware.

We should not allow things to be tied up in the separate melodrama of the moment. I introduced a bill on Monday which passed the House unanimously on Saturday to fix the TRICARE part of this. The chairman of the Veterans’ Committee introduced a bill today to fix the spina bifida problem.

I ask unanimous consent that the Finance Committee be discharged from further consideration of S. 3148, a bill to amend the Internal Revenue Code to provide for the treatment of Department of Defense health coverage as minimal essential coverage, sponsored by myself; further, that the Senate proceed to its immediate consideration en bloc, along with the bill introduced earlier by Senator AKAKA. S. 3162, a bill to clarify the health care coverage provided by the Secretary of Veterans Affairs that constitutes minimum essential coverage; that all Democratic Senators be added as cosponsors to this measure; that the bills be read a third time and passed en bloc, and the motion to reconsider be laid upon the table en bloc, with no intervening action or debate.

The PRESIDING OFFICER. Is there objection? The Senator from Oklahoma.

Mr. COBURN. Reserving the right to object.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. We got this 1½ minutes ago to see the language. You have an amendment on the floor that actually accomplishes everything you want to do. Why are we doing this? Because you do not want to mess up a package that is clean. It has every application, the Burr amendment, to this. With that, and the fact that this is exactly the kind of shenanigans the American people do not want, I object.

Mr. WEBB. Let the American people understand that the Republicans objected to a matter that could have been fixed by law tomorrow.

The PRESIDING OFFICER. Objection is heard.

The Senator from Hawaii.

Mr. AKAKA. Mr. President, I move that we table the Burr amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be a sufficient second.

The question is on agreeing to the motion.

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

The yeas and nays resulted—yeas 42, nays 56, as follows:

[Rollcall Vote No. 82 Leg.]

**YEAS—42**

Alexander
Barrasso
Bennett
Bond
Brown (MA)
Brownback
Bunning
Burris
Brown (OH)
Begich
Akaka
Collins
Cochran
Coburn
Bunning
Gregg
Burk
Hatch
Chambliss
Colburn
Cochran
Collins
Corker
Cornyn
**NAYS—56**

Akaka
Baucus
Bayh
Begich
Bennet
Bingaman
Boxer
Brown (OH)
Burris
Cantwell
Cardin
Cardburn
Casey
Conrad
Dodd
Dorgan
Durbin
Feinstein
Franken
**NOT VOTING—2**

Byrd
Isakson

The PRESIDING OFFICER. On this vote, the yeas are 42; the nays are 56. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained, and the amendment falls.

Mr. LEVIN. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

**AMENDMENT NO. 355**

The PRESIDING OFFICER. There will now be 2 minutes, equally divided, prior to a vote in relation to the amendment No. 3652, offered by the Senator from North Carolina, Mr. BURR.

Who yields time?

Mr. WEBB. Mr. President, my amendment is quite simple. In the rush to finish this bill, there were some errors. One of the errors was clarifying the status of some veterans programs, specifically the TRICARE program, the VA spina bifida program—that is the children of Agent Orange exposure from Vietnam—and the last one is the CHAMPVA program.

What this amendment simply does is set the minimum essential coverage as met on those programs, so the veterans’ families, children of veterans, are not at risk of determining that their insurance does not meet the minimum essential coverage, therefore, exposing them to fines.

Some might suggest it does not need to be fixed. The House went back very quickly and fixed TRICARE but not CHAMPVA or spina bifida. It is my belief we should act on that on the appropriate mechanism, which is this fix-it bill.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WEBB. Mr. President, I would suggest to my colleague from North Carolina and my colleagues on the other side of the aisle that if we want to fix this problem, we can fix it right now and we should fix it right now.

We should not allow things to be tied up in the separate melodrama of the moment. I introduced a bill on Monday which passed the House unanimously on Saturday to fix the TRICARE part of this. The chairman of the Veteran’s Committee introduced a bill today to fix the spina bifida problem.

I ask unanimous consent that the Finance Committee be discharged from further consideration of S. 3148, a bill to amend the Internal Revenue Code to provide for the treatment of Department of Defense health coverage as minimal essential coverage, sponsored by myself; further, that the Senate proceed to its immediate consideration en bloc, along with the bill introduced earlier by Senator AKAKA. S. 3162, a bill to clarify the health care coverage provided by the Secretary of Veterans Affairs that constitutes minimum essential coverage; that all Democratic Senators be added as cosponsors to this measure; that the bills be read a third time and passed en bloc, and the motion to reconsider be laid upon the table en bloc, with no intervening action or debate.

The PRESIDING OFFICER. Is there objection? The Senator from Oklahoma.

Mr. BURR. Mr. President, my amendment pays for the doctors fix for 3 years, does it not?
The motion was agreed to.

Mr. DURBIN. I move to reconsider the vote.

Mrs. MURRAY. I move to reconsider and to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3553

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3553 offered by the Senator from Louisiana, Mr. VITTER.

The Senator from Louisiana.

Mr. VITTER. Mr. President, this amendment is very straightforward. It would repeal the ObamaCare bill. That bill is a sillily flawed in terms of its core, and we do need to repeal and replace it with a very different, more targeted, focused, step-by-step approach.

What is that core? It is more than $1/2 trillion in Medicare cuts on our seniors, which is wrong; over $1/2 trillion of Medicare cuts on our seniors, which is wrong; over $1/2 trillion of Medicare cuts on our seniors, which is wrong; over $1/2 trillion of Medicare cuts on our seniors, which is wrong; over $1/2 trillion of Medicare cuts on our seniors, which is wrong; over $1/2 trillion of Medicare cuts on our seniors, which is wrong; over $1/2 trillion of Medicare cuts on our seniors, which is wrong.

Therefore, I move to table the amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

Mr. BAUCUS. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(g)(3) of the statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment in saving rural hospitals, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

Mr. ROBERTS. I thank the Senator. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(g)(3) of the statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment in saving rural hospitals, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

Mr. ROBERTS. Yes.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Georgia (Mr. ISAKSON) and the Senator from Missouri (Mr. BOND).

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

The result was announced—yeas 58, nays 39, as follows:

[Rollcall Vote No. 84 Leg.]
The PRESIDING OFFICER (Mr. Brown of Ohio). On this vote, the yeas are 42, the nays are 54. Three-fifths of the Senators being duly chosen and sworn not having voted in the affirmative, the motion is not agreed to. The point of order is sustained, and the amendment falls.

Mr. REID. Mr. President, I move to reconsider the vote.

Mr. FYOR. I move to lay that motion on the table.

The motion to lay the table was agreed to.

ROBERTS MOTION TO COMMIT

The PRESIDING OFFICER. The motion to commit to the Committee on Finance was not agreed to.

The PRESIDING OFFICER. The motion to commit to the Committee on Finance was not agreed to.

Mr. ROBERTS. Thank you, Mr. President.

This motion commits the bill back to the Finance Committee with instructions to report it out with amendments.

The amendment would require the Senate to have some teeth in it. But I say to my colleagues, if we really want to do something about health care costs in this country, this is a start. CBO says this does score positively. I, therefore, move to table the motion, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be. The question is on agreeing to the motion to table the motion to commit. The clerk will call the roll.

The assistant legislative clerk called the roll.

The result was announced—yeas 59, nays 37, as follows:

[Rollcall Vote No. 86 Leg.]

YEAS—59

Akaka
Baucus
Bayh
Bingaman
Bennett
Boxer
Brown (OH)
Burr
Cardin
Carper
Dorgan
Durbin
Feingold
FYOR
Isakson
Mikulski

NAYS—37

Alexander
Barasso
Bennett
Brown (MA)
Brownback
Bunning
Burton
Chambliss
Coats
Collins
Conrad
Dodd
Dorgan
Durbin
Feingold
Franken
Feinstein
Nelson (NE)
Nelson (FL)
Nelson (NM)
Nelson (SD)
Nelson (WY)

The result was announced—yeas 59, nays 37, as follows:

[Rollcall Vote No. 86 Leg.]

YEAS—59

Akaka
Baucus
Bayh
Bingaman
Bennett
Boxer
Brown (OH)
Burr
Cardin
Carper
Dorgan
Durbin
Feingold
Franken
Feinstein

NAYS—37

Alexander
Barasso
Bennett
Brown (MA)
Brownback
Bunning
Burton
Chambliss
Coats
Collins
Conrad
Dodd
Dorgan
Durbin
Feingold
Franken
Feinstein

The motion to reconsider the vote, and I move to lay that motion on the table.

The motion to lay the table was agreed to.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. REID. Mr. President, we have finished the first tranche of amendments and motions, some 23 in number, all of which were amendments pending at the end of the 20 hours. I think it is time we pause for a minute and find out where we are and where we need to go.

First of all, I congratulate the entire Senate. I think the decorum of the Senate has been maintained in the highest standards. The debate has been good. I especially appreciate the work of the staff, the professionals they always are.

We have handled, as I indicated, 23 amendments and motions. Not a single one has been adopted. All of the amendments and motions have been offered by the minority, which is their right. The average, according to CRS, number of amendments offered during this same type of proceeding is 21. We are two over that number.

I want, of course, to congratulate my friend, Senator Gregg, who has managed these budget-type proceedings on many occasions and is always a gentleman, easy to work with. There could have been a lot of controversy. There has been none. There has been no reading of amendments. There has been agreement that time would be allowed to speak on behalf of amendments.

I think, though—I am speaking to my chairs: HARKIN, BAUCUS, DODD, CONRAD—they agree unanimously we need to just continue. The House of Representatives worked all weekend moving this issue along, and I think we need to move this along and find out if they have to take any action on this tomorrow, which is today.

I say to my colleague, my counterpart, the Republican leader, through the Chair that I think we would like to know what the plans are. We are not going to offer any amendments. We would like to know if there is some indication from the Republican side as to how many more amendments we are going to deal with this morning.

The PRESIDING OFFICER. The Republican leader is recognized.

McCONNELL. Mr. President, I say to my friend the majority leader, I agree, I think the process has been well handled today. The top number of amendments that have been offered on past reconciliation bills is 53. We have offered 23.

We have had a number of discussions off the floor, I say for the benefit of everyone in the Chamber, about some process to complete this bill and to complete the next bill that will be brought up by the majority after we finish this bill, which a chance we might be able to reach some agreement on the disposition of this bill and that bill. I think we should...
continue to discuss it. I will be happy to continue those discussions with the majority leader. In the meantime, it strikes me we can either continue voting tonight or we could set a reasonable time in the morning after everybody has had a chance to get some sleep, come back here, begin and discuss and see if we can’t wrap up both this measure and the next one in the not too distant future.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. MCCONNELL, the majority leader, I focus is on this legislation, and I know there are other things we have to deal with before we leave, but I am not concerned about those at this stage. I want to finish this legislation, and I want to do that as quickly as we can.

So I would ask that we just proceed. I hope there aren’t that many more amendments, but we are here for the duration.

I would note—and I am certainly in no way trying to denigrate those amendments that have been offered, but we have to understand that not a single one has been adopted. I don’t know what we are trying to accomplish. We have listened intently. Most of the objections from our side have been from the chairman of the Finance Committee because most of these issues deal with the jurisdiction he has. But it is very clear there is no attempt to improve the bill. There is an attempt to destroy this bill.

We already have a law in place. It is the bill that we passed on Christmas Eve 2009. That is the law of this land. This is a matter to improve that, and I have to suggest that we are going to continue down this road. I am not sure it is a good picture for the American people, to have all these amendments and not a single one of them having enough votes to pass, but that judgment is not mine. We are here to try to move this along.

The House of Representatives is waiting for us to act, as we speak. I think they have proven they are willing to work hard, as indicated this past weekend and over the last several weeks. So let’s continue forward in the same spirit it we have gotten this far. But I would hope that my friends understand I think it would be to the benefit of most everyone if we could get out of here at a decent hour today. If it is not, if we are going to keep going, that is the way it is. I am an old marathoner, and getting older every day.

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. MCCONNELL, I would just add that there are some obvious disadvantages to the minority to be in a reconciliation contest, but one of the advantages is that we have had more amendment votes today than we had in the entire month of December on the previous health care bill. So the majority side and I think we are serious about changing the bill, but we would like to change the bill. And with a little help from our friends on the other side, we could improve this bill significantly.

But rather than subject all of our Members to listening to the majority leader and myself go back and forth, I would simply suggest it might be a better use of his and my time for us to continue the legography we have been having off the floor, continue to offer the amendments, and see if we can reach an accommodation that satisfies both sides. Maybe the best way to do that would be for Senator REID and myself to continue our discussions while we will keep voting, if that is what the majority would like.

The PRESIDING OFFICER. The junior Senator from Kentucky is recognized.

AMENDMENT NO. 3801

Mr. BUNNING. Mr. President, I would like to call up Bunning amendment No. 3801.

The PRESIDING OFFICER. The clerk will report the amendment.

The bill clerk read as follows:

The Senate from Kentucky [Mr. BUNNING] proposes an amendment numbered 3801.

Mr. BUNNING. Mr. President, I ask unanimous consent to dispense with the reading of the amendment.

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

The amendment is as follows:

(Purpose: To allow individuals to elect to opt out of the Medicare part A benefits)

At the end of subtitle B of title I, add the following:

SEC. 105. ALLOWING INDIVIDUALS TO ELECT TO OPT OUT OF THE MEDICARE PART A BENEFIT.

Notwithstanding any other provision of law, in the case of an individual who elects to opt out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.

The PRESIDING OFFICER. The Senator has 1 minute.

Mr. BUNNING. Mr. President, I rise to offer a very important amendment to many of our seniors. My amendment would allow individuals to voluntarily opt out of Medicare Part A benefits. Right now, if you don’t want to have Medicare Part A, you have to forego Social Security checks and you also have to repay any Medicare benefits that have been paid on your behalf. I don’t think that is fair.

If a senior doesn’t want Part A, they shouldn’t be forced to take it. My amendment says that anyone who opts out of Part A will not have to give up their Social Security benefits and therefore have to repay Medicare payments that have already been made on their behalf. This amendment does not allow anyone to opt out of paying their Medicare taxes. Instead, it just allows them to take Medicare benefits without being penalized. I think this is a fairness issue, and I hope Members can support it.

The PRESIDING OFFICER. The time has expired.

The senior Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, since 1965, Medicare has provided security and health to millions of seniors. Along with Social Security, it is one of the two most successful and best social programs this country has adopted. Now, after 45 years of success, what does this amendment seek to do? It seeks to undermine the foundation of our social insurance program.

It is a two-tiered system. The wealthy can take care of themselves. Then, when they leave Medicare, it leaves a second-class seniors health care system remaining in Medicare. It is unthinkably, frankly, that we would have a two-tiered system for our seniors under Medicare. I therefore move to table the Bunning amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second. The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

The result was announced—yeas 61, nays 36, as follows:

[Vote No. 87 Leg.]

YEAS—61

Akaka  Baucus  Bayh
Benning  Binger  Barrasso
Brown (MA)  Brownback  Bunning
Burke  Brown (OH)  Cantwell
Cardin  Carper  Casey
Collins  Conrad  Dodd
Durbin  Feingold  Feingold
Feinstein  Franken  GPO

NAYS—36

Alexander  Baucus  Bennett
Brown (MA)  Brownback  Bunning
Burk  Chambless  Coburn
Conrad  Corker  Cornyn

Bond  Byrd  Wicker

Not Voting—3

Baucus  Byrd  Isakson

The motion was agreed to.
MR. CONRAD. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

AMENDMENT NO. 3699

Mr. GRASSLEY. I send an amendment to the desk and ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk reads as follows:

The Senator from Iowa [Mr. GRASSLEY], proposes an amendment numbered 3699.

Mr. BAUCUS. Mr. President, I object. I object.

The PRESIDING OFFICER. The Senator from Montana objects.

The assistant legislative clerk continued with the reading of the amendment.

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

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

The amendment is as follows:

(Purpose: To provide a temporary extension of certain programs)

At the end of the bill, insert:

TITLE III—TEMPORARY EXTENSION OF CERTAIN PROGRAMS

SEC. 300. SHORT TITLE.

This title may be cited as the “Continuing Appropriation Act of 2010”.

SEC. 301. EXTENSION OF UNEMPLOYMENT INSURANCE PROVISIONS.

(a) In general.—(1) Section 4007 of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended—

(2) by inserting after subparagraph (D) the following new subparagraph:

“(E) the amendments made by section 2(a)(1) of the Continuing Appropriation Act of 2010; and

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the amendments made by section 2(a)(1) of the Temporary Extension Act of 2010 (Public Law 111–144).

SEC. 302. EXTENSION AND IMPROVEMENT OF PREMIUM ASSISTANCE FOR COBRA BENEFITS.

Subsection (a)(3)(A) of section 901 of division B of the American Recovery and Reinvestment Act of 2009 (42 U.S.C. 1396b(t)(3)(D)) is amended by striking “setting (whether inpatient or outpatient)” and inserting “inpatient or emergency room setting”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be effective as if included in the enactment of the HITECH Act (42 U.S.C. 1396b(t)(3)(D)) is amended by striking “setting (whether inpatient or outpatient)” and inserting “inpatient or emergency room setting”.

SEC. 303. INCREASE IN THE MEDICARE PHYSICIAN PAYMENT UPDATE.

Paragraph (10) of section 1848(d) of the Social Security Act, as added by section 1011(a) of the Department of Defense Appropriations Act, 2010 (Public Law 111–18) and as amended by section 5 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended—

(1) in subparagraph (A), by striking “March 31, 2010” and inserting “April 30, 2010”;

and

(2) in subparagraph (B), by striking “April 1, 2010” and inserting “May 1, 2010”.

SEC. 304. FIRE EXHIBITION.

(a) QUALIFICATION FOR CLINIC-BASED PHYSICIANS.—

(1) MEDICARE.—Section 1848(o)(1)(C)(ii) of the Social Security Act (42 U.S.C. 1395w–4(c)(1)(C)(ii)) is amended by striking “(whether inpatient or outpatient)” and inserting “inpatient or emergency room setting”.

(2) MEDICAID.—Section 1903(t)(3)(D) of the Social Security Act (42 U.S.C. 1396b(c)(3)(D)) is amended by striking “setting (whether inpatient or outpatient)” and inserting “inpatient or emergency room setting”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be effective as if included in the enactment of the Temporary Extension Act of 2010 (Public Law 111–144).

SEC. 305. ELIMINATION OF ADVANCE REFUNDATION IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, section 10242 of such Act (and the amendments made by such section) is repealed.

SEC. 306. EXTENSION OF USE OF 2009 POVERTY GUIDELINES.

Section 111 of the Department of Defense Appropriations Act, 2010 (Public Law 111–118), as amended by section 7 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended by striking “(March 31, 2010)” and inserting “April 30, 2010”.

SEC. 307. EXTENSION OF NATIONAL FLOOD INSURANCE PROGRAM.

(a) Extension.—Section 210 of the National Flood Insurance Program (42 U.S.C. 4003) is amended by striking “March 31, 2010” and inserting “April 30, 2010”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be considered to have taken effect on February 28, 2010.

SEC. 308. SATELLITE TELEVISION EXTENSION.

(a) AMENDMENTS TO SECTION 119 OF TITLE 17, UNITED STATES CODE.—

(1) IN GENERAL.—Section 119 of title 17, United States Code, is amended—

(A) in subsection (c)(1)(E), by striking “March 28, 2010” and inserting “April 30, 2010”;

and

(B) in such subsection (c), by striking “March 28, 2010” and inserting “April 30, 2010”.

(2) TERMINATION OF LICENSE.—Section 1003(a)(2)(A) of Public Law 111–118 is amended by striking “March 28, 2010” and inserting “April 30, 2010”.

(b) AMENDMENTS TO CONgressional Record — Senate
The bill clerk read as follows:

The Senator from Utah (Mr. BENNETT), for himself, Mr. WICKER, Mr. BROWNBACK, Mr. HATCH, Mr. ROBERTS, Mr. INHOFE, and Mr. CORNYN, proposes an amendment numbered 2939.

Mr. BENNETT. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To protect the democratic process and the right of the people of the District of Columbia to define marriage)

At the end of subtitle B of title I, add the following:

SEC. 1. RIGHT OF THE PEOPLE OF THE DISTRICT OF COLUMBIA TO DEFINE MARRIAGE.

(a) FINDINGS.—Congress finds that—

(1) a broad coalition of residents of the District of Columbia petitioned for an initiative in accordance with the District of Columbia Home Rule Act to establish that "only marriage between a man and a woman is valid or recognized in the District of Columbia";

(2) the unelected District of Columbia Superior Court thwarted the residents' initiative effort to define marriage democratically, holding that the initiative amounted to discrimination prohibited by the District of Columbia Human Rights Act; and

(3) the District of Columbia's passage of an Act legalizing same-sex marriage; and

(b) REFERENDUM OR INITIATIVE REQUIREMENTS.—Notwithstanding any other provision of law, including the District of Columbia Human Rights Act, the government of the District of Columbia shall immediately suspend the issuance of marriage licenses to any couple of the same sex until the people of the District of Columbia have the opportunity to hold a referendum or initiative on the question of whether the District of Columbia should issue same-sex marriage licenses.

Mr. BENNETT. Mr. President, with eight other cosponsors, we have offered a bill that would allow the people of the District of Columbia to exercise the same right that has been exercised by 31 States with respect to the issue of whether there would be gay marriage in their jurisdiction.

This bill does not take any position with respect to gay marriage, simply allows the District to hold a referendum. The Home Rule Charter, which is a constitution for the District, guarantees the people the right to challenge acts passed by the District Council by referendum. And the District Council has repeatedly ignored that right. It is in an effort to restore that that we offer this amendment.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, no matter where you are on the issue of marriage, no matter where you are on the issue of DC home rule, we ought to be able to agree that neither issue has anything to do with this bill, neither one of these. Therefore, I raise a point of order that the amendment is not germane and thus violates section 305(b)(2) of the Congressional Budget Act.
Mr. BENNETT. Pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(g)(3) of the statutory Pay-as-you-go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The question is on agreeing to the motion.

The yeas and nays have been ordered.

The clerk will call the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from New Jersey (Mr. LAUTENBERG) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND), the Senator from Georgia (Mr. ISAKSON), and the Senator from Ohio (Mr. VOINOVICH).

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

The yeas and nays resulted—yeas 36, nays 59, as follows:

[Rollcall Vote No. 89 Leg.]

YEAS—36

Alexander
Barasso
Bennett
Brown (MA)
Brownback
Bunning
Burr
Chambliss
Cochrane
Collins
Casey
Boxer
Bingaman
Bennet
Begich
Chambliss
Bunning
Bennett
Alexander
Cochrane
Collins
Casey
Boxer
Bingaman
Bennet
Begich
Chambliss

NAYS—59

Akaka
Baucus
Bayh
Begich
Bennet
Bingaman
Boxer
Brown (OH)
Burris
Cantwell
Cardin
Carper
Casey
Collins
Conrad
Dodd
Durbin
Feingold
Feinstein
Bond
Byrd
Launtenberg

NOT VOTING—5

Bond
Isakson
Voinovich

The PRESIDING OFFICER. On this vote, the yeas 36, the nays are 59. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected. The point of order is sustained, and the amendment falls.

The senior Senator from New Hampshire is recognized.

Mr. GREGG. Mr. President, just so people know, on our side the order we are going to proceed on is that the next amendment will be by the Senator from Idaho, followed by the Senator from Texas, followed by the Senator from Louisiana, then the Senator from South Carolina, and then the Senator from Oklahoma. That is the next group of five amendments.

The PRESIDING OFFICER. The junior Senator from Idaho is recognized.

Mr. RISCH. Oh, thank you so much, Mr. President.

AMENDMENT NO. 3645

I call up amendment No. 3645 and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report the amendment. The legislative clerk read as follows:

The Senate from Idaho (Mr. Risch), for himself, and Mr. CHAPO, proposes an amendment numbered 3645.

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

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

The amendment is as follows:

(Purpose: To repeal the limitation on itemized medical deductions)

At the end of subtitle E of title I, insert the following:

SECTION 4. REPEAL OF LIMITATION ON ITEMIZED DEDUCTIONS FOR MEDICAL EXPENSES.

(a) IN GENERAL.—Section 9013 of the Patient Protection and Affordable Care Act hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such section are amended to read as such provisions would read if such section had never been enacted.

(b) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(c)(3) of the Internal Revenue Code of 1986, as added by section 1510(b) of the Patient Protection and Affordable Care Act and amended by section 10102 of such Act, is amended by striking “8 percent” and inserting “5 percent”.

(c) APPLICATION OF PROVISION.—The amendment made by subsection (b) shall apply as if included in the Patient Protection and Affordable Care Act.

The PRESIDING OFFICER. The Senator from Idaho is recognized for 1 minute.

Mr. RISCH. Thank you, Mr. President.

Fellow Senators, I cannot imagine anyone wanting to vote against this amendment. Let me tell you what we have here. It is very simple. Apparently, you made an error when you drafted the original bill because what you did was you levied a tax on people who make less than $200,000 a year. Very simply, what this amendment does is it corrects that.

Right now, under the bill the President signed on Monday, it raised the threshold to 10 percent from 7.5 percent at which you can deduct medical expenses. That tax falls on the most vulnerable people in America—mostly the elderly, mostly very low income. And it raised taxes on 14.7 million people who make less than $200,000 a year. The President of the United States said—he told us, he committed—he would not raise taxes on people who make less than $200,000 a year. I am sure he was just confused when he signed the bill on Monday.

Let’s adopt this amendment and get the bill corrected.

Thank you, Mr. President. I reserve the remainder of my time.

The PRESIDING OFFICER. The Senator’s time has expired.

The Senator from Montana.

Mr. BAUCUS. Mr. President, the goal of health care reform is to increase coverage so more people have health insurance. That is the goal of health care reform. What does this amendment do? It goes in the opposite direction. Compared with the bill that was just signed by the President, this amendment will cause many more people to lose health insurance. Why? Because it lowers the income threshold from 8 percent down to 5 percent. That is going to mean fewer Americans get tax credits to pay for health insurance. That means fewer Americans are going to have health insurance compared with current law. That is the main reason we should vote against this amendment, because it expands the number of people who are uninsured rather than expand the number of people who would be insured.

The provision the Senator talks about, frankly, was changed under current law because with health insurance people have less need for that deduction and less need for catastrophic coverage because health insurance will not pay for it.

The PRESIDING OFFICER. The Senator’s time has expired.

Mr. BAUCUS. Mr. President, I move to table the Risch amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from New Jersey (Mr. LAUTENBERG) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND), the Senator from Georgia (Mr. ISAKSON), and the Senator from Ohio (Mr. VOINOVICH).

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

The result was announced—yeas 55, nays 40, as follows:

[Rollcall Vote No. 90 Leg.]

YEAS—55

Akaka
Baucus
Begich
Bennet
Bingaman
Boxer
Brown (OH)
Burris
Cantwell
Cardin
Carper
Casey
Collins
Conrad
Dodd
Durbin
Feingold
Feinstein
Bond
Isakson
Voinovich

NOT VOTING—2

Menendez
Tester

The PRESIDING OFFICER. On this vote, the yeas 55, the nays 40, as follows:

[Rollcall Vote No. 90 Leg.]
The amendment was agreed to.

The PRESIDING OFFICER. The senior Senator from Texas.

AMENDMENT NO. 3635

Mrs. HUTCHISON. Mr. President, I call up amendment No. 3635 and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The amendment is as follows:

(Purpose: To repeal the sunset on marriage penalty relief and to make the election to deduct State and local sales taxes permanent)

At the end of subtitle F of title I, add the following:

SEC. 15. PERMANENT TAX RELIEF PROVISIONS.

(a) REPEAL OF SUNSET ON MARRIAGE PENALTY RELIEF—Title IX of the Economic Growth and Tax Relief Reconciliation Act of 2001 (relating to sunset of provisions of such Act) shall not apply to sections 301, 302, and 303(a) of such Act (relating to marriage penalty relief).

(b) PERMANENT EXTENSION OF ELECTION TO DEDUCT STATE AND LOCAL SALES TAXES.—Subparagraph (1) of section 104(b)(5) of the Internal Revenue Code of 1986 is amended by striking “... and before January 1, 2010”.

(c) RESCISSION OF STIMULUS FUNDS.—Any amounts appropriated or made available and remaining unobligated under division A of this Act shall not be rescinded.

The PRESIDING OFFICER. The Senator from Texas is recognized for 1 minute.

Mrs. HUTCHISON. Mr. President, this is a very simple amendment. It would just make relief from the marriage penalty and the sales tax deduction permanent. If we don’t act, people across our country are going to start getting the marriage penalty tax once again. This was corrected under previous tax law, but that is going out of existence at the end of this year. Sales tax deduction is something that affects eight States that do not have a State income tax. It just gives people everywhere in America, if they have either an income tax or a sales tax, the ability to choose what they deduct from their Federal income taxes.

We need to make this law permanent, and I hope everyone will support this amendment.

The PRESIDING OFFICER. The Senator’s time has expired.

The Senator from Montana.

Mr. BAUCUS. Mr. President, I would remind my colleagues that the Hutschison amendment uses as its offset rolling back the Recovery Act; that is, rolling back stimulus funds. That is taking stimulus funds to permanently pay for the marriage penalty relief as well as sales tax relief.

With employment as high as it is, hovering around 10 percent, it makes no sense to cut back stimulus dollars. Stimulus dollars are a proven job creator. All mainstream economists and the CBO tell us that.

I think we should continue to create jobs by using the stimulus dollars. I, therefore, urge my colleagues to not support the Hutschison amendment.

In addition to that, there are funds not within the jurisdiction of reconciliation committees. For that reason, I raise a point of order that the Hutschison amendment violates section 313(B)(1)(C) of the Congressional Budget Act.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(G)(3) of the Statutory Pay-A-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from New Jersey (Mr. LUTENBERG) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND), the Senator from Georgia (Mr. ISAKSON), and the Senator from Ohio (Mr. VOINOVICH).

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

The yeas and nays resulted—yeas 40, nays 55, as follows:

YEAS—40

Alexander (Nelson (NE) Roberts
Barasso (Risch)
Bayh (Snowe)
Bennett (Thune)
Brown (MA) (Warren)
Brownback (Whitehouse)
Bunning (Wicker)
Burk (Wyden)
Chambliss (Alexander)
Cochran (Baucus)
Crowe (Bennett)
Inhofe (Bayh)
Johannes (Brown)
Kyl (Brownback)
Corker (Bunning)
LoMieux (Burk)
Corryn (Chambliss)

NAYS—55

Akaka (Cochran)
Baucus (Corker)
Begich (DeMint)
Bennet (Gregg)
Brown (GA) (Hatch)
Brown (OH) (Hatch)
Brown (PA) (Hatch)
Bunning (Hatch)
Burr (Hatch)
Cardin (Burr)
Capito (Burr)
Casey (Carper)
Caucasus (Casey)
Coburn (Caucasus)
Cooper (Coburn)
Corker (Coburn)
Cornyn (Corker)

NOT VOTING—5

Bond (Corker)
Byrd (Cornyn)
Lautenberg (Bond)
Voinovich (Byrd)
Wyden (Lautenberg)

The PRESIDING OFFICER. On this vote, the yeas are 40 and the nays are 55. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected. The point of order is sustained, and the amendment falls.

The Senator from Louisiana.

AMENDMENT NO. 3668

Mr. VITTER. Mr. President, I call up amendment No. 3668 and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The amendment is as follows:

(Purpose: To increase women’s access to breast cancer screenings)

At the end of subtitle F of title I, add the following:

SEC. 15. REFUNDS OF FEDERAL MOTOR FUEL EXCISE TAXES FOR FUEL USED IN MOBILE MAMMOGRAPHY VEHICLES.

(a) REFUNDS.—Section 6427 of the Internal Revenue Code of 1986 (relating to fuels not used for taxable purposes) is amended by inserting after subsection (f) the following new subsection:

“(g) FUELS USED IN MOBILE MAMMOGRAPHY VEHICLES.—Except as provided in subsection (k), if any fuel on which tax was imposed by section 4041 or 4081 is used in any highway vehicle designed exclusively to provide mobile mammography services to patients within such vehicle, the Secretary shall pay (without interest) the ultimate purchaser of such fuel an amount equal to the aggregate amount of the tax imposed on such fuel.”;

(b) EXEMPTION FROM RETAIL TAX.—Section 4042 of such Code is amended by adding at the end the following new subsection:

“(c) FUELS USED IN MOBILE MAMMOGRAPHY VEHICLES.—No tax shall be imposed under this section on any liquid sold for use in, or used in, any highway vehicle designed exclusively to provide mobile mammography services to patients within such vehicle.”

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of the enactment of this Act.
Mr. VITTER. Mr. President, a short time ago the distinguished majority leader urged there to be amendments to improve the bill, not to do any harm to the broader ObamaCare bill. This is exactly such an amendment. This amendment would pass my Mobile Mammography Act, S. 251. This amendment would allow mobile mammography units to purchase fuel without the Federal excise tax. This is exactly similar to an existing exemption for blood centers. These units are very important for access to women for breast cancer screening. And this only scores $1 million, so there is no significant budget impact. This does improve the bill. This does nothing to the underlying ObamaCare bill. This reconciliation bill is already going back to the House, so I urge a bipartisan vote in support of this good idea.

I reserve the remainder of my time.

The PRESIDING OFFICER. The Senator’s time has expired.

Mr. VITTER. Mr. President, I ask unanimous consent to have printed in the Record two letters relating to my amendment.

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

LSU HEALTH SCIENCES CENTER, October 23, 2009.

Re Mobile Mammography Promotion Act.

Hon. David Vitter: I am writing in support of the Mobile Mammography Act which will eliminate the Federal Excise tax on fuel for mobile mammography vehicles. At the LSU Health Sciences Center in Shreveport, Feist-Weiller Cancer Center, this year we have put our mobile mammography vehicle into service. We perform free mammograms for the uninsured and underserved in North Louisiana. As you know this is an expensive operation and fuel costs can be significant. Any savings in fuel cost will allow us to reach more patients in our service area.

Mobile Mammography is especially important in Louisiana, which according to 2005 SEER statistics has the highest breast cancer death rates in the states. The rural areas in Louisiana are particularly underserved as 40% of the parishes in North Louisiana have no mammography facilities; and those parishes with mammography are often unavailable to our lower income patients.

On behalf of the women in Louisiana, I applaud your efforts and support for a vital re-source: mobile mammography.

Sincerely,

Jerry W. McLarty, Ph.D., Professor of Medicine, Director, Cancer Prevention & Control.


Hon. David Vitter, U.S. Senate, Hart Senate Office Building, Washington, DC.

Dear Senator Vitter: We are writing to support for your proposed amendment to the IRS Code of 1986 to allow refunds of Federal motor fuel excise taxes on fuels used in Mobile Mammography vehicles.

Most of the nearly 200 Mobile Mammography programs throughout the U.S. are non-profits organizations; many provide screenings for medically underserved women. In the past, these programs have faced challenges due to the economic downturn, resulting in a decrease in donor dollars. Because of the downturn, there are also more and more Americans that need to access the services we provide, and it is very difficult to predict when the benevolence of Americans who can help will be restored to previous levels. Thus, every cost savings that we can realize makes a difference in our ability to continue the vital health services that we offer. The change that you propose to the tax code may be the difference between continued operations and closing services for some programs, and with Mobile Healthcare, our contiguous living community to further impact lives, and in some cases, saving lives of Americans across the nation. We encourage the passage of your amendment, cited as the “Mobile Mammography Promotion Act of 2009”.

It is our sincere hope that the impact from this change will be great enough to allow you and your colleagues in the Senate and the House to consider expanding the application of the amendment to include all Mobile Health Clinics across the nation. Approximately 2,000 Mobile Health programs operating in the U.S., serving millions of women, men, and children—many of whom have no other access to affordable preventive and primary care, mammography screenings, and oral healthcare. It is widely recognized that Mobile Health programs yield improved health outcomes for the underserved and save the healthcare system billions of dollars.

Mobile Health Clinics Network (MHCN) is a nationwide, membership-based association of Mobile Health programs primarily operated by non-profit entities such as community health clinics, hospitals, and university schools of medicine, nursing and dentistry. MHCN completed its Fifth Annual Mobile Health Clinics Forum this past April, and we are pleased to send you (under separate mail) a copy of the official Program Binder. It will certainly offer you a view toward the breadth and scope of Mobile Healthcare programs that now operate in the U.S. and internationally.

On behalf of Mobile Mammography and Mobile Health Clinics across the nation, we thank you for your efforts toward introduction the IRS amendment and for your continued attention to making positive impacts that will support affordable, quality care and operation of these unique healthcare delivery systems. Early detection is the most effective method to preventing and treating disease, and for Americans who rely on Mobile Health services for these critical interventions, this tax change could ensure more many years of access to a healthcare system that provides potentially life-saving services.

Sincerely,

Anthony Vavasir, MD, Advisory Board Chair, Mobile Health Clinics Network, Clinical Director, Health Outreach to Teens Program, New York, NY.

Darien De Lorenzo, CEO & Executive Director, Mobile Health Clinics Network.

MHCN ADVISORY BOARD MEMBERS

Melissa Lott, Administrative Manager, Mobile Mammography Program, MHCN

MHCN Annual Forum.

Mobile Mammography Advisory Board Members:

- Candy Simonson, RN, BS, Manager, Breast Health Programs, St. Joseph’s Medical Center, Stockton, CA.
- James James, RN, Chief Operating Officer, St. Charles Community Health Center, Luling, LA.
- Jennifer Bonnet, Executive Director, The Family Van, Harvard Medical School, Boston, MA.
- Tina Hembree, MPH, Program Manager, Cancer Detection & Early Prevention, Norton Healthcare, Cancer Institute, Louisville, KY, Chair, MHCN Mammography SIG.
- Shirley Hampton, RN, Development Director, Nevada Health Centers, Inc., Carson City, NV.
- Karen McInerney, RT(R), Director, Breast Imaging Services, Swedish Medical Center, Seattle, WA.
- Leah Berger, MPH, Director, Community Health Programs, Planning & Development, Office of Community Affairs & Health Policy, Tulane University School of Medicine, New Orleans, LA.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I strongly support—I think every Member in the Senate does—prevention and treatment of breast cancer and women’s health generally. And the bill the President signed Tuesday makes great strides to that end. For example, it prohibits gender rating and eliminates the ability of insurers to limit coverage based on preexisting conditions. In addition to the preventive services available to everyone in the exchange, the health reform bill ensures that women have access to the unique preventive services they need, such as wellness exams.

I might also add that the amendment further drains dollars from the highway trust fund. We don’t want to go in that direction. Therefore, Mr. President, I move to table the amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be a sufficient second.

The question is on the motion. The clerk will call the roll.

The legislative clerk called the roll. Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from New Jersey (Mr. LAUTENBERG) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Maine (Mr. BONENK), the Senator from Georgia (Mr. ISAkov), and the Senator from Ohio (Mr. Voinovich).

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

The result was announced—yeas 56, nays 39, as follows:

[Rollcall Vote No. 92 Leg.]

YEAS—56

Akaka—Hawaii
Baucus—Montana
Bayh—Indiana
Baucus—Montana
Begich—Alaska
Casey—Rhode Island
Cardin—Maryland
Casey—Rhode Island
Conrad—North Dakota
Dorgan—North Dakota
Feinstein—California
Feinstein—California
Franken—Minnesota
Johnson—California
Kennedy—Massachusetts
Kerry—Massachusetts
Klobuchar—Minnesota
Levin—Michigan
McCaskill—Missouri
Menendez—New Jersey
Mikulski—Maryland
Murray—Washington
Nelson (FL)—Florida
Reed—South Dakota
Reid—Nevada
Rockefeller—West Virginia
Sanders—Vermont
Schumer—New York
Shahin—New Hampshire
Speier—California
Stabenow—Michigan
Tester—Montana
Udall (CO)—Colorado
Udall (NM)—New Mexico
Warner—Virginia
Whitehouse—Ohio
Wyden—Oregon
The motion was agreed to.

Mr. DURBIN. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, it goes without saying we all appreciate everyone’s cooperation in having the Senate work so well, yesterday and today. Therefore, after having had long discussions with my friend, the distinguished Senator from Kentucky, I ask unanimous consent that we are going to adjourn in a few minutes; that we will convene at 9:45 a.m. this morning, resume the bill, consider amendments up to 2 p.m., we will dispose of points of order that have been determined—and one is still under review—by 2 p.m., and the third reading will occur after points of order are disposed of after 2 p.m.

I ask that in the form of a unanimous consent agreement.

The PRESIDING OFFICER. The majority leader.

Mr. LEAHY. Mr. President, earlier this week, we saw what I have called an arduous process over the last year, parties tried to reform the health insurance system for decades. Through the MMA was enacted, section 508 has been extended numerous times. Many hospitals, including some in Michigan, were left out of these subsequent extensions. Consequently, those hospitals, originally included in section 508, required technical corrections so they could continue to be reclassified along with the other original hospitals included in section 508. This is something that has been going on for many years and is nothing new. These technical fixes just ensure that the original intent of section 508 is maintained.

Mr. LEAHY. Mr. President, earlier this week, we saw what I have called the dawn of a new day of hope for tens of millions of Americans who have fallen through the cracks—or who worry with good reason that they may fall through the cracks included in section 508. This is something that we have been working on for many years and is nothing new. These technical fixes just ensure that the original intent of section 508 is maintained.

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the status quo. It took a year of debate, the work of numerous committees and both chambers of Congress to enact health insurance reform and to begin to get a handle on costs by having Americans covered by health insurance.

Now that comprehensive health insurance reform is the law of the land, the Senate is already working on improvements to this legislation. These include making coverage more affordable and creating a more equitable distribution of Medicaid reimbursements to States like Vermont that acted early and correctly on reform.

Some are still in denial, and continue to resist the path to reform. Some in the Senate resist improvements to the aspects of the new law that they had previously criticized. They appear intent on voting against improvements and, in effect, in favor of the aspects of the law they had said raised concerns. Some opponents of reform continue to distort reform reality and continue their misleading arguments and spurious attacks. Some appear to see political gain in trying to attack health care reform with lawsuits. This is an effort to have judges override policy decisions made by Congress, the elected representatives of the American people. This is an effort to repeal through the courts what they cannot do in Congress. Regardless, health insurance reform is the law of the land.

Every member of Congress takes an oath of office. Ours is to “support and defend the Constitution of the United States.” I take this oath very seriously and always have. We took it seriously during the many months of open and public debate of the Patient Protection and Affordable Care Act last year. During Senate debate last December, as chairman of the Senate Judiciary Committee, I responded to arguments about the constitutionality of the individual mandate and expert after expert maintain that there is no question about congressional authority. I, again, recall what I set forth last December when the Senate considered this issue, made its findings and reached its determination.

The Constitution of the United States begins with a preamble that sets forth the purposes for which “We the People of the United States” ordained and established it. Among the six purposes set forth by the Founders was that the Constitution was established to “promote the general Welfare.” It is hard to imagine an issue more fundamental to the general welfare of all Americans than their health.

The authority and responsibility for taking actions to further this purpose is vested in Congress by article I of the Constitution. In particular article I, section 8, sets forth several of the core powers of the “general welfare clause,” the “commerce clause” and the “necessary and proper clause.” These clauses form the basis for Congress’s power, and include authority to reform health care by containing spiraling costs and ensuring its availability for all Americans.

Any serious questions about congressional power to take comprehensive action to build and secure the social safety net have been settled over the past century. According to article I, section 8: “The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defense and general Welfare of the United States.” This clause has been the basis for actions by Congress to provide for Americans’ social and economic security by passing Social Security, Medicare and Medicaid. These landmark laws provide the well-established foundation on which Congress builds with the Patient Protection and Affordable Care Act.

As noted by Tom Schaller, enforcing the individual mandate requirement by a tax penalty is far from unprecedented, despite the claims of critics. Individuals pay for Social Security and Medicare, for example, by payroll taxes collected under the Federal Insurance Contributions Act, FICA. These FICA payments are typically collected as deductions from workers’ paychecks every month. As Professor Schaller recently wrote: “These are the two biggest government-sponsored insurance programs administered by the [Federal Government], and two of the three items on all paychecks. These paycheck deductions are not optional, and for all but the self-employed they are taken out immediately.” The individual mandate requirement in the Patient Protection and Affordable Care Act is revolutionary when viewed against the background of Social Security and Medicare that have long required individual payments.

Congress has woven America’s social safety net over the last three score and 12 years. Congress’s authority to use its judgment to promote the general welfare cannot now be in doubt. America and all Americans are the better for it. Growing old no longer means growing sick. Being laid off no longer means being without medical care. These developments are all due to congressional action.

The Supreme Court settled the debate on the constitutionality of Social Security more than 70 years ago in three 1937 decisions. In one of those decisions, Helvering v. Davis, Justice Cardozo wrote that the discretion to determine whether a matter impacts the general welfare “is not confined in its application but falls in a wide range of discretion permitted to the Congress.” Turning then to the “nation-wide calamity that began in 1929” of unemployment spreading from state to state throughout the Nation, leaving older Americans without jobs and security, Justice Cardozo wrote of the Social Security Act: “The hope behind this statute is to save men and women from the rigors of the poor house as well as from the haunting fear that such a lot awaits them when journey’s end is near.”

The Supreme Court reached its decisions upholding Social Security after the first Justice Roberts—Justice
Owen Roberts in the exercise of good judgment and judicial restraint began to hold that the Supreme Court could not strike down laws such as those guaranteeing unemployment and insecurity during the Great Depression when conservatives claimed that they would turn back the clock to the hard times of Dickens’ novels.

But whether other Senators agree or disagree with me, none should argue against the right for Congress to determine that it is in the general welfare of the Nation to ensure that all Americans have access to affordable quality health care.

In seeking to discredit health insurance reform, the other side relies on a resurrection of long-discredited legal doctrines used by courts a century ago to tie Congress’s hands by substituting their own views of property to strike down laws such as the minimum wage and outlawing child labor. They have to rely on such cases of unbridled conservative judicial activism as Lochner v. New York, Shechter Poultry Corporation v. United States, Reagan v. Farmers Loan and Trust and the infamous Dred Scott case.

Those dark days are long gone and better left behind. The Constitution, Supreme Court precedent, our history and congressional action all stand on the side of Congress’s authority to enact health insurance reform legislation.

Under article I, section 8, Congress has the power “to regulate Commerce with foreign Nations, and among the several States.” Since at least the time of the Great Depression and the New Deal, Congress has been understood and acknowledged by the Supreme Court to have power pursuant to the commerce clause to regulate matters with a substantial effect on interstate commerce. The Supreme Court has long since upheld laws like the Fair Labor Standards Act against commerce clause challenges. The commerce clause was born 100 years ago to ban child labor. The days when women and children could not be protected, when the public could not be protected from sick chickens infecting them, when farmers could not be protected and when any regulation that did not guarantee profits to corporations would be voided by the judiciary are long past. The reach of Congress’ commerce clause authority has been long established and well settled.

Even recent decisions by a Supreme Court dominated by Republican-appointed justices have affirmed this rule of law. In 2005, the Supreme Court ruled Gonzales v. Oregon and Congress had the power under the commerce clause to prohibit the use of medical marijuana even though it was grown and consumed at home, because of its impact on the national market for marijuana. Surely if that law passes constitutional muster, Congress’ actions to regulate the health care market that makes up one-sixth of the American economy meets the test of substantially affecting commerce. Congress cannot be ignored by the courts.

The regulation of health insurance clearly meets the test from Raich, since the activities “taken in the aggregate, substantially affect interstate commerce.” In fact, when the Senate considered the health insurance reform bill in December, it adopted a set of findings related to the impact of the individual mandate on interstate commerce. Among those findings, now the law, were that “health insurance and health care services are a significant part of the national economy,” that the individual “requirement regulates activity that is commercial and economic in nature: economic and financial decisions about how and when health care is paid for, and when health insurance is purchased.” The “requirement is essential to creating effective health insurance markets.”

These findings demonstrate that Congress took into account the significant cumulative economic effects on the Nation of the right to quality health care, with those costs making up a large percentage of our economy and with American businesses struggling to provide benefits to their employees. As set forth in a paper by Georgetown University’s Dr. John Pozen of the O’Neill National and Global Health Law, which I discussed in December, the requirement for individuals to purchase health insurance as a part of a comprehensive reform program to provide all Americans with affordable health care is constitutionally sound.

These Supreme Court decisions and the principles underlying them are not in question. As Dean Erwin Chemerinsky of the University of California Irvine School of Law wrote in an op-ed in Los Angeles Times: “To tax people to spend money for health coverage has been long established with programs such as Medicare and Medicaid.” I included this article in the Congressional Record in December.

These health insurance reform are now going so far as to call into question the constitutionality of America’s established social safety net. They would leave American workers without the protections their lifetime of hard work have earned them. They would turn back the clock to the hardships of the Great Depression, and thrust modern American back into the conditions of Dickens’ novels. That path should be rejected again now, just as it was when Senator Roberts led the effort to confront the economic challenges facing Americans 70 years ago.

In striking down principles that have been settled for nearly three-quarters of a century would be wrong and damaging to the Nation, and would stand the Constitution on its head.

For the past year we debated whether or not to pass health insurance reform. Before passing the law, we debated whether to control costs by having all American businesses pay a tax imposed by health insurance reform. We considered untold numbers of amendments in committees and before the Senate. That is what Congress is supposed to do. We consider legislation, debate it, vote on it and act in our best collective judgment to promote the general welfare. Some Senators agreed and some disagreed, but it was a matter decided by the full Senate. In fact, due to Republican obstruction, it took an extraordinary majority of 60 Senators, not a simple majority of 51, for the Senate’s will to be done.

The fact that Senate Republicans disagree with the majority’s effort to help hardworking Americans obtain access to affordable health care does not make it unconstitutional. Nor does the fact that some partisans seek to make political gains by attacking the health care reform we have passed. As Justice Cardozo wrote in upholding Social Security over the concern that “the unwisdom resides in the scheme of benefits set forth . . . it is not for us to say. The answer to such inquiries must come from Congress, not the courts.” I agree. Justice Cardozo understood the separation of powers enshrined in the Constitution and the Supreme Court’s precedent.

As Chief Justice Marshall wrote in his landmark decision in McCulloch v. Maryland: “Let the end be legitimate, let it be within the scope of the Constitution, and all means which are appropriate, which are plainly adopted to that end, which are not prohibited, but consistent with the letter and spirit of the Constitution, are constitutional.”

In 1935, our greatest Chief Justice, John Marshall Harlan, wrote in the landmark decision in McComb v. Duryea that “Congress has broad power to tax and spend for the general welfare. In the last 70 years, no federal taxing or spending program has been declared to exceed the scope of Congress’ power. The ability of Congress to tax constitutes an enormous power. To tax people to spend money for health coverage has been long established with programs such as Medicare and Medicaid.” I included this article in the Congressional Record in December.

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insurance would address the problem of free riders, millions of Americans who refuse to buy health insurance and then rely on expensive emergency health care when faced with medical problems. This shifts the costs of their health care on who do have health insurance, which in turn has a significant effect on the costs of insurance premiums for covered Americans and on the economy as a whole. A requirement that all Americans have health insurance would, for those who already have insurance, extend the cost of health insurance premiums to everyone. This would be the case because the exempted insurance companies would have to pay FICA—is within congressional power. Congress determines it to be essential to controlling spiraling health care costs. In passing health care reform, Congress determined that requiring that all Americans to have health insurance coverage, and preventing some from depending on expensive emergency services in place of regular health care, can and will help reduce the cost of health insurance premiums for those who already have insurance.

Proponents of this approach are incorrectly claiming that the exemption would allow health insurance companies to “escape” antitrust laws. These are the pro-competition rules that apply to virtually all other businesses, to help promote vibrant markets and consumer choice. Competition and choice help lower costs, expand choices, and improve quality of service. I launched this effort last fall, built a wide commitment, we can do more. Why would this exemption have been necessary if insurance was not interstate commerce? I strongly believe that the exemption in McCarran-Ferguson is wrongheaded. But would anyone seriously contend that it is unconstitutional? Of course not.

Now that we have enacted the Patient Protection and Affordable Care Act, I hope that we can begin to move forward to make the health insurance insurance exemption from our precompetitive Federal antitrust laws without delay. The Constitution contains in article I, section 8, the necessary and proper clause. That, too, provides a basis for congressional action. This clause gives Congress the power to "make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers and all other Powers vested by his Constitution in the United States." The Supreme Court settled the meaning of the necessary and proper clause 19 years ago in Marshall's landmark decision in McCullough v. Maryland, during the dispute over the National Bank. Justice Marshall's wrote that "the clause is placed among the powers of Congress, not among the limitations on those powers." The necessary and proper clause goes hand in hand with the commerce clause to ensure congressional authority to regulate activity with a significant economic impact.

The Constitution was enacted and the President has signed into law the Patient Protection and Affordable Care Act. This landmark legislation addresses our health care crisis and helps provide health care insurance for millions of Americans who are uninsured and seeks to encourage lower costs for Americans who are insured. We have acted to ensure that Americans not risk bankruptcy and disaster with every illness. Americans who work hard their entire lives should not have to rob of their family's security because health care is too expensive. Americans should not lose their life savings because they have the misfortune of losing a job or getting sick. That is not America.

One of the great American successes of the last century was the establishment of a social safety net of which all Americans can be grateful and proud. Through Social Security, Medicare and Medicaid, Congress established some of the cornerstones of American economic security. Comprehensive health insurance reform has now joined them. Congress has acted within its constitutional authority to legislate for the general welfare of all Americans. No conservative activist court, on any level, should overstep the judiciary's role by seeking to turn back the clock and deny a century of progress.

WORLD TUBERCULOSIS DAY

Mr. BROWN of Ohio, Mr. President, I wish today to recognize World Tuberculosis Day. It is a day that allows us to take stock of how far we have come and how far we have to go, in the fight against this deadly disease. Claiming about 1.8 million lives each year, TB is a vicious killer that must be stopped in order to protect the global public health.

Today we recognize not only that we must do more, but that, with the technology, medical expertise, and a worldwide commitment, we can do more.

We have waged an aggressive campaign to eliminate TB in the U.S. However, progress toward TB elimination has slackened. Anywhere from 9 to 14 million Americans are infected with latent TB. With appropriate treatment, about 5 to 10 percent of them will develop active TB. As the global pandemic of drug resistant TB spreads, the disease poses an imminent public health threat to the United States.

According to the World Health Organization, 5 percent of all new TB cases are drug resistant, with estimates of up to 28 percent in some parts of Russia. Of these cases, it is estimated that only 7 percent are being treated. Over the past decade, the U.S. has had more than 35 cases of an extremely drug resistant strain of TB, known as XDR-TB, which is very difficult and expensive to treat. Because XDR-TB recognizes no borders, these cases will continue to rise unless we adopt control measures on a global scale.

As it stands, drug resistant and extremely drug resistant forms of TB are not easily transmissible; however, should an easily transmittable strain arise, we face the real possibility of a drug resistant pandemic in our country and across the globe.

TB control is not just an imperative for the developing world; it is an imperative for every nation on this planet.

Our current drugs, diagnostics, and vaccines are out of date and increasingly inadequate to control the spread of TB. The TB vaccine, for instance, provides some protection to children, but provides little to no help to prevent TB in adults.

In addition, the most commonly used TB diagnostic in the world, sputum microscopy, is more than 100 years old and lacks sensitivity to detect TB in most HIV/AIDS patients and in children.

Finally, the course of treatment available today is simply too long, resulting in skipped doses and the development of resistant strains.

New TB drug regimens are long overdue, and Congress must act to help accelerate the development, approval, and delivery of new TB medicines around the globe. We must bring our methods of prevention and treatment into the 21st century so we can fight the new age of the TB epidemic.

Congress has made significant strides toward this goal. The enactment of the Lanthas-Asian Act and the Comprehensive TB Elimination Act reaffirmed our commitment to research, treatment, and prevention.

These laws put the U.S. on the path to successfully treating 4.5 million TB patients and 90,000 new multidrug resistant TB cases by 2013. However, Congress and this administration must not underrate the commitment we made with this legislation.

World Tuberculosis Day provides an opportunity to reflect on the progress made to eradicate TB, acknowledge the
VOBECTI0N ON JUDICIARY COMITTEE HEARING

Mr. LEAHY. Mr. President, today the Judiciary Committee was scheduled to welcome two of President Obama's nominees to fill vacancies on the Federal bench in California: Professor Goodwin Liu, nominated to fill a vacancy on the Ninth Circuit, and Magistrate Judge Kimberly Mueller, nominated to a judgeship in the Eastern District of California. However, we will not be able to hear from those nominees today because Senate Republicans have anonymously objected to the hearing. They have continued their ill-advised protest of meaningful health reform legislation by exploiting parliamentary tactics and Senate Rules, to the detriment of the American people and, in today's instance, at the expense of American justice.

I had previously accommodated requests from Judiciary Committee Republicans to delay the committee's hearing to consider Professor Liu's nomination. I had intended to hold this hearing 2 weeks ago but, at the request of Republican colleagues, delayed it until today. We had agreed, instead, to proceed to a hearing for Judge Robert Chatigny, a nominee to the Second Circuit court of appeals, on March 10. Republicans then reversed themselves and asked for additional delay in connection with that March 10 hearing. I, again, accommodated them. Earlier this week I sought to move this afternoon's hearing to the morning, into the 2-hour window of time after the Senate convened, that would not be subject to this arcane objection. Republicans asked me to keep it scheduled for this afternoon because it worked better for the schedules of the Republican members of the committee, and they had planned to participate this afternoon. Now, having objected to holding the hearing this morning, they object to it not being held this afternoon. They pulled the plug on our hearing and put up roadblocks to the committee's process for working to fill judicial vacancies.

It is troubling that Republicans will not allow the committee to hear from Professor Goodwin Liu, a widely respected constitutional law scholar who they targeted for criticism and opposition the moment he was nominated. The delay until today, along with this new objection, is unprecedented. Republicans have now prevented Professor Liu from appearing, from answering their questions, and from addressing their concerns. They are being unfair. They are seeking to render him mute by their obstruction while they continue their anonymous objections.

Professor Liu, the son of Taiwanese immigrants, has a great American story and sterling credentials. He did not learn English until kindergarten, yet rose to graduate from Stanford University and Yale Law School and become a Rhodes scholar. After law school, Professor Liu clerked for DC Circuit Judge David Tatel and Supreme Court Justice Ruth Bader Ginsburg. He has a brilliant legal mind and is admired by legal thinkers and academic scholars from across the political spectrum. As conceded by a Fox News commentator, Professor Liu's qualifications for the appellate bench are "unassailable."

Professor Liu would also bring much-needed diversity to the Federal bench. There are currently no active Asian-American Federal appeals court judges in the country. Judge Denny Chin of New York has been nominated to the Second Circuit, but Senate Republicans have stalled his hearing for over 3 months, despite his unanimous approval by the Senate Judiciary Committee.

Senate Republicans have not given Professor Liu fair consideration. Like their practice of pocket- filibustering more than 60 of President Clinton's judicial nominees in the 1990s, the decision by Republicans to block the hearing today gives Professor Liu no chance to respond to the attacks that they began weeks ago.

Republicans' filibusters and stalling tactics have been evident since President Obama took office. Senate Republicans threatened to filibuster President Obama's judicial nominations before he even made his first nomination. They insisted on filibustering the nomination of Judge David Hamilton of Indiana, a well-respected mainstream district court judge who had the support of Indiana Senator Dick Lugar, the senior Republican in the Senate. They forced the Senate to invoke cloture, a time consuming process, by refusing for months to agree to debate and vote on the nomination of Justice Barbara Keenan of Virginia to the Fourth Circuit. She was then confirmed by a vote of 99 to zero.

The Republicans' tactics of obstruction have led to 22 judicial nominations stalled on the Senate's Executive Calendar and only 18 circuit and district court nominations confirmed. That lack of progress stands in stark contrast to this date in 2002, when a Democratic Senate majority had proceeded to confirm 42 of President Bush's judicial nominations. Republicans obstruct virtually every judicial nominee. Even when they withdraw and release a nominee, district court judges confirmed have been without opposition, they have delayed and stalled for weeks and months as Republicans drag out the process and stall Senate consideration by withholding their consent.

During President Bush's first 2 years the Senate confirmed 100 of his judicial nominees. Republican obstruction has left us on pace to confirm less than 30 Federal circuit and district court nominees before this Congress adjourns. Their approach has led to skyrocketing judicial vacancies, again, like the pocket filibusters they employed during the Clinton Presidency that led to a vacancy crisis in the 1990s. They do a disservice to the American people seeking justice in our overburdened Federal courts. We have to do far more to address the growing crisis of unfilled judicial vacancies, which now top 100. We owe it to the American people to do better.

Sadly, actions like today's objections from Senate Republicans to the consideration of two nominations to fill vacancies on overburdened courts will be viewed as little more than what they are: petty, partisan politics with no regard for the priorities of the American people. I urge them to reconsider and allow this hearing to proceed.

JUSTICE FOR JAMIE LEIGH JONES

Mr. LEAHY. Mr. President, yesterday, I was pleased to learn that a brave young woman, Ms. Jamie Leigh Jones, will finally have her day in court. Ms. Jones testified before the Senate Judiciary Committee last year about how the Supreme Court's interpretation of the Federal Arbitration Act has hampered American employees from having their civil rights protected. Ms. Jones was a compelling witness; her case deserves the attention of every Senator.

When she was just 20 years old and was working overseas for the military contractor, KBR, Ms. Jones was sexually assaulted by her coworkers. She filed suit in Federal court alleging sexual harassment, hostile work environment, and claims under the Civil Rights Act of 1964, and several state law tort claims including assault and battery. Both KBR and its former parent company, Halliburton, argued that her claims were subject to forced arbitration under a clause that Ms. Jones was required to sign as a condition of her employment.

The district court agreed with the company in part. It dismissed her Federal civil rights claims because it found that they were subject to forced arbitration under her contract. But the court held that Ms. Jones could proceed to trial on some of her tort claims, albeit only after her civil rights claims had been decided in arbitration. Halliburton and KBR appealed to the Fifth Circuit Court of Appeals, arguing that under her employment contract and the Federal Arbitration Act, all of Ms. Jones's claims were subject to forced arbitration, including her assault and battery claims arising under state law.

The Fifth Circuit affirmed the district court's decision, and once again the companies appealed.
Mr. BURRIS. Mr. President, today I celebrate the 98th birthday of a true civil rights pioneer and social activist: Dorothy Height.

She began her career in the 1930s, as a teacher in Brooklyn, NY. Shortly after it was founded, she became active in the United Christian Youth Movement.

It was this cause that would first carry her to national leadership, though she was quite a young woman at the time.

In 1938, Dorothy was selected by First Lady Eleanor Roosevelt to help plan a World Youth Conference, and later served as a delegate to the World Conference on Life and Work of the Churches.

The same year, she was hired by the YWCA, and quickly began to rise through the ranks of the national organization. And it was also around this time that she caught the attention of Mary McLeod Bethune, founder and president of the National Council of Negro Women, or NCNW, who recruited young Dorothy to join the fight for women’s rights.

She remained deeply involved in the YWCA, and also attained high leadership positions in the Delta Sigma Theta Sorority, the United Civil Rights Leadership, and a number of other organizations.

She helped to guide these pivotal groups through the stormy waters of the civil rights movement, looking always to the future, and maintaining a steadfast dedication to cause and principle.

But it was Dorothy’s distinguished leadership of the NCNW that would come to define her career. In 1957, she was elected fourth national president of NCNW—a position she would hold continuously until 1998.

For more than four decades, she was at the helm of the preeminent leadership council for African-American women.

Thanks to her unrivaled expertise, transcendent vision, and lifelong dedication to this cause and this great organization, when she retired in 1998, she lived in a country that was far more free, more fair, and more equal than the one she knew as a child.

For her extraordinary work, in 2004 this Congress bestowed upon her its highest civilian honor, the Congressional Gold Medal. President Bush presented her with this award on her 92nd birthday.

And so today, as Dorothy turns 98, I ask my colleagues to join with me in honoring the immeasurable contributions she has made to this country. I ask them to reflect upon the leadership she has rendered, the causes she has championed, and the countless lives she has touched.

Without Dorothy Height, America might be a very different place. I thank her immensely for the difference she has made, and for the lifetime of hard work she has devoted to her fellow citizens.

I wish her a wonderful birthday and many happy returns.

Mr. HARKIN. Mr. President, one of the greatest challenges we face not just in Iowa but all across America is preserving the character and vitality of our small towns. This is about economics, but it is also about our culture and identity. After all, you won’t find the heart and soul of Iowa at Wal-Mart or Home Depot out in the strip malls. No, the heart and soul of Iowa is in our family farms and on Main Streets in small communities all across my state. It is not to be as generous as possible—and as creative as possible—in keeping our downtowns not just alive but thriving.

As a member of the Senate Appropriations Committee, I am involved in funding many hundreds of programs every year. But the Main Street Iowa program, which provides challenge grants to revitalize downtown buildings across my State, is in a class by itself. It is smart. It is effective. And it touches communities and people in very concrete ways.

For example, the citizens of Cedar Falls, IA, and their Main Street program are making efforts to improve their downtown and spur investment in the area. The Blackhawk Hotel received a Main Street Challenge Grant in 2003 to renovate its historic downtown location. The Blackhawk Hotel, listed in the National Register of Historic Places, is the oldest continuously operating hotel site in Iowa. More recently, another Challenge Grant was awarded for the Bruhn Building to help complete a forward-thinking project that will transform the designated area into a gathering space, entrance, outdoor dining room, and vertical garden on Main Street.

Thanks to these and other projects undertaken by the Cedar Falls community and business leaders, the city was recognized last month by the National Trust for Historic Preservation as one of its "2010 Dozen Distinctive Designations." According to the National Trust, this distinction recognizes "cities and towns that offer an authentic visitor experience by combining dynamic downtowns, cultural diversity, attractive architecture, cultural landscapes and a strong commitment to historic preservation, sustainability and revitalization."

I would like to commend the excellent work of all those involved in these economic development efforts in Cedar Falls. State and Federal programs can provide limited funding and technical assistance to progressive cities like Cedar Falls. But, as we have seen here,
success ultimately comes from local leadership, local teamwork, and home-grown ideas and solutions. When people see one of the anchors of Main Street being renovated or expanded, this can change the whole psychology of a town or community. It offers hope. It serves as a model for a far-reaching ripple effect of positive changes. Cedar Falls is a shining example of the great things that are possible. So I am pleased to congratulate the Main Street program and the citizens of Cedar Falls for formulating a strategy that has reinvigorated its downtown and won accolades from an esteemed national organization like the National Trust. Their vision for a revitalized Cedar Falls is setting a terrific example for other small towns across America.

RECOGNIZING THE KIRKWOOD HIGH SCHOOL SYMPHONIC ORCHESTRA

Mrs. McCASKILL. Mr. President, today I congratulate a special group of students from my home state of Missouri. The Kirkwood High School Symphonic Orchestra has earned the honor of performing in New York City at the 2010 Instrumental Music Festival at Carnegie Hall, which is being held from March 26 through March 29. The Kirkwood High School Symphonic Orchestra is one of three instrumental groups throughout the Nation to be honored with this remarkable opportunity. These students have my admiration and my sincere congratulations. I know they will be great ambassadors for all students in Missouri.

It is clear that this notable achievement is a direct result of the students’ discipline and dedication to their musical talent. Under the direction of orchestral program director Patrick Jackson, these young musicians are locally renowned and have earned national recognition for their work. Particularly noteworthy was their performance at the 2008 Heritage Music Festival in New York City. That performance, which received perfect marks from the judging panel, was so stirring that more than one judge was moved to tears. It is a fitting advance in the storied history the students of the Kirkwood High School Symphonic Orchestra are writing that they would be invited to play in the world-famous Carnegie Hall.

As you can imagine, becoming a member of this elite ensemble is not easy. Members of the Kirkwood High School Symphonic Orchestra program make a 9-year commitment that begins in 4th grade and continues through the students’ senior year in high school. Mr. Jackson has directed the symphonic orchestra for two decades. During that time, participation has grown from 19 students to more than 300. As a testament to Mr. Jackson’s commitment to his students, he has been honored by former students in Who’s Who Among American High School Teachers 17 times.

Moreover, the resounding support for the symphonic orchestra from the communities of Kirkwood and Saint Louis has been inspiring. In order to make the trip, the students reached their fundraising goal of $72,000 with the help of local radio, TV stations, and newspapers. Mr. Jackson’s organization “Road to Carnegie Hall.” Inspired by these young musicians, members of our own Saint Louis Orchestra were moved to volunteer their time and expertise with the students in advance of their performance.

Mr. President, I understand how difficult being a kid in this day and age can be. All too often, we read and hear negative stories about America’s children that seem to suggest a generation in crisis. These Kirkwood students make it clear that this is not so. I am proud to shine a light on this group of young people who strive for greatness and embrace the fact that the greatest heights can be achieved through hard work and dedication. Thank you, Mr. Jackson, and my heartfelt congratulations.

On behalf of myself and the people of Missouri, I congratulate the Kirkwood High School Symphonic Orchestra and wish them the best of luck during their time at Carnegie Hall.

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 following message was printed at the end of the Senate proceedings: At 12:39 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bills and joint resolution, in which it requests the concurrence of the Senate:

H.R. 3976. An act to extend certain expiring provisions providing enhanced protections for servicemembers relating to mortgages and mortgage foreclosure; to the Committee on Veterans’ Affairs.

H.R. 4905. An act to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorization for the airport improvement programs, and for other purposes; to the Committee on the Judiciary.

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–5190. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2010–0270); to the Committee on the Judiciary.

EC–5191. A communication from the Department of State, transmitting, pursuant to law, a report relative to Israel’s Qualitative Military Edge (OSS Control No. 2009–2028); to the Committee on the Judiciary.

EC–5192. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2009–1629); to the Committee on the Judiciary.

EC–5193. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2009–1672); to the Committee on the Judiciary.

EC–5194. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2009–1624); to the Committee on the Judiciary.

EC–5195. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2009–1620); to the Committee on the Judiciary.

EC–5196. A communication from the Department of State, transmitting, pursuant to

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 3976. An act to extend certain expiring provisions providing enhanced protections for servicemembers relating to mortgages and mortgage foreclosure; to the Committee on Veterans’ Affairs.

H.R. 4905. An act to provide for the establishment of a pilot program to encourage the employment of veterans in energy-related positions; to the Committee on Veterans’ Affairs.

MEASURES PLACED ON THE CALENDAR

The following bill was read the second time, and placed on the calendar:

S. 3138. A bill to require Congress to lead by example and freeze its own pay and fully offset the cost of the extension of unemployment benefits and other Federal aid.

EXECUTIVE MESSAGES REFERRED

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EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. ROCKEFELLER for the Committee on Commerce, Science, and Transportation.

- Michael F. Timlin, of California, to be a Member of the Marine Mammal Commission for a term expiring May 13, 2011.
- Daryl J. Boness, of Maine, to be a Member of the Marine Mammal Commission for a term expiring May 13, 2013.
- Earl F. Hare, of Alaska, to be a Member of the National Transportation Safety Board for the remainder of the term expiring December 31, 2010.
- Jeffrey R. Moreland, of Texas, to be a Director of the Amtrak Board of Directors for a term of five years.
- Larry Robinson, of Florida, to be Assistant Secretary of Commerce for Oceans and Atmosphere.
- Coast Guard nomination of Rear Adm. Robert J. Papp, Jr., to be Admiral.
- Coast Guard nomination of Rear Adm. Sally Brice-O’Hara, to be Vice Admiral.
- Coast Guard nomination of Rear Adm. Manson K. Brown, to be Vice Admiral.
- Coast Guard Rear Adm. Robert C. Parker, to be Vice Admiral.

Mr. ROCKEFELLER. Mr. President, to the Committee on Commerce, Science, and Transportation I report favorably the following nomination lists which were printed in the RECORD on the date indicated, and ask unanimous consent, to save the expense of reprinting on the Executive Calendar that these nominations lie at the Secretary’s desk for the information of Senators.

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

Coast Guard nominations beginning with Joann F. Burdian and ending with Dawn N. Prebula, which nominations were received by the Senate and appeared in the Congressional Record on February 21, 2010.

Coast Guard nominations beginning with Karen R. Anderson and ending with Steven J. Hanshaw, which nominations were received by the Senate and appeared in the Congressional Record on March 10, 2010.

National Oceanic and Atmospheric Administration nominations beginning with Scott J. Price and ending with Sarah K. Mrozek, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

National Oceanic and Atmospheric Administration nominations beginning with Heather L. Moe and ending with Kurt S. Krusel, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Nomination was reported with recommendation that it be confirmed subject to the nominee’s commitment to respond to Senate inquiries to appear and testify before any duly constituted committee of the Senate.

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. SPECTER (for himself and Mr. CASEY):

S. 3159. A bill to amend Public Law 101–377 to revise the boundaries of the Gettysburg National Military Park, including the Gettysburg Train Station, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. FEINGOLD (for himself and Mr. SPECTER):

S. 3160. A bill to provide information, resources, recommendations and funding to help State and local law enforcement enact crime prevention and intervention strategies supported by rigorous evidence; to the Committee on the Judiciary.

By Mrs. SHAHEEN:

S. 3161. A bill to establish penalties for service providers that fail to timely evaluate the applications of homeowners under home loan modification programs; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. AKAKA (for himself, Mr. Baucus, Mr. Bayh, Mr. Bentsen, Mr. Bingaman, Mr. Boxer, Mr. Brown of Ohio, Mr. Burris, Mr. Byrd, Ms. Cantwell, Mr. Cardin, Mr. Carper, Mr. Casey, Mr. Conrad, Mr. Dodd, Mr. Dorgan, Mr. Durbin, Mr. Feingold, Mr. Feinstein, Mr. Franken, Mr. Grassley, Mr. Hagans, Mr. Harkin, Mr. Inouye, Mr. Johnson, Mr. Kaufman, Mr. Kerry, Ms. Kohl, Ms. Landrieu, Mr. Lautenberg, Mr. Leahy, Mr. Levin, Mr. Liberman, Mrs. Lincoln, Mrs. McCaskill, Mr. Menendez, Mr. Merkley, Mr. Mikulski, Mrs. Murray, Mr. Nelson of Florida, Mr. Nelson of Nebraska, Mr. Pryor, Mr. Reid, Mr. Reid, Mr. Rockefeller, Mr. Sanders, Ms. Schumaker, Mr. Shellman, Mr. Specter, Ms. Stabenow, Mr. Tester, Mr. Udall of Colorado, Mr. Udall of New Mexico, Mr. Warner, Mr. Webb, Mr. Whitehouse, and Mr. Wyden).

S. 3162. A bill to clarify the health care provided by the Secretary of Veterans Affairs that constitutes minimum essential coverage; to the Committee on Veterans Affairs.

By Mr. TESTER:

S. 3163. A bill to amend the Federal Meat Inspection Act to require tracing of meat and meat food products that are adulterated or contaminated by enteric foodborne pathogens to the source of the adulteration or contamination; to the Committee on Agriculture, Nutrition, and Forestry.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. WHITEHOUSE (for himself and Mr. Rockefeller):

S. Res. 468. A resolution honoring the Blackstone Valley Tourism Council on the celebration of its 25th anniversary; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 405

At the request of Mr. Leahy, the name of the Senator from New Hampshire (Mrs. Shaheen) was added as a co-sponsor of S. 405, a bill to amend the Internal Revenue Code of 1986 to provide that a deduction equal to fair market value shall be allowed for charitable contributions of literary, musical, artistic, or scholarly compositions created by the donor.
At the request of Mr. Bunning, the names of the Senator from Illinois (Mr. Durbin) and the Senator from Idaho (Mr. Risch) were added as cosponsors 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.

At the request of Mrs. Boxer, the name of the Senator from Idaho (Mr. Crapo) was added as a cosponsor of S. 1055, a bill to grant the congressional gold medal, collectively, to the 100th Infantry Battalion and the 442nd Regimental Combat Team, United States Army, in recognition of their dedicated service during World War II.

At the request of Ms. Collins, the name of the Senator from Maryland (Mr. Cardin) was added as a cosponsor of S. 2129, a bill to authorize the Administration of Federal 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.

At the request of Mr. Brown of Ohio, the name of the Senator from West Virginia (Mr. Byrd) was added as a cosponsor of S. 2821, a bill to require a review of existing trade agreements and renegotiation of existing trade agreements based on the review, to establish terms for future trade agreements, to express the sense of the Congress that the role of Congress in making trade policy should be strengthened, and for other purposes.

At the request of Mr. Merkley, the name of the Senator from Michigan (Ms. Stabenow) was added as a cosponsor of S. 3102, a bill to amend the miscellaneous rural development provisions of the Farm Security and Rural Investment Act of 2002 to authorize the Secretary of Agriculture to make loans to certain entities that will use the funds to make loans to consumers to implement energy efficiency measures involving structural improvements and investments in cost-effective, commercial off-the-shelf technologies to reduce home energy use.

At the request of Mr. Leahy, the name of the Senator from Rhode Island (Mr. Whitehouse) was added as a cosponsor of S. 3111, a bill to establish the Commission on Freedom of Information Act Processing Delays.

At the request of Mr. Leahy, the name of the Senator from Michigan (Ms. Stabenow) was added as a cosponsor of S. 3123, a bill to amend the Richard B. Russell National School Lunch Act to require the Secretary of Agriculture to carry out a program to assist eligible schools and nonprofit entities through grants and technical assistance to implement farm to school programs that improve access to local foods in eligible schools.

At the request of Mr. Webb, the names of the Senator from Florida (Mr. Nelson), the Senator from Maine (Mr. Feingold), the Senator from Indiana (Mr. Bayh), the Senator from California (Mrs. Boxer), the Senator from Washington (Mrs. Murray), the Senator from Hawaii (Mr. Akaka), the Senator from South Dakota (Mr. Thune), the Senator from Alaska (Mr. Begich), the Senator from Colorado (Mr. Bennett), the Senator from New Mexico (Mr. Bingaman), the Senator from Ohio (Mr. Brown), the Senator from Illinois (Mr. Durbin), the Senator from West Virginia (Mr. Byrd), the Senator from Washington (Ms. Cantwell), the Senator from Delaware (Mr. Carper), the Senator from Pennsylvania (Mr. Casey), the Senator from North Dakota (Mr. Conrad), the Senator from Connecticut (Mr. Dodd), the Senator from North Dakota (Mr. Dorgan), the Senator from California (Ms. Feinstein), the Senator from Minnesota (Mr. Franken), the Senator from North Carolina (Mrs. Hagan), the Senator from Iowa (Mr. Harkin), the Senator from Hawaii (Mr. Inouye), the Senator from Delaware (Mr. Kaufman), the Senator from Massachusetts (Mr. Kerry), the Senator from Minnesota (Ms. Klobuchar), the Senator from Wisconsin (Mr. Kohl), the Senator from New Jersey (Mr. Lautenberg), the Senator from Vermont (Mr. Leahy), the Senator from Arizona (Mr. Levin), the Senator from Connecticut (Mr. Lieberman), the Senator from Arkansas (Ms. Lincoln), the Senator from Missouri (Mrs. McCaskill), the Senator from New Jersey (Mr. Menendez), the Senator from Wisconsin (Mr. Menendez), the Senator from Wisconsin (Ms. Klobuchar), the Senator from West Virginia (Mr. Rockefeller), the Senator from Connecticut (Mr. Lieberman), the Senator from Arkansas (Ms. Lincoln), the Senator from Mississippi (Mr. Cochran), the Senator from Georgia (Mr. Isakson), the Senator from North Carolina (Mrs. Hagan) and the Senator from Mississippi (Mr. Cochran) were added as cosponsors of S. Res. 411, a resolution recognizing the importance and sustainability of the United States hardwoods industry and urging that United States hardwoods and the products derived from United States hardwoods be given full consideration in any program to promote construction of environmentally preferable commercial, public, or private buildings.

At the request of Mr. Roberts, the names of the Senator from Idaho (Mr. Crapo) and the Senator from South Dakota (Mr. Thune) were added as cosponsors of amendment No. 3579 proposed to H.R. 4872, an Act to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13).

At the request of Mr. Barrasso, the name of the Senator from Idaho (Mr. Crapo) was added as a cosponsor of amendment No. 3582 proposed to H.R. 4872, an Act to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13).

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. Specter (for himself and Mr. Casey):

S. 311 A bill to amend Public Law 10-377 to revise the boundaries of the Gettysburg National Military Park to include the Gettysburg Train Station, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. Specter, Mr. President, I have sought recognition to introduce legislation to incorporate two historically significant properties into the boundary of Gettysburg National Military Park. The proposal is consistent with Gettysburg National Military Park’s 1999 General Management Plan, the goals of the National Park Service and is supported by the Gettysburg Borough Council.

The bill I have introduced will expand the boundary of the park to include the Gettysburg Railroad Station, also known as the Lincoln Train Station, located in downtown Gettysburg, PA. This train station was built in 1858 and is listed in the National Register of Historic Places. The station served as a hospital during the Battle of Gettysburg and was the departure point for thousands of soldiers who were wounded or killed in battle. The Lincoln Train Station is perhaps most historically significant as the site at which President Abraham Lincoln arrived on November 18, 1863, 1 day before he delivered the Gettysburg Address.

Currently, the station is operated by the National Trust for Historic Gettysburg and is open to the public throughout the year. Additionally, the station
served as the home of the Pennsylvania Abraham Lincoln Bicentennial Commission, which promoted events to commemorate the 200th anniversary year of Lincoln’s birth in 2009. I am informed that the borough of Gettysburg had planned for the Lincoln Train Station to serve as an informational center for visitors. Toward that goal, the borough in 2006 completed a rehabilitation of the station funded through a State grant but has been unable to operate the visitor center due to a lack of funds. Accordingly, I understand that the Gettysburg Borough Council voted in 2008 to transfer the station to the National Park Service.

The legislation I introduced also expands the boundary of Gettysburg National Military Park to include 45 acres of land at the southern end of Gettysburg battlefield. I am informed by National Park officials that there were cavalry skirmishes in this area during the Battle of Gettysburg in July of 1863. Moreover, I am advised that this property is environmentally significant as the home to wetlands and wildlife habitat related to the Plum Run stream that traverses the park. This 45-acre property is adjacent to current park land and was generously donated in April of 2009. Therefore, no federal land acquisition funding will be necessary to obtain this property.

This legislation will help preserve properties and land that are historically and environmentally significant and critically important to telling the story of the Battle of Gettysburg. The Civil War was a defining moment for our Nation and we ought to take steps necessary to preserve historical assets for the benefit of current and future generations.

I urge my colleagues to support this bill.

By Mr. FEINGOLD (for himself and Mr. SPECTER):

S. 3160. A bill to provide information, resources, recommendations, and funding to help State and local law enforcement enact crime prevention and intervention strategies supported by rigorous evidence; to the Committee on the Judiciary.

Mr. FEINGOLD. Mr. President, today I am pleased to introduce the PRECAUTION Act—the Prevention Resources and Cost-Effective Analysis Using Tailored Interventions in Our Neighborhoods Act. It is a long name, but it stands for an important principle—that it is better to invest in precautionary measures now than it is to pay a lack of crime—both in dollars and lives—later on. I am pleased that the Senator from Pennsylvania, Senator SPECTER, will again join me as an original cosponsor of this legislation.

The Federal Government has three important roles to play in fighting crime. First, the Federal Government should develop and disseminate knowledge to state and local officials regarding the newest and most effective law enforcement techniques and strategies. Second, the Federal Government should provide financial support for innovations that our State and local partners cannot afford to fund on their own. With that funding, it should also provide technical assistance to implement those innovations. Third, the Federal Government can help to create and maintain effective partnerships among agencies at all levels of government, partnerships that are crafted to address specific law enforcement challenges.

The PRECAUTION Act is designed to support all three of these important roles. It creates a national commission to wade through the sea of information on crime prevention and intervention strategies currently available to identify those programs that are most ready for replication around the country. Over-taxed law enforcement officials need a reliable resource to turn to that recommends a few, top-tier crime prevention and intervention programs. They need a resource that will single out those existing programs that are truly “evidence-based” programs that are proven by scientifically reliable evidence to be effective. The commission created by the PRECAUTION Act will provide just such a report—written in plain language and focused on pragmatic implementation issues—approximately a year and a half after this bill.

In the course of holding hearings and writing this first report, the commission will also identify some types of prevention and intervention strategies that are promising but need further research and development before they are ready for further implementation. The National Institute of Justice then will administer a grant program that will fund pilot projects in these identified areas. The commission will follow closely the progress of these pilot projects, and at the end of the three-year grant program, it will publish a second report, providing a detailed discussion of each pilot project and its effectiveness. This second report will include detailed implementation information and will discuss both the successes and failures of the projects funded by the grants.

There is particular urgency for this bill as State and Federal budget shortfalls not only compromise local law enforcement are forced to do more with fewer resources. There is no doubt that money is tight, which makes it all the more important that innovative and cost-effective law enforcement strategies that benefit both public safety and the government bottom line are being used in our communities. To help accomplish this, the Federal Government must work in concert with State and local law enforcement, with the nonprofit criminal justice community, and with the public and Federal Government. While we have an obligation to provide leadership and support, we do not have the right to unilaterally take control from the State and local officials on the ground. With these partnerships in place we can invest our resources in crime-fighting measures, confident that they will work. Sometimes, small and careful advances are the ones that yield the most benefit.

The PRECAUTION Act answers a call by police chiefs and mayors from more than 50 cities around the country during a national conference hosted by the Police Executive Research Forum in March, 2010. As the report from the forum concludes, those responsible for policing the United States have made decisions to make on how to spend those Federal dollars. We all know that there are limited resources, and that it will be difficult to single out some of the best, most effective forms of prevention and intervention programs. At the same time, we know that there are additional, cutting-edge strategies that are supported by solid scientific evidence of their effectiveness.
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:

SEC. 1. SHORT TITLE. — This Act may be cited as the "Prevention Resources for Eliminating Criminal Activity Using Tailored Interventions in Our Neighborhoods Act of 2010" or the "PRECAUTION Act".

SEC. 2. PURPOSES. — The purposes of this Act are to—

(1) establish a commitment on the part of the Federal Government to provide leadership on successful crime prevention and intervention strategies;

(2) further the integration of crime prevention and intervention strategies into traditional law enforcement practices of State and local law enforcement offices around the country;

(3) develop a plain-language, implementation-focused assessment of those current crime and delinquency prevention and intervention strategies that are supported by rigorous evidence;

(4) provide additional resources to the National Institute of Justice to administer grants, contracts, and cooperative agreements for research and development for promising crime prevention and intervention strategies;

(5) develop recommendations for Federal priority and delinquency prevention and intervention research, development, and funding that may augment important Federal grant programs, including the Edward Byrne Memorial Justice Assistance Grant Program under subpart 1 of part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750 et seg.), grant programs administered by the Office of Community Oriented Policing Services of the Department of Justice, grant programs administered by the Office of Safe and Drug-Free Schools of the Department of Education, and other similar programs; and

(6) reduce the costs that rising violent crime imposes on interstate commerce.

SEC. 3. DEFINITIONS. —

(a) ESTABLISHMENT.—There is established a National Commission on Public Safety Through Crime Prevention.

(b) MEMBERS.—

(1) IN GENERAL.—The Commission shall be composed of 9 members, of whom—

(A) 3 shall be appointed by the President, 1 of whom shall be the Attorney General for the Office of Justice Programs or a representative of such Assistant Attorney General.

(B) 2 shall be appointed by the Speaker of the House of Representatives, unless the Speaker is of the same party as the President, in which case 1 shall be appointed by the Speaker of the House of Representatives; and

(C) 1 shall be appointed by the minority leader of the House of Representatives (in addition to any appointment made under subparagraph (B));

(D) 2 shall be appointed by the majority leader of the Senate, unless the majority leader is of the same party as the President, in which case 1 shall be appointed by the majority leader of the Senate and 1 shall be appointed by the minority leader of the Senate; and

(E) 1 shall be appointed by the minority leader of the Senate (in addition to any appointment made under subparagraph (D)).

(2) PERSONS ELIGIBLE.—

(A) IN GENERAL.—Each member of the Commission shall be an individual who has knowledge or expertise in matters to be studied by the Commission.

(B) REQUIRED REPRESENTATIVES.—At least—

(i) 2 members of the Commission shall be respected social scientists with experience implementing or interpreting rigorous, outcome-based trials; and

(ii) 2 members of the Commission shall be law enforcement practitioners.

(C) CONSULTATION.—The President, the Speaker of the House of Representatives, the minority leader of the House of Representatives, and the majority leader and minority leader of the Senate shall consult prior to the appointment of the members of the Commission to achieve, to the maximum extent possible, fair and equitable representation of various points of view with respect to the matters to be studied by the Commission.

(D) TERM.—Each member shall be appointed for the life of the Commission.

(3) INITIAL REPORT.—The appointment of the members shall be made not late than 60 days after the date of enactment of this Act.

(E) RULES.—The Commission shall—

(i) hold at least 3 separate public hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out its duties under this section;

(ii) hold at least 3 separate public hearings, each of which shall focus on 1 of the subcategories identified in subsection (c);

(iii) comprehensively study the effectiveness of crime prevention and intervention strategies, organized around the 3 subcategories identified in subsection (c), and make recommendations to the President and Congress on how to more effectively communicate the wealth of social science research to practitioners;

(iv) review of research and development on the general effectiveness of incorporating crime prevention and intervention strategies into an overall law enforcement plan;

(v) develop a commitment on the part of Federal, State, and local law enforcement practitioners to—

(I) promising areas for further research and development; and

(II) other areas representing gaps in the body of knowledge that would benefit from additional research and development;

(vi) an assessment of the best practices for implementing prevention and intervention strategies;

and

(c) OPERATION. —

(1) DISTRIBUTE.—Not later than 18 months after the date on which all members of the Commission have been appointed, the Commission shall publish a final report on the study carried out under this subsection to—

(i) the President;

(ii) the Attorney General;

(iii) the Chief Federal Public Defender of each district;

(iv) the Chief of staff of each State; and

(v) the Director of the Administrative Office of the Courts of each State;
(vii) the Director of the Administrative Office of the United States Courts; and
(viii) the attorney general of each State.

(B) CONTENTS.—The report under subparagraph (A) shall include—
(i) the findings and conclusions of the Commission;
(ii) a summary of the top-tier strategies, including recommendations generally;
(iii) a review of the rigorous evidence supporting the designation of each strategy as top-tier;
(iv) a brief outline of the keys to successful implementation for each strategy; and
(v) a list of references and other information from which information on each strategy can be found;

(vi) recommended protocols for implementing crime and delinquency prevention and intervention strategies;

(vii) a consultation with the National Institute of Justice and the Attorney general of each State describing each strategy funded under section 5 and the results of the strategy. The report under this paragraph shall be submitted not later than 5 years after the date of the selection of the chairperson of the Commission.

(2) COLLECTION OF INFORMATION AND EVIDENCE REGARDING RECIPIENTS.—The collection of information and evidence by the Commission prior to the dissemination of a contract, cooperative agreement, or grant under section 5 shall be carried out by—
(A) ongoing communications with the grantees or subgrantees; and
(B) any subcategory that would best benefit from additional research and development; and

(C) the types of partnerships with other public or private entities through the course of the period of the contract, cooperative agreement, or grant;

(D) the types and design of the effectiveness study conducted under section 5(b)(4) or section 5(c)(2)(C) for that strategy;

(E) the results of the effectiveness study conducted under section 5(b)(4) or section 5(c)(2)(C) for that strategy;

(F) lessons learned regarding implementation of that strategy or of the effectiveness study conducted under section 5(b)(4) or section 5(c)(2)(C), including recommendations regarding which types of environments might best be suited for successful replication; and

(G) recommendations regarding the need for further research and development of the strategy.

(b) PERSONNEL MATTERS.—

(1) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at other components of the Department of Justice.

(2) COMPENSATION.—The chairperson of the National Institute of Justice, in consultation with the appropriate officers of the National Institute of Justice and other appropriate components of the Department of Justice, may fix the compensation of the Commission.

(3) PROGRAM OFFICE ROLE.—The head of any appropriate component of the Department of Justice, as determined by the Attorney General, may provide incentives under a contract, cooperative agreement, or grant entered into or made by the component, including per diem in lieu of subsistence, at other components of the Department of Justice.

(4) E XEMPTION.—The Commission shall be exempt from the Federal Advisory Committee Act.

SEC. 5. INNOVATIVE CRIME PREVENTION AND INTERVENTION STRATEGIES.

(a) IN GENERAL.—The Attorney General may fund the implementation and evaluation of innovative crime or delinquency prevention or intervention strategies through coordinated initiatives, as described in subsection (b), through grants or cooperative agreements issued under section 5, at least once in the second and once in the third year of the contract, cooperative agreement, or grant.

(b) COORDINATED INITIATIVES.—

(1) NATIONAL INSTITUTE OF JUSTICE.—With a 2⁄3 affirmative vote of the members of the Commission, the Commission may select new or supplemental research projects to assist the Commission in carrying out its duties under this Act. The National Institute of Justice shall contract with the researchers and experts selected by the Commission to provide funding in exchange for their services.

(2) OTHER ORGANIZATIONS.—Nothing in this subsection shall be construed to limit the ability of the Commission to enter into contracts with other entities or organizations for research necessary to carry out the duties of the Commission.

(3) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $500,000,000 to carry out section 5.

(k) TERMINATION.—The Commission shall terminate on the date that is 30 days after the date on which the Commission submits the report required by subsection (c), or a combination of the coordinated initiatives and grants.

(l) EXEMPTION.—The Commission shall be exempt from the Federal Advisory Committee Act.
grants to conduct a rigorous study of the effectiveness of each strategy relating to which an incentive is provided under paragraph (3).

(B) 

(1) M A N O U N T A N D D U R A T I O N .— A contract, cooperative agreement, or grant under subparagraph (A) shall be for not more than $700,000, and shall be for a period of not more than 3 years.

(2) M E T H O D O L O G Y O F S T U D Y .— Each study conducted under subparagraph (A) shall use a study design that is likely to produce rigorous evidence of the effectiveness of the strategy and, where feasible, measure outcomes using available administrative data, such as police arrest records, so as to minimize the costs of the study.

(C) 

(1) C R I T E R I A .— The employee of the National Institute of Justice hired or assigned under subsection (e) shall approve—

(i) the methodology of the study;

(ii) the study design of a grantee shall be approved in accordance with subsection (e); and

(iii) the study shall be conducted by an evaluator that has successfully carried out a rigorous study on the effectiveness of that strategy.

(2) A U T H O R I Z A T I O N O F A P P R O P R I A T I O N S.— There are authorized to be appropriated $150,000 for each of fiscal years 2010 through 2014 to carry out this subsection.

(D) 

(1) A P P L I C A T I O N S.— A public or private entity desiring a contract, cooperative agreement, or grant under this section shall submit an application at such time, in such manner, and with such information as the Director of the National Institute of Justice may reasonably require.

(2) C O O P E R A T I O N W I T H T H E C O M M I S S I O N .— A person entering into a contract or cooperative agreement or receiving a grant under this section shall provide the Commission with full information on the progress of the strategy being carried out with a contract, cooperative agreement, or grant under this section, including—

(i) hosting visits by the members of the Commission to the site where the activities under the strategy are being carried out;

(ii) providing pertinent information on the logistics of establishing the strategy for which the contract, cooperative agreement, or grant under this section was received, including details on partnerships, selection of participants, and any efforts to publicize the strategy; and

(iii) responding to any specific inquiries that may be made by the Commission.

SEC. 6. FUNDING.

Section 524(c) of title 28, United States Code, is amended by adding at the end the following:

"(12) For the first full fiscal year after the date of enactment of the PRECAUTION Act, and each fiscal year through the end of the fifth full fiscal year after such date of enactment, there is appropriated to the Attorney General from the Fund $4,750,000 to carry out the PRECAUTION Act."

By Mrs. SHAHEEN:

S. 3161. A bill to establish penalties for servicers that fail to timely evaluate the applications of homeowners under home loan modification programs; to the Committee on Banking, Housing, and Urban Affairs.

Ms. SHAHEEN. "I rise today to introduce the Mortgage Modification Reform Act, which is designed to protect homeowners and communities from big banks who fail to modify mortgages in a timely fashion."

In the past year, I have heard from hundreds of families in New Hampshire who have fallen behind on their mortgages. Often, they tell me that they can no longer afford their payments because of circumstances beyond their control. A family member has been laid off or had her hours reduced. Medical bills have started piling up. Higher interest payments kicked in at just the wrong time. And since value of the average home has declined over 15 percent, New Hampshire homeowners owe more on their home than it's worth.

But these families want to make it work, so they reach out to their bank or "mortgage servicer" to figure out a way to make payments they can afford. Often, when a homeowner reaches out to a servicer, they can work together to bring the homeowner's payments down to an affordable level. When a servicer modifies a mortgage, everybody wins: the homeowner can stay in their home; the servicer avoids the costly foreclosure process; and communities are spared from the devastating effects that foreclosures have on home values and communities.

That is why these families in New Hampshire and others across the country breathed a sigh of relief when they heard that a new program, called the Home Affordable Modification Program, or HAMP, would provide powerful incentives to servicers to work with borrowers to keep them in their homes.

We were told that HAMP would help 3-4 million homeowners stay in their homes by reducing the amount a family owes each month to 31 percent of its monthly income. The big, national banks and others participating in the program would avoid the foreclosure process and receive incentive payments. Most importantly, communities would have benefitted by stemming the tide of foreclosures, which have so drastically lowered home values and the equity of millions of homeowners.

But a year into the program, it is clear that many of these big banks are unwilling or uninterested in helping people in our communities. The banks routinely lose documents and ask homeowners to repeat the process for months at a time. And as homeowners wait for a modification offer, they often come at the last minute—just days before foreclosures were to occur. They don't respond to calls and voice messages that are only returned weeks or months later—if they are returned at all. And as homeowners wait for a decision, the banks charge them late fees, which puts them even further behind.

When homeowners finally receive modification offers, they often come at the last minute—just days before the borrower's home is set to be auctioned. As a result of these abuses, instead of helping the millions of homeowners that they promised would be able to stay in their homes, servicers have offered triad modifications to less than 30 percent of eligible homeowners. The banks and servicers who signed up for the program have only provided permanent relief to only 116,000 homeowners.

We know that the servicers are capable of success in this program because some servicers have been better than others. In accordance with the latest Servicer Performance Report from the Treasury, some servicers have helped as little as 2 percent of their eligible communities.
borrowers, while others have helped over 50 percent. And it’s not surprising that some of the servicers with the worst numbers are the same big banks that were happy to be bailed out by TARP not too long ago.

It is time to tell these big banks that enough’s enough. We need protections for homeowners, and we need to penalize the servicers who have failed to offer the help they promised.

That is why I am introducing legislation today, the Mortgage Modification Reform Act, to stop the big banks from abusing homeowners and to start penalizing those who do not live up to their promise to provide homeowners with the relief they need.

The Mortgage Modification Reform Act would charge banks “late fees” for every month that they fail to evaluate a homeowner for this program. After 3 months, if a homeowner has not received an answer on whether their mortgage will be modified, the banks’ payments would be reduced 10 percent for each month that it fails to evaluate the homeowner. By reducing payments to the banks over time, the bank will be encouraged to evaluate these borrowers earlier and more frequently. This method of rewarding those banks that respond quickly and punishing those that fail to act. Banks will have to perform to get paid, and if they don’t, their compensation will stay with the taxpayer.

This legislation would also require banks to stop the foreclosure process until it determines whether a borrower qualifies. This would also give much-needed peace of mind to homeowners who aren’t sure which will come first: the modification they need, or the sale of their home.

In addition, the legislation would prevent banks from imposing fees while they wait for a decision. There is no reason for a bank to charge a homeowner for being delinquent while waiting for evaluation in the program. There is no reason for a homeowner to pay fees for an unnecessary foreclosure process. This legislation would put an end to these abusive practices.

Finally, the Mortgage Modification Reform Act provides a protection for borrowers that has been missing from day one of this program: a way for homeowners to request a review of the bank’s decision. Right now, the borrower has to make all the decisions whether a homeowner qualifies for the program or not. There is no way for the homeowner to appeal that decision. But we know that those decisions aren’t always right. Many homeowners were originally told that they didn’t qualify, but ask their Senator or get legal assistance to ask the servicer to take another look. Often, they did qualify for the program, but the servicer did not evaluate the borrower properly.

But not every homeowner should have to involve their Senator or a lawyer to get their bank to respond. They should be able to make their case on their own to an independent arbiter. This legislation requires the Treasury Department to create a separate, independent review process to allow homeowners who feel they have been wrongly denied the chance to stay in their home. In addition, to ensure transparency, this legislation would require the servicer to submit documentation to the Treasury for each denial that it makes.

Making this program work isn’t just important for these homeowners, it’s also critical to our economic recovery. With million homeowners across the nation behind on their mortgages and at risk of foreclosure, we need this program to achieve its potential of stopping millions of homes from flooding the housing market and further depressing home values.

I urge my colleagues to join me to prevent banks from continuing to abuse this program, and to get it on track to provide help to the millions of homeowners who need it.

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. 3161
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 “Mortgage Modification Reform Act of 2010.”

SEC. 2. DEFINITIONS. — In this Act—

(1) the term “covered trial loan modification” means a trial loan modification—

(A) offered by a servicer to a homeowner under a home loan modification program; and

(B) for which the servicer has received from the homeowner the information required for a trial loan modification;

(2) the term “home loan modification program” means a home loan modification program put into effect by the Secretary under title I of division A of the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5211 et seq.), including the Home Affordable Modification Program;

(3) the term “homeowner” means an individual who applies for a home loan modification—

(A) for a trial loan modification under a home loan modification program; or

(B) for which the servicer has received from the homeowner the information required for a trial loan modification;

(4) the term “permanent loan modification” means any agreement reached between a homeowner and a servicer that is in effect for at least 36 months and reduces the remaining principal balance, the interest rate, the amount of the monthly payment, or any combination of these amounts; and

(5) the term “qualified counselor” means a servicer or a qualified residential mortgage servicer that the Secretary determines is qualified to provide homeowners with loan modification counseling, subject to section 201(b) of the Helping Families Save Their Homes Act of 2009 (12 U.S.C. 5101 et seq.).

(6) the term “Secretary” means the Secretary of the Treasury;

(7) the term “servicer” has the same meaning as in section 129 of the Truth in Lending Act (15 U.S.C. 1639a) (relating to the duties of servicers of residential mortgages), as added by section 201(b) of the Helping Families Save Their Homes Act of 2009 (Public Law 111-22, 123 Stat. 1638);

(8) the term “servicer incentive payment” means a payment that is made by the Secretary to a servicer as an incentive for making a loan modification under a home loan modification program; and

(9) the term “trial loan modification” means any agreement reached between a homeowner and a servicer that is in effect for a period of less than 36 months and reduces the remaining principal balance, the interest rate, the amount of the monthly payment, or any combination of these amounts.

SEC. 3. FORCLOSURE. — A servicer may not initiate or continue a foreclosure proceeding with respect to the mortgage of a homeowner if—

(1) the homeowner submitted an application for a loan modification under a home loan modification program—

(A) before receiving a notice of foreclosure from the servicer; or

(B) not later than 30 days after the homeowner received a notice of foreclosure from the servicer; and

(2) the servicer has not made a determination, as described in section 5(a), that the homeowner does not qualify for a loan modification under a home loan modification program.

SEC. 4. PROCESS FOR REVIEW OF IMPROPER DENIALS. —

(a) PROCESS FOR REVIEW. —

(1) IN GENERAL.—The Secretary shall establish a process by which a homeowner may request the Secretary to review a denial by a servicer of an application by the homeowner for a trial loan modification or permanent loan modification.

(2) QUALIFIED COUNSELORS.—The process established under paragraph (1) shall include the participation of qualified counselors to report wrongful denials of trial loan modifications and permanent loan modifications.

(b) SUPPORTING DOCUMENTATION.—The Secretary shall require a servicer to submit supporting documentation with respect to any denial by the servicer of an application by a homeowner for a trial loan modification or permanent loan modification that is reviewed by the Secretary under the process established under paragraph (1).

(c) PENALTIES.—If the Secretary determines after a review under the process established under subsection (a) that a servicer has wrongfully denied the application of a homeowner for a trial loan modification or permanent loan modification, the Secretary shall impose a penalty on the servicer.

SEC. 5. PENALTIES FOR SERVICERS THAT DO NOT TIMELY EVALUATE HOMEOWNERS. —

(a) TIME FOR EVALUATION OF HOMEOWNERS. — Not later than 3 months after the date on which a homeowner submits an application for a loan modification to a servicer that participates in a home loan modification program, the servicer shall—

(1) evaluate the application of the homeowner; and

(2) notify the homeowner that—

(A) the homeowner is qualified for a trial loan modification or a permanent loan modification under the home loan modification program; or

(B) the servicer has denied the application.

(b) PRIORITY FOR EVALUATING HOMEOWNERS. —

(1) PRIORITY.—A servicer that participates in a home loan modification program shall evaluate the applications of homeowners for loan modifications in the order in which the servicer receives the applications.

(2) PROHIBITION.—A servicer that participates in a home loan modification program may not select the order in which the applications of homeowners are evaluated for loan modifications—

(A) on the basis of—

(i) the income of the homeowner that made the application; or

(ii) the value of the loan for which a modification is requested; or
(B) for any reason other than the time at which the servicer receives the applications. 
(c) LATE FEES FOR SERVICER.—
(1) REDUCED SERVICER INCENTIVE PAYMENTS FOR HOMEOWNERS.—The Secretary shall reduce the amount of any servicer incentive payment with respect to the loan modification of an individual homeowner by 10 percent for each full month that—
(A) follows the date that is 3 months after the date on which the homeowner submits an application for a loan modification to the servicer; and
(B) precedes the date on which the servicer notifies the homeowner under subsection (a)(2).
(2) REDUCED PAYMENTS FOR ALL LOANS.—If the Secretary determines that, on the date that is 3 months after the date of enactment of this Act, less than 75 percent of all home owners who applied to a servicer for loan modifications under a home loan modification program have been evaluated within 3 months of the date of the application, the Secretary shall reduce by 25 percent the amount of any servicer incentive payment the servicer would otherwise be eligible to receive under the home loan modification program.
(d) DELINQUENCY FEES CHARGED TO HOMEOWNERS.—No servicer may impose a fee on a homeowner due to delinquency during the period beginning on the date on which the homeowner submits an application to the servicer for a loan modification and ending on the date on which the homeowner receives notice under subsection (a)(2).
(e) COLLECTION AND REPORT OF DATA.—
(1) COLLECTION OF DATA.—Each servicer shall report to the Secretary, at such time and in such manner as the Secretary may determine, data relating to the processing by the servicer of applications for loan modifications.
(2) REPORT OF DATA.—The Secretary shall publish a monthly report containing the data collected under paragraph (1).
SEC. 6. REDUCED PAYMENTS FOR FAILURE TO EVALUATE HOMEOWNERS FOR PERMANENT MODIFICATIONS.
If the Secretary determines that, on the date that is 3 months after the date of enactment of this Act, less than 75 percent of all covered trial loan modifications offered by a servicer for evaluation for conversion to permanent loan modifications before the date that is 3 months after the date on which the servicer and the homeowner entered into an agreement for such loan modifications, the Secretary shall reduce by 25 percent the amount of any servicer incentive payment the servicer would otherwise be eligible to receive under the home loan modification program. Such reduction shall be in addition to any other reduction in payment that may have been imposed on the servicer for any other violation of this Act.
SEC. 7. RULE OF CONSTRUCTION RELATING TO PAYMENTS TO HOMEOWNERS.
Nothing in this Act may be construed to require a reduction of a payment by the Secretary made by itself or for the benefit of a homeowner in connection with a loan modification.
By Mr. AKAKA (for himself, Mr. BAUCUS, Mr. BAYH, Mr. BINGGELI, Mr. BENNET, Mr. BINGAMAN, Mrs. BOXER, Mr. BROWN, of Ohio, Mr. BURRIS, Mr. BYRD, Ms. CASTWELL, Mr. CARDIN, Mr. CAPRICE, Mr. CONRAD, Mr. DODD, Mr. DORGAN, Mr. DURBIN, Mr. FEINGOLD, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLBRAND, Mrs. HAGAN, Mr. HARKIN, Mr. INOUYE, Mr. JOHN son, Mr. KAUFMAN, Mr. KERRY, Ms. KLOBUCHAR, Mr. KOHL, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mr. LINCOLN, Mrs. MCCONNELL, Mr. MENENDEZ, Mr. MERKLEY, Ms. MIKULSKI, Mrs. MURRAY, Mr. NELSON of Florida, Mr. NELSON of Nebraska, Mr. PSEY, Mr. REED, Mr. REID, Mr. ROCKEFELLER, Mr. SANDERS, Mr. SCHUMER, Mrs. SHAHEEN, Mr. SPECTER, Ms. STABENOW, Mr. TESTER, Mr. UDALL of Colorado, Mr. UDALL of New Mexico, Mrs. WARNER, Mr. WEBB, Mr. WHITEHOUSE, and Mr. WYDEN):
S. 3162. A bill to clarify the health care provided by the Secretary of Veterans Affairs that constitutes minimum essential coverage; to the Committee on Veterans’ Affairs.

Mr. AKAKA, Mr. President, as Chairman of the Senate Committee on Veterans’ Affairs, concerns have been raised to me about a technical error in the health care reform bill that was recently passed, the Patient Protection and Affordable Care Act. Chapter 17 or 18 of title 38, United States Code, or otherwise under the laws administered by the Secretary of Veterans Affairs, of an individual entitled to coverage under such chapter or law for essential health benefits (as defined by the Secretary for purposes of section 1302(b) of the Patient Protection and Affordable Care Act) insurable as benefits available under such chapter or laws; or—
(a) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in section 1561(b) of the Patient Protection and Affordable Care Act and shall be executed immediately after the amendments made by such section 1561(b).

SUBMITTED RESOLUTIONS
SENATE RESOLUTION 468—HONORING THE BLACKSTONE VALLEY TOURISM COUNCIL ON THE CELEBRATION OF ITS 25TH ANNIVERSARY
Mr. WHITEHOUSE (for himself and Mr. RANIERI) submitted the following resolution: which was referred to the Committee on the Judiciary.
WHEREAS, on April 8, 2010, the Blackstone Valley Tourism Council will celebrate the 25th anniversary of its founding;  
WHEREAS, since 1985, the Blackstone Valley Tourism Council has been at the forefront of sustainable destination development, community building, resiliency, education, and scholarly research;  
WHEREAS, the Blackstone Valley Tourism Council is a non-profit corporation registered as a 501(c)(3) public organization and is authorized under Section 42-83.1- 5 of the Rhode Island General Laws as the State-designated regional tourism development agency for the Blackstone Valley of Rhode Island;  
WHEREAS, the development region of the Blackstone Valley Tourism Council follows the length and width of the Blackstone River Watershed, from the many tributaries in southern Massachusetts, to the end of the river at the headwaters of the Narragansett Bay in Rhode Island;  
WHEREAS, the Blackstone Valley Tourism Council represents the Rhode Island cities of Pawtucket, Central Falls, and Woonsocket, and towns of Cumeledge, North Smithfield, Smithfield, Gloucester, and Burrillville;  
WHEREAS, the Blackstone Valley is the birthplace of the American Industrial Revolution that began in 1790 in Pawtucket, Rhode Island, when Samuel Slater began textile manufacturing in a wooden mill on the banks of the Blackstone River.  
WHEREAS, since its beginning, the Blackstone Valley Tourism Council has worked to develop, promote, and expand the economic and community diversity of the cities and towns in the Blackstone Valley to create a viable visitor and cultural destination that preserves the historic heritage of the region;  
WHEREAS, the Blackstone Valley Tourism Council works as an interpreter and educator.
of the history and ecology of the Blackstone River, initiates ongoing international relationships of major importance to the region, provides input on future riverfront and economic development, and develops various recreational activities;

Whereas the work that the Blackstone Valley Tourism Council accomplishes benefits from its partnerships with local social and community development organizations, municipalities, regional and State economic development organizations, educational institutions, and National and international entities;

Whereas the Blackstone Valley Tourism Council was the first recipient of the Ulysses Prize from the United Nations World Tourism Organization (UNWTO) that merits distinction for innovative contributions to tourism policy, sustainable tourism planning, environmental protection and new technologies, and in 2006, the Council received the UNWTO. Best Certification in tourism governance, the only organization in the United States to earn this certification; and

Whereas in 2008, the World Travel and Tourism Council (WTTC) recognized the Blackstone Valley Tourism Council with its Tourism for Tomorrow Destination Award, a prestigious sustainable tourism development award, in recognition of the integrated, community-based, and intelligent approach of the Council to tourism development and community building: Now, therefore, be it

Resolved,

(1) honors the Blackstone Valley Tourism Council on the celebration of its 25th anniversary; and

(2) wishes the Council continued success.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3586. Mr. LeMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13).

SA 3587. Mr. BROWNBACK (for himself and Mr. VITTER) submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3588. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3589. Mr. SNOWE submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3590. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3591. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3592. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3593. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3594. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3595. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3596. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3597. Mrs. HUTCHISON (for herself, Mr. ENZI, Mr. COBURN, Mr. BURS, Mr. BROWN of Massachusetts, and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, supra.

SA 3598. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3599. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3600. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3601. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3602. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3603. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3604. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3605. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3606. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3607. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3608. Mrs. HUTCHISON (for herself, Mr. ENZI, Mr. COBURN, Mr. BURS, Mr. BROWN of Massachusetts, and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, supra.

SA 3609. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3610. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3611. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3612. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3613. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3614. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3615. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3616. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3617. Mr. JOHANNSEN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3618. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3619. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3620. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3621. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3622. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3623. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3624. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3625. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3626. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3627. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3628. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3629. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3630. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3631. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3632. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3633. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3634. Mrs. HUTCHISON submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3635. Mrs. HUTCHISON proposed an amendment to the bill H.R. 4872, supra.

SA 3636. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3637. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3638. Ms. COLLINS proposed an amendment to the bill H.R. 4872, supra.

SA 3639. Mr. THUNE proposed an amendment to the bill H.R. 4872, supra.

SA 3640. Mr. THUNE (for himself, Mr. COBURN, and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, supra.

SA 3641. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra.

SA 3642. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra.
bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3634. Ms. MURKOWSKI submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3634. Mr. HATCH (for himself, Mr. Coburn, Ms. Collins, Mr. Grassley, and Ms. McCaskill) submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3636. Mr. Risch submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3645. Mr. Risch (for himself and Mr. Crafo) proposed an amendment to the bill H.R. 4872, supra.

SA 3646. Mr. Risch submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3647. Ms. Collins submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3648. Mr. Coburn submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3649. Mr. Coburn submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3650. Mr. Coburn submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3651. Mr. Gregg proposed an amendment to the bill H.R. 4872, supra.

SA 3652. Mr. Burr (for himself, Mr. Graham, Mr. Crafo, Mr. Barrasso, Mr. McCain, and Mr. Brown of Massachusetts) proposed an amendment to the bill H.R. 4872, supra.

SA 3653. Mr. Brownback submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3654. Mr. Barrasso submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3655. Mr. Barrasso submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3656. Mr. Barrasso submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3657. Mr. Barrasso submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3658. Mr. Barrasso submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3659. Mr. Barrasso submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3660. Mr. Barrasso submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3661. Mr. Barrasso submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3662. Mr. Vitter submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3664. Mr. Vitter submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3665. Mr. Vitter submitted an amendment intended to be proposed by him to the
Member were enrolled in a plan offered through the Federal employee health benefit program may be made directly to the State agencies described in subsection (a).

(c) INCLUSION FOR FEHRP.—Effective on the date of enactment of this Act, no Member of Congress shall be eligible to obtain health insurance coverage under the program chapter 89 of title 5, United States Code.

(d) DEFINITION.—In this section, the term ‘Member of Congress’ means any member of the House of Representatives or the Senate.

SA 3587. Mr. BROWNBACK (for himself and Mr. VITTER) submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1107.

SA 3588. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 99, between lines 9 and 10, insert the following:

(e) EXCLUSION OF MEDICAL DEVICES FOR PEDiatric USE AND Persons WITH Disabilities.—

(1) IN GENERAL.—For purposes of section 419(b)(1) of the Internal Revenue Code of 1986, as added by subsection (a), the term ‘taxable medical device’ shall not include any device which is primarily designed—

(A) to be used by or for pediatric patients, or

(B) to assist persons with disabilities with tasks of daily life.

(2) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1401 of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by adding at the end the following:

(3) APPLICATION OF PROVISION.—The amendment made by paragraph (2) shall apply as if included in the Patient Protection and Affordable Care Act.

SA 3589. Ms. SNOWE submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 64, between lines 4 and 5, insert the following:

SEC. 1201A. TRANSITIONAL STATE SHARE FOR COVERAGE OF PARENTS BY EXPANsION STATES.

Section 1905(z) of the Social Security Act (42 U.S.C. 1396d(z)), as amended by section 1201, is amended by adding at the end the following:

‘‘(4) In the case of an expansion State described in paragraph (3), the State percentage with respect to amounts expended for medical assistance for individuals who are parents described in subparagraph (A) or (B) of section 1902(a)(10)(A) exceeds 67 percent, but does not exceed 133 percent, of the poverty line (as defined in section 210(a)(5)) applicable to a family of the size involved, and who are not newly eligible (as defined in subsection (y)(6)), shall be reduced as follows:

‘‘(A) In the case of such expenditures for 2014, by 50 percent.

‘‘(B) In the case of such expenditures for 2015, by 60 percent.

‘‘(C) In the case of such expenditures for 2016, by 70 percent.

‘‘(D) In the case of such expenditures for 2017, by 80 percent.

‘‘(E) In the case of such expenditures for 2018, by 90 percent.’’

SA 3590. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle A of title I, add the following:

SEC. 1110. SPECIAL RULES TO ENSURE Citizens AND nATIONals OF THE UNITED STATES HAVE THE SAME HEALTH CARE CHOICES AS LEGAL IMMIGRANTS.

Section 3586(b) of the Internal Revenue Code of 1986, as added by section 1401 of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by adding at the end the following:

SEC. 23. TREATMENT OF HIGH DEDUCTIBLE HEALTH PLANS AS QUALIFIED health PLANS.

Subparagraph (B) of section 1301(a)(1) of the Patient Protection and Affordable Care Act is amended by inserting ‘‘or meets the requirements for a high deductible health plan under section 223(c)(2) of the Internal Revenue Code of 1986’’ after ‘‘section 1302(a)’’.

SA 3592. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 2. PROTECTION OF ACCESS to QUALITY health CARE THROUGH THE DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF DEFENSE.

(a) Health Care Through Department of Veterans Affairs.—Nothing in this Act or the Patient Protection and Affordable Care Act (or any amendment made by either such Act) shall be construed to prohibit, limit, or otherwise penalize eligible beneficiaries from receiving timely access to quality health care in any military medical treatment facility or under the TRICARE program.

(b) Health Care Through Department of Defense.—

(1) IN GENERAL.—Nothing in this Act or the Patient Protection and Affordable Care Act (or any amendment made by either such Act) shall be construed to prohibit, limit, or otherwise penalize eligible beneficiaries from receiving timely access to quality health care in any military medical treatment facility or under the TRICARE program.

(2) DEFINITIONS.—In this subsection:

(A) The term ‘eligible beneficiaries’ means covered beneficiaries (as defined in section 1072(5) of title 10, United States Code) for purposes of eligibility for mental and dental care under chapter 55 of title 10, United States Code.

(B) The term ‘TRICARE program’ has the meaning given that term in section 1072(7) of title 10, United States Code.

SA 3593. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, insert the following:

SEC. 2. HEALTH CARE SAFETY Net ENHANCEMENT.

(a) LIMITATION ON LIABILITY.—Withstand- ing any other provision of law, a health care professional shall not be liable in any medical malpractice lawsuit for a cause of
action arising out of the provision of, or the failure to provide, any medical service to a medically underserved or indigent individual while engaging in the provision of pro bono medical services.

(b) REQUIREMENTS.—Subsection (a) shall not apply—

(1) to any act or omission by a health care professional that is outside the scope of the services for which such professional is deemed to be licensed or certified to provide, unless such act or omission can reasonably be determined to be necessary to prevent serious bodily harm or preserve the life of the individual being treated;

(2) to the services on which the medical malpractice claim is based did not arise out of the rendering of pro bono care for a medically underserved or indigent individual; or

(3) to an act or omission by a health care professional that constitutes willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by such professional.

(c) DEFINITION.—In this section—

(1) the term ‘‘medically underserved individual’’ means an individual who does not have health care coverage under a group health plan, health insurance coverage, or any other health care coverage program; and

(2) the term ‘‘indigent individual’’ means an individual who is unable to pay for the health care services that are provided to the individual.

SA 3594. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 15. EQUIVALENT BANKRUPTCY PROTECTIONS FOR HEALTH SAVINGS ACCOUNTS AS RETIREMENT FUNDS.

(a) IN GENERAL.—Section 522 of title 11, United States Code, is amended by adding at the end the following new subsection:

‘‘(1) HEALTH SAVINGS ACCOUNTS.—For purposes of this section, any health savings account (as described in section 223 of the Internal Revenue Code of 1986) shall be treated in the same manner as an individual retirement account described in section 408 of such Code.’’.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to cases commencing under title 11, United States Code, after the date of the enactment of this Act.

SA 3595. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, insert the following:

SEC. 2004. APPLICATION OF WELLNESS PROGRAM PR OVISIONS TO CARRIERS AND FEDERAL EMPLOYEES HEALTH BENEFITS PLANS.

(a) IN GENERAL.—Notwithstanding section 8906 of title 5, United States Code (including subsections (b)(1) and (b)(2) of such section), section 2705(j) of the Public Health Service Act (relating to wellness programs) shall apply as if entering into contracts under section 8902 of title 5, United States Code.

(b) PROPOSALS.—Carriers may submit separate proposals relating to voluntary wellness program offerings as part of the annual call for benefit and rate proposals to the Office of Personnel Management.

(c) EFFECTIVE DATE.—This section shall take effect on the date of enactment of this Act and shall apply to contracts entered into on or after such date.

SA 3596. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle C of title I, add the following:

SEC. 1207. STATE OPTION TO OPT-OUT OF MEDICAID COVERAGE EXPANSION TO AVOID ASSUMING UNFUNDED FEDERAL RESPONSIBILITY.

Notwithstanding any provision of the Patient Protection and Affordable Care Act (or any amendment made by such Act), the Governor of any State may, at any time during the period beginning on the date of enactment of this Act and ending on the date that is 1 year after the date on which the Governor certifies under section 18064(d)(1) of the Social Security Act that the State does not meet the Federal responsibility under section 1905 of such Act, by an order of the Governor or the State legislature, adopt an option under section 1905 of such Act that limits the coverage otherwise available to eligible individuals under such section to the coverage which such eligible individual would have received without the expansion of such coverage authorized under section 1905 of such Act.

SA 3597. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, add the following:

SEC. 23. SOCIAL SECURITY NUMBER REQUIREMENT FOR PARTICIPATION IN THE MEDICAID PROGRAM.

Section 1111(b)(2) of the Patient Protection and Affordable Care Act is amended by adding at the end the following new flush sentence:

‘‘For purposes of this section, the term ‘social security number’ means a social security number issued to an individual by the Social Security Administration. Such term shall not include a taxpayer identification number or TIN issued by the Internal Revenue Service.’’.

SA 3598. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. 316. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

Title III of the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.) is amended by adding at the end the following:

‘‘SEC. 316. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

‘‘For purposes of this title and title IV, a reduction in outlays under title XVIII of the Social Security Act may not be counted as an offset to any outlays under any other program or activity of the Federal Government.’’.

SA 3600. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 316. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

Title III of the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.) is amended by adding at the end the following:

‘‘SEC. 316. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

‘‘(a) IN GENERAL.—For purposes of this title and title IV, a reduction in outlays under title XVIII of the Social Security Act may not be counted as an offset to any outlays under any other program or activity of the Federal Government.

‘‘(b) POINT OF ORDER.—‘‘(1) IN GENERAL.—It shall not be in order to consider any bill, resolution, amendment, conference report, or motion that violates subsection (a).

‘‘(2) WAIVER AND APPEAL.—‘‘(A) WAIVER.—This subsection may be waived or suspended in the Senate only by the affirmative vote of three-fifths of the Members, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this subsection.’’.

SA 3601. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for
reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of section 1402, add the following:

(c) LIMITATION ON LIENS AND LEVIES.—Section 5000A(g)(2) of the Internal Revenue Code of 1986, as added by the Patient Protection and Affordable Care Act, is amended by striking subparagraphs (A) and (B) and inserting the following:

“(A) WAIVER OF CRIMINAL AND CIVIL PENALTIES.—In the case of any failure by a taxpayer to timely pay any penalty imposed by this section—

(i) such taxpayer shall not be subject to any criminal prosecution or penalty with respect to such failure, and

(ii) no penalty, addition to tax, or interest shall be imposed with respect to such failure or such penalty.

(B) LIMITED COLLECTION ACTIONS PERMITTED.—In the case of the assessment of any penalty imposed by this section, the Secretary shall not take any action with respect to the collection of such penalty other than—

(i) giving notice and demand for such penalty under section 6302(a),

(ii) crediting under section 6402(a) the amount of any overpayment of the taxpayer against such penalty, and

(iii) offsetting any payment owed by any Federal agency to the taxpayer against such penalty under the Treasury offset program.”

SA 3602. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SEC. 14. REPEAL OF ADDITIONAL TAX FROM DISTRIBUTIONS FROM HSAS AND MSAS.

(a) HSAs.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking “20 percent” and inserting “15 percent”.

(b) MSAs.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking “20 percent” and inserting “15 percent”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to distributions made after December 31, 2010.

SA 3603. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

Strike section 1403 and insert the following:

SEC. 1403. ELIMINATION OF LIMITATION ON HEALTH FLEXIBLE SPENDING ARRANGEMENTS UNDER CAFETERIA PLANS.

(a) IN GENERAL.—Section 125 of the Internal Revenue Code of 1986, as amended by sections 9002, 9004, and 9005 of the Patient Protection and Affordable Care Act, is amended by striking subsection (1).

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2010.

SA 3604. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SEC. 1412. SUNSET FOR EXPANSIONS OF ENTITLEMENTS AND FUNDING FOR MEDICAID.

(a) IN GENERAL.—Notwithstanding any other provision of this Act or the Patient Protection and Affordable Care Act (or any amendments made by such Acts), any establishment or expansion of entitlement authority (as defined in subsection (b)) that is provided for under this Act or the Patient Protection and Affordable Care Act (or any amendments made by such Acts) that would draw from the general funds of the Treasury, the Federal Hospital Insurance Trust Fund (as established under title XVIII of the Social Security Act (42 U.S.C. 1395), the Federal Supplementary Medical Insurance Trust Fund (as established under section 1814 of such Act (42 U.S.C. 1395d)), or any other such trust fund, shall terminate at the end of fiscal year 2020.

(b) ENTITLEMENT AUTHORITY.—In this section, the term “entitlement authority” means the authority to make payments (including loans and grants), the budget authority for which is not provided for in advance by appropriation Act, and the extent that such provisions violate the protections described in subsection (b).

(c) LIMITATION ON LIENS AND LEVIES.—Section 1403 of the Internal Revenue Code of 1986, as added by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking subparagraphs (A) and (B) and inserting “15 percent”.

(d) EFFECT OF OPT-OUT.—In the case of a State that makes an election under subsection (a)—

(1) the residents of such State shall not be subject to any requirement under such Act, including tax provisions or penalties, that would otherwise require such residents to purchase health insurance;

(2) the employers located in such State shall not be subject to any requirement under such Act, including tax provisions or penalties, that would otherwise require such employers to provide health insurance to their employees or make contributions relating to health insurance;

(3) the residents of such State shall not be prohibited under such Act from receiving health care services from any provider of health care services under terms and conditions subject to the laws of such State and mutually acceptable to the patient and the provider;

(4) the residents of such State shall not be prohibited under such Act from entering into a contract subject to the laws of such State with any group health insurance issuer, or other business, for the provision of, or payment to other parties for, health care services;

(5) the eligibility of residents of such State for any program operated by or funded wholly or partly by the Federal Government shall not be adversely affected as a result of having received services in a manner consistent with paragraphs (3) and (4);

(6) the health care providers within such State shall not be denied participation in or payment from a Federal program for which they would otherwise be eligible as a result of having provided services in a manner consistent with paragraphs (3) and (4); and

(7) such State shall not be subject to the taxes and fees enumerated in the amendments made by title IX of such Act.

SEC. 1110. APPLICATION OF UNUSED STIMULUS FUNDS FOR UPDATING OF THE MEDICARE PHYSICIAN FEE SCHEDULE.

(a) RESCission in ARRA.—Effective as the date of enactment of this Act, any unobligated balances available on such date of funds made available by division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5) are rescinded.

SA 3607. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

On page 113, after line 21, insert the following:

SEC. 1502. STATE OPTION TO OPT-OUT OF NEW FEDERAL PROGRAM AND REQUIREMENTS.

(a) IN GENERAL.—In accordance with this section, a State may elect for the provisions of the Patient Protection and Affordable Care Act to not apply within such State to the extent that such provisions violate the protections described in subsection (b).

(b) EFFECT OF OPT-OUT.—In the case of a State that makes an election under subsection (a)—

(1) the residents of such State shall not be subject to any requirement under such Act, including tax provisions or penalties, that would otherwise require such residents to purchase health insurance;

(2) the employers located in such State shall not be subject to any requirement under such Act, including tax provisions or penalties, that would otherwise require such employers to provide health insurance to their employees or make contributions relating to health insurance;

(3) the residents of such State shall not be prohibited under such Act from receiving health care services from any provider of health care services under terms and conditions subject to the laws of such State and mutually acceptable to the patient and the provider;

(4) the residents of such State shall not be prohibited under such Act from entering into a contract subject to the laws of such State with any group health insurance issuer, or other business, for the provision of, or payment to other parties for, health care services;

(5) the eligibility of residents of such State for any program operated by or funded wholly or partly by the Federal Government shall not be adversely affected as a result of having received services in a manner consistent with paragraphs (3) and (4);

(6) the health care providers within such State shall not be denied participation in or payment from a Federal program for which they would otherwise be eligible as a result of having provided services in a manner consistent with paragraphs (3) and (4); and

(7) such State shall not be subject to the taxes and fees enumerated in the amendments made by title IX of such Act.

On page 61, between lines 3 and 4, insert the following:

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2010.

On page 113, after line 21, insert the following:

SEC. 1502. STATE OPTION TO OPT-OUT OF NEW FEDERAL PROGRAM AND REQUIREMENTS.

(a) IN GENERAL.—In accordance with this section, a State may elect for the provisions of the Patient Protection and Affordable Care Act to not apply within such State to the extent that such provisions violate the protections described in subsection (b).

(b) EFFECT OF OPT-OUT.—In the case of a State that makes an election under subsection (a)—

(1) the residents of such State shall not be subject to any requirement under such Act, including tax provisions or penalties, that would otherwise require such residents to purchase health insurance;

(2) the employers located in such State shall not be subject to any requirement under such Act, including tax provisions or penalties, that would otherwise require such employers to provide health insurance to their employees or make contributions relating to health insurance;

(3) the residents of such State shall not be prohibited under such Act from receiving health care services from any provider of health care services under terms and conditions subject to the laws of such State and mutually acceptable to the patient and the provider;

(4) the residents of such State shall not be prohibited under such Act from entering into a contract subject to the laws of such State with any group health insurance issuer, or other business, for the provision of, or payment to other parties for, health care services;

(5) the eligibility of residents of such State for any program operated by or funded wholly or partly by the Federal Government shall not be adversely affected as a result of having received services in a manner consistent with paragraphs (3) and (4);

(6) the health care providers within such State shall not be denied participation in or payment from a Federal program for which they would otherwise be eligible as a result of having provided services in a manner consistent with paragraphs (3) and (4); and

(7) such State shall not be subject to the taxes and fees enumerated in the amendments made by title IX of such Act.
(c) PROCESS.—A State shall be treated as making an election under subsection (a) if—
(1) the Governor of such State provides timely and appropriate notice, at least 180 days before the election is to become effective, to the Secretary of Health and Human Services notifying the Secretary that the State is making such election; or
(2) the legislature of such State enacts a law to provide for such election.

SA 3608. Mrs. HUTCHISON (for herself, Mr. ENZI, Mr. COBURN, Mr. BURB, Mr. BROWN of Massachusetts, and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of section 1002, insert the following:

(c) RIGHTS OF STATES TO OPT OUT OF FEDERAL RECURSIVE RESOLUTION.—Section 1321(d) of the Patient Protection and Affordable Care Act is amended—
(1) by striking “Nothing” and inserting: “‘(1) IN GENERAL.—Except as provided in paragraph (2), nothing’; and
(2) by adding at the end the following:

“(2) EXCEPTION FOR OPT OUT OF HEALTH CARE SERVICES.—Notwithstanding any provision of this Act or the Patient Protection and Affordable Care Act, such provisions and amendments shall not take effect before the date that the Board of Trustees of the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) submits an annual report to Congress under subsection (b)(2) of such section that includes a statement that such Trust Fund is projected to be solvent through 2037.

SA 3612. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subsection B of title I, insert the following:

SEC. 2. DELAYED IMPLEMENTATION. Notwithstanding any other provision of this Act or the Patient Protection and Affordable Care Act, the amendments made by this Act or the Patient Protection and Affordable Care Act, such provisions and amendments shall not take effect before the date that the Board of Trustees of the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) submits an annual report to Congress under subsection (b)(2) of such section that includes a statement that such Trust Fund is projected to be solvent through 2037.

SA 3613. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subsection B of title I, insert the following:

SEC. 3. STATE OPT OUT. A State may opt out of the application of the Patient Protection and Affordable Care Act and this Act effective upon notice by the Governor of that State to the President.

SA 3614. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subsection B of title I, insert the following:

SEC. 4. PROHIBITING IRS HIRING. The Internal Revenue Service shall not hire any additional staff for the purpose of enforcing, implementing, or administering the Patient Protection and Affordable Care Act and this Act.

SA 3615. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

Strike section 1403 and insert the following:

SA 3616. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subsection B of title I, insert the following:

SEC. 5. NONAPPLICATION OF ANY MEDICARE ELIGIBILITY EXPANSION UNTIL REDUCTION IN MEDICAID FRAUD RATE. Notwithstanding any other provision of law, with respect to a State, any provision of law that imposes on or after the date of enactment of this Act a federally-mandated expansion of eligibility for Medicaid shall not apply to the State before the date on which the State Medicaid Director certifies to the Secretary of Health and Human Services that the Medicaid payment error rate measurement commonly referred to as “PERM”) for the State does not exceed 5 percent.

SA 3617. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subsection B of title I, insert the following:

SEC. 6. EXEMPTING CRITICAL ACCESS HOSPITALS FROM RECOMMENDATIONS OF THE INDEPENDENT PAYMENT ADVISORY BOARD. Section 1399A(c)(2)(A) of the Social Security Act, as added by section 3403 of the Patient Protection and Affordable Care Act and amended by section 10230 of such Act, is amended by adding at the end the following new clause:

“(vii) The proposal shall not include any recommendation that would reduce payment rates for items and services furnished by a critical access hospital (as defined in section 1861(mm)(1)).”.

SA 3618. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 144, between lines 2 and 3, insert the following:

SEC. 2114. PROHIBITION REGARDING SPENDING FOR ADDITIONAL EMPLOYEES AND FOR IMPLEMENTING THE GOVERNMENT TAKEOVER OF THE STUDENT LOAN INDUSTRY. Notwithstanding any other provision of this subtitle, none of the funds made available under this subtitle or the amendments made by this subtitle shall be available to hire additional employees at the Department of Education who are responsible for implementing, or to implement, the provisions of this subtitle or the amendments made by this subtitle related to the termination of the Robert T. Stafford Federal Student Loan Program.
SA 3619. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1105 and insert the following:

SEC. 1105. REPEAL OF THE PRODUCTIVITY AND OTHER MARKET BASKET ADJUSTMENTS.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, sections 9010 and 10931 of such Act (and the amendments made by such sections) are repealed.

SA 3620. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of section 1003, add the following:

(e) INCREASE IN SIZE OF APPLICABLE LARGE EMPLOYER.—Section 9508(d)(2) of the Internal Revenue Code of 1986, as added by the Patient Protection and Affordable Care Act, is amended by striking “50” each place it appears and inserting “49”.

SA 3621. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SECTION 14. REPEAL OF MODIFICATION OF ITEMIZED DEDUCTION FOR MEDICAL EXPENSES.

Section 9013 of the Patient Protection and Affordable Care Act is hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such section is amended to read as such provisions would read if such sections had never been enacted.

SA 3624. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SECTION 14. REPEAL OF MODIFICATION OF ITEMIZED DEDUCTION FOR MEDICAL EXPENSES.

Section 9013 of the Patient Protection and Affordable Care Act is hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such section is amended to read as such provisions would read if such sections had never been enacted.

SA 3625. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1401 and insert the following:

SECTION 1401. REPEAL OF EXCISE TAX ON HIGH COST EMPLOYER-SPONSORED HEALTH COVERAGE.

Sections 9001 and 10001 of the Patient Protection and Affordable Care Act are hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such sections are amended to read as such provisions would read if such sections had never been enacted.

SA 3626. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

SEC. 14. REPEAL OF ADDITIONAL TAX FROM DISTRIBUTIONS FROM HSAS AND MSAs.

(a) HSAs.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking “20 percent” and inserting “10 percent”.

(b) ARCHES MSAs.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking “20 percent” and inserting “15 percent”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to distributions made after December 31, 2010.

At the end of subtitle F of title I, add the following:

SEC. 15. NON-APPLICATION OF PROVISIONS TO CERTAIN INDIVIDUALS.

(a) IN GENERAL.—Notwithstanding any provision of, or amendment made by, this Act or the Patient Protection and Affordable Care Act, no such provision or amendment which, directly or indirectly, results in an increase in Federal tax liability with respect to any taxpayer for any taxable year described in subsection (b) shall be deemed to be inapplicable to such taxpayer.

(b) FEDERAL TAX INCREASE.—An increase in Federal tax liability with respect to any taxpayer which is included in this subsection if the amount of Federal taxes owed for such taxable year is in excess of the amount of Federal taxes which would be owed by such taxpayer for such taxable year under the Internal Revenue Code of 1986 as in effect for taxable years beginning in 1999.

SA 3627. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SEC. 14. NO FEDERAL TAX INCREASE IMPOSED ON MIDDLE INCOME INDIVIDUALS AND FAMILIES.

(a) IN GENERAL.—Notwithstanding any provision of, or amendment made by, this Act or the Patient Protection and Affordable Care Act, no such provision or amendment which, directly or indirectly, results in a Federal tax increase shall be deemed to be inapplicable to such manner as to impose such an increase on any middle income taxpayer.

(b) MIDDLE INCOME TAXPAYER.—For purposes of this section, the term “middle income taxpayer” means, for any taxable year, any taxpayer with adjusted gross income (as defined in section 62 of the Internal Revenue Code of 1986) of less than $250,000 in the case of a joint return of tax).

SA 3628. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. 14. REPEAL OF THE CENTER FOR MEDICARE AND MEDICAID INNOVATION.

(a) IN GENERAL.—Effective as if included in the enactment of the Patient Protection and Affordable Care Act, sections 3621 and 10306 of such Act (and the amendments made by such sections) are repealed.

(b) CONFIRMING AMENDMENTS.—

(1) Section 2705 of the Patient Protection and Affordable Care Act is amended—

(A) in subsection (a), by striking “shall, in coordination” and that follows through “establish” and inserting “shall establish”; and

(B) in subsection (d)(2), by striking “section 111A(b)(3) of the Social Security Act (as so added)” and inserting “the Social Security Act”.

(2) Section 1890(b)(4) of the Social Security Act is amended by inserting “and the Patient Protection and Affordable Care Act” at the end of the section.
and all that follows through the period at the end of subparagraph (B) and inserting “the independence at home medical practice pilot program under section 1866E.”

(2) The Patient Protection and Affordable Care Act, as added by section 3301 of the Patient Protection and Affordable Care Act, is amended by striking subsection (f).

(3) The Patient Protection and Affordable Care Act, as added by section 3331 of the Patient Protection and Affordable Care Act, is amended by striking “or to study” and all that follows through “3021.”

(5) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the enactment of the Patient Protection and Affordable Care Act.

SA 3629. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

SEC. 1502. OPEN FUEL STANDARD.
(a) SHORT TITLE.—This section may be cited as the “Open Fuel Standard Act of 2009” or the “OFS Act.”

(b) FINDINGS.—Congress makes the following findings:
(1) The status of oil as a strategic commodity, which derives from its domination of the transportation sector, presents a clear and present danger to the United States;
(2) in a prior era, when salt was a strategic commodity, salt mines conferred national power and wars were fought over the control of such mines;
(3) technology, in the form of electricity and refrigeration, decisively ended salt’s monopoly of meat preservation and greatly reduced its strategic importance;
(4) much of the inflated petroleum revenue is used to subsidize the transportation sector, presents a clear and present danger to the United States;
(5) much of the inflated petroleum revenue is used to subsidize the transportation sector, and strip oil of its strategic status;
(6) much of the inflated petroleum revenue the oil cartel earns at the expense of the people of the United States is used for purposes antithetical to the interests of the United States and its allies;
(7) alcohol fuels, including ethanol and methanol, could potentially provide significant—but limited—energy independence to the United States if a substantial portion of vehicles in the United States are capable of operating on such fuels; and
(8) alcohol fuels can only play a major role in securing the energy independence of the United States if a substantial portion of vehicles in the United States are capable of operating on such fuels;

SEC. 1506. REPEAL OF TAXABLE YEAR LIMITATION ON SMALL BUSINESS TAX CREDIT.
(a) IN GENERAL.—Section 45B of the Internal Revenue Code of 1986, as added by section 1421 of the Patient Protection and Affordable Care Act and amended by section 10105(e) of such Act, is amended—
(1) by striking “in the credit period” in subsection (a),
(2) in subsection (e), by striking paragraph (2) and redesignating paragraphs (3), (4), and (5) as paragraphs (2), (3), and (4), respectively,
(3) in subsection (g), by striking paragraph (1) and redesignating paragraphs (2) and (3) as paragraphs (1) and (2), respectively, and
(4) by striking “to prevent the avoidance of the 2-year limit on the credit period through the use of successor entities and” in subsection (i).

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the provisions of the Patient Protection and Affordable Care Act to which the amendments relate.

SA 3633. Mrs. HUTCHISON submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

SEC. 1503. PERMANENT TAX RELIEF PROVISIONS.
(a) REPEAL OF SUNSET ON MARRIAGE PENALTY RELIEF.—Title IX of the Economic Growth and Tax Relief Reconciliation Act of 2001 (relating to marriage penalty relief) shall not apply to sections 301, 302, and 303(a) of such Act (relating to marriage penalty relief).

(b) PERMANENT EXTENSION OF ELECTORAL DEDUCTION AND LOCAL SALES TAXES.—Subparagraph (1) of section 106(b)(5) of the Internal Revenue Code of 1986 is amended by striking “, and before January 1, 2010”.  
(c) REPEAL OF STIMULUS FUNDS.—Any amounts appropriated or made available and remaining unobligated under division A of the American Recovery and Reinvestment Act of 2009 (division A of Public Law 111–5; 123 Stat. 115) (other than under title X of such division A), are hereby rescinded.

SA 3636. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 113, after line 21, add the following:
SEC. 1502. OPEN FUEL STANDARD.
(a) SHORT TITLE.—This section may be cited as the “Open Fuel Standard Act of 2009” or the “OFS Act.”

(b) FINDINGS.—Congress makes the following findings:
(1) The status of oil as a strategic commodity, which derives from its domination of the transportation sector, presents a clear and present danger to the United States;
(2) in a prior era, when salt was a strategic commodity, salt mines conferred national power and wars were fought over the control of such mines;
(3) technology, in the form of electricity and refrigeration, decisively ended salt’s monopoly of meat preservation and greatly reduced its strategic importance;
(4) much of the inflated petroleum revenue is used to subsidize the transportation sector, presents a clear and present danger to the United States;
(5) much of the inflated petroleum revenue is used to subsidize the transportation sector, and strip oil of its strategic status;
(6) much of the inflated petroleum revenue the oil cartel earns at the expense of the people of the United States is used for purposes antithetical to the interests of the United States and its allies;
(7) alcohol fuels, including ethanol and methanol, could potentially provide significant—but limited—energy independence to the United States if a substantial portion of vehicles in the United States are capable of operating on such fuels; and
(8) alcohol fuels can only play a major role in securing the energy independence of the United States if a substantial portion of vehicles in the United States are capable of operating on such fuels;

(9) it is not in the best interest of United States consumers or the United States Government to be constrained to depend solely upon petroleum resources for vehicle fuels if alcohol fuels are potentially available;
(10) existing technology, in the form of flexible fuel vehicles, allows internal combustion engine and trucks to be produced at little or no additional cost, which are capable of operating on conventional gasoline, alcohol fuels, or any combination of such fuels, as availability or cost advantage dictates, providing a platform on which fuel choice-enabling automobiles can be manufactured;

(11) the necessary distribution system for such alcohol fuels will not be developed in the United States until a substantial fraction of the vehicles currently operating in the United States are capable of operating on such fuels; and

(12) the establishment of such a vehicle fleet and distribution system would provide a large market that could mobilize private resources to substantially advance the technology and expand the production of alcohol fuels in the United States and abroad;

(13) the United States has an urgent national security interest to develop alcohol fuels technology, production, and distribution systems as rapidly as possible;

(14) new cars sold in the United States that are equipped with an internal combustion engine should allow for fuel competition by being flexible fuel vehicles, and new diesel cars should be capable of operating on biodiesel; and

(15) such an open fuel standard would help to protect the United States economy from high fuel prices and from the threats caused by global instability, terrorism, and natural disaster.

Open Fuel Standard for Transportation.—

(1) In general.—Chapter 329 of title 49, United States Code, is amended by adding at the end the following:

“§ 32920. Open fuel standard for transportation

“(a) Definitions.—In this section:

“(1) E85.—The term ‘E85’ means a fuel mixture containing 85 percent ethanol and 15 percent gasoline by volume.

“(2) FLEXIBLE FUEL AUTOMOBILE.—The term ‘flexible fuel automobile’ means an automobile that has been warranted by its manufacturer to operate on gasoline, E85, and M85.

“(3) FUEL CHOICE-ENABLING AUTOMOBILE.—The term ‘fuel choice-enabling automobile’ means—

“(A) a flexible fuel automobile; or

“(B) an automobile that has been warranted by its manufacturer to operate on biodiesel.

“(4) LIGHT-DUTY AUTOMOBILE.—The term ‘light-duty automobile’ means—

“(A) a passenger automobile; or

“(B) a non-passenger automobile.

“(5) LIGHT-DUTY AUTOMOBILE MANUFACTURER’S ANNUAL COVERED INVENTORY.—The term ‘light-duty automobile manufacturer’s annual covered inventory’ means the number of light-duty automobiles powered by an internal combustion engine that a manufacturer, during a given calendar year, manufactures in the United States or imports from outside of the United States for sale in the United States.

“(6) M85.—The term ‘M85’ means a fuel mixture containing 85 percent methanol and 15 percent gasoline by volume.

“(b) Open Fuel Standard for Transportation.—

“(1) IN GENERAL.—Except as provided in paragraph (2), each light-duty automobile manufacturer’s annual covered inventory shall be comprised of—

“(A) not less than 50 percent fuel choice-enabling automobiles in 2012, 2013, and 2014; and

“(B) not less than 80 percent fuel choice-enabling automobiles in 2015, and in each subsequent year.

“(2) Temporary Exemption from Requirements.—

“(A) Application.—A manufacturer may request an exemption from the requirements described in paragraph (1) by submitting an application to the Secretary, at such time, in such manner, and containing such information as the Secretary may require by regulation, with respect to the models, lines, and types of automobiles affected.

“(B) Evaluation.—After evaluating an application received from a manufacturer, the Secretary may at any time, under such terms and conditions, and to such extent as the Secretary considers appropriate, temporarily exempt, or renew the exemption of a light-duty automobile from the requirement described in paragraph (1) if the Secretary determines that the avoidable events that are not under the control of the manufacturer prevent the manufacturer of such automobile from meeting its required production volume of fuel choice-enabling automobiles, including—

“(i) a disruption in the supply of any component required for compliance with the regulations;

“(ii) a disruption in the use and installation by the manufacturer of such component; or

“(iii) the failure to warn described in paragraph (1).

“(C) Conditions.—Any exemption granted under subparagraph (B) shall be conditioned upon the manufacturer’s commitment to recall the exempted component or control the installation of the exempted component within a reasonable time proposed by the manufacturer and approved by the Secretary after such components become available in sufficient quantities to satisfy both anticipated production and recall volume requirements.

“(D) Notice.—The Secretary shall publish in the Federal Register—

“(i) notice of each application received from a manufacturer;

“(ii) notice of each decision to grant or deny a temporary exemption; and

“(iii) the reasons for granting or denying such exemptions.

“(e) Exceptions.—(1) The Secretary may consolidate applications received from multiple manufacturers under subparagraph (A) if they are of a similar nature.

“(2) Conditions.—Any exemption granted under subparagraph (B) shall be conditioned upon the manufacturer’s commitment to recall the exempted component or control the installation of the omitted components within a reasonable time proposed by the manufacturer and approved by the Secretary after such components become available in sufficient quantities to satisfy both anticipated production and recall volume requirements.

“(2) CLERICAL AMENDMENT.—The table of sections for chapter 329 of title 49, United States Code is amended by adding at the end the following:

“§ 32920. Open fuel standard for transportation.”.
SEC. 2304. REPEAL OF THE CLASS ACT.

Title VIII of the Patient Protection and Affordable Care Act and the amendments made by that title are repealed.

SA 3641. Mr. DeMINT submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ SECRET BALLOT PROTECTION.

(a) Short Title.—This section may be cited as the “Secret Ballot Protection Act of 2010”.

(b) Findings.—Congress makes the following findings:

(1) The right of employees under the National Labor Relations Act (29 U.S.C. 151 et seq.) to choose whether to be represented by a labor organization by way of secret ballot election conducted by the National Labor Relations Board is among the most important protections afforded under Federal labor law.

(2) The right of employees to choose by secret ballot is the only method that ensures a choice free of coercion, intimidation, irregularity, or illegality.

(3) The recognition of a labor organization by using a private agreement, rather than a secret ballot election overseen by the National Labor Relations Board, threatens the freedom of employees to choose whether to be represented by a labor organization, and severely limits the ability of the National Labor Relations Board to ensure the protection of such employees.

(c) National Labor Relations Act.—

(1) Recognition of Representative.—In general.—Section 9(a)(2) of the National Labor Relations Act (29 U.S.C. 158(a)(2)) is amended by inserting before the colon the following: “or to recognize or bargain collectively with a labor organization that has not been selected by a majority of such employees in a secret ballot election conducted by the Board in accordance with section 9.”.

(B) Application.—The amendment made by subparagraph (A) shall not apply to collective bargaining relationships in which a labor organization with majority support was lawfully recognized prior to the date of enactment of this Act.

(2) Election Required.—

(A) in general.—Section 9(b) of the National Labor Relations Act (29 U.S.C. 158(b)) is amended—

(i) in paragraph (6), by striking “and” at the end;

(ii) in paragraph (7), by striking the period at the end and inserting “and;”;

(iii) by adding at the end the following: “Notwithstanding any other provision of law, in the case of an individual who elects to opt-out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt-out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.”.

(c) National Labor Relations Act.—

(1) Recognition of Representative.—In general.—Section 9(a)(2) of the National Labor Relations Act (29 U.S.C. 158(a)(2)) is amended by inserting before the colon the following: “or to recognize or bargain collectively with a labor organization that has not been selected by a majority of such employees in a secret ballot election conducted by the Board in accordance with section 9.”.

(B) Application.—The amendment made by subparagraph (A) shall not apply to collective bargaining relationships in which a labor organization with majority support was lawfully recognized prior to the date of enactment of this Act.

(2) Election Required.—

(A) in general.—Section 9(b) of the National Labor Relations Act (29 U.S.C. 158(b)) is amended—

(i) in paragraph (6), by striking “and” at the end;

(ii) in paragraph (7), by striking the period at the end and inserting “; and”;

(iii) by adding at the end the following: “Notwithstanding any other provision of law, in the case of an individual who elects to opt-out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt-out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.”.

SA 3642. Mr. DeMINT submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. ___ ALLOWING INDIVIDUALS TO CHOOSE TO OPT OUT OF THE MEDICARE PART A BENEFIT.

Notwithstanding any other provision of law, in the case of an individual who elects to opt-out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt-out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.

SA 3643. Ms. Murkowski submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, insert the following:

SEC. ___ ALLOWING INDIVIDUALS TO CHOOSE TO OPT OUT OF THE MEDICARE PART A BENEFIT.

Notwithstanding any other provision of law, in the case of an individual who elects to opt-out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt-out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.

SA 3644. Mr. Hatch (for himself, Mr. Coburn, and Mr. Craapo) submitted an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 99, between lines 9 and 10, insert the following:

EXCLUSION OF MEDICAL DEVICES SOLD UNDER THE TRICARE FOR LIFE PROGRAM OR VETERAN’S HEALTH CARE PROGRAMS.—

SEC. 1207. REQUIREMENT FOR ALL MEDICAID AND CHIP APPLICANTS TO PRESENT AN IDENTIFICATION DOCUMENT.

(a) In General.—Section 211(a)(1)(A) of the Social Security Act (42 U.S.C. 1396a), as amended by section 10106 of such Act, is amended—

(1) in general, by striking “and” and inserting “; and”;

(2) by adding at the end the following: “Notwithstanding any other provision of law, in the case of an individual who elects to opt-out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt-out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.”.

SEC. 2303. REPEAL OF THE CLASS ACT.

(a) Short Title.—This section may be cited as the “Class Act Repeal Act of 2010”. Repeal of limitation on itemized deductions for medical expenses.

SEC. 2305. REPEAL OF THE CLASS ACT.

(a) Short Title.—This section may be cited as the “Class Act Repeal Act of 2010”.

(b) Findings.—Congress finds that the limitation on itemized deductions for medical expenses contained in section 2303 of the Patient Protection and Affordable Care Act (42 U.S.C. 1828) is unfair and unnecessary.

(c) National Labor Relations Act.—

(1) Recognition of Representative.—In general.—Section 9(a)(2) of the National Labor Relations Act (29 U.S.C. 158(a)(2)) is amended by inserting before the colon the following: “or to recognize or bargain collectively with a labor organization that has not been selected by a majority of such employees in a secret ballot election conducted by the Board in accordance with section 9.”.

(B) Application.—The amendment made by subparagraph (A) shall not apply to collective bargaining relationships in which a labor organization with majority support was lawfully recognized prior to the date of enactment of this Act.

(2) Election Required.—

(A) in general.—Section 9(b) of the National Labor Relations Act (29 U.S.C. 158(b)) is amended—

(i) in paragraph (6), by striking “and” at the end;

(ii) in paragraph (7), by striking the period at the end and inserting “; and”;

(iii) by adding at the end the following: “Notwithstanding any other provision of law, in the case of an individual who elects to opt-out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt-out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.”.

(C) Exclusion of Medical Devices Sold Under the TRICARE for Life Program or Veteran’s Health Care Programs.—

SEC. 2304. REPEAL OF THE CLASS ACT.

(a) Short Title.—This section may be cited as the “Class Act Repeal Act of 2010”.

(b) Findings.—Congress finds that the limitation on itemized deductions for medical expenses contained in section 2303 of the Patient Protection and Affordable Care Act (42 U.S.C. 1828) is unfair and unnecessary.

(c) National Labor Relations Act.—

(1) Recognition of Representative.—In general.—Section 9(a)(2) of the National Labor Relations Act (29 U.S.C. 158(a)(2)) is amended by inserting before the colon the following: “or to recognize or bargain collectively with a labor organization that has not been selected by a majority of such employees in a secret ballot election conducted by the Board in accordance with section 9.”.

(B) Application.—The amendment made by subparagraph (A) shall not apply to collective bargaining relationships in which a labor organization with majority support was lawfully recognized prior to the date of enactment of this Act.

(2) Election Required.—

(A) in general.—Section 9(b) of the National Labor Relations Act (29 U.S.C. 158(b)) is amended—

(i) in paragraph (6), by striking “and” at the end;

(ii) in paragraph (7), by striking the period at the end and inserting “; and”;

(iii) by adding at the end the following: “Notwithstanding any other provision of law, in the case of an individual who elects to opt-out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt-out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.”.
section 1848(d) of the Social Security Act, as added by section 1011(a); as follows:

On page 144, between lines 2 and 3, insert the following:

SEC. 2214. REDUCTION OF FEDERAL PELL GRANT ADD ON.

Notwithstanding any other provision of law, the additional funds amount provided under section 211(o) of the Higher Education Act of 1965 (20 U.S.C. 1070a(b)(8)) for Federal Pell Grants for a fiscal year shall be reduced for such fiscal year by the amount that reflects any increase in actual program costs for the Federal Direct Loan Program under part D of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070a et seq.), as determined by the Office of Management and Budget in the program re-estimate contained in the President’s current fiscal year budget.

SA 3651. Mr. GREGG proposed an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 61, between lines 3 and 4, insert the following:

SEC. 15. RENEWABLE FUEL.

(a) DEFINITION OF RENEWABLE FUEL.—Section 211(o)(1)(J) of the Clean Air Act (42 U.S.C. 7545(o)(1)(J)) is amended by striking "fuel that is produced" and inserting "a blend of fuel at least 85 percent of the content of which is derived from biomass.

(b) LIABILITY PROTECTION FOR RENEWABLE FUEL.

SEC. 16. LIABILITY PROTECTION FOR RENEWABLE FUEL OR ETHANOL MANUFACTURE, USE, OR DISTRIBUTION.

(1) IN GENERAL.—Section 211(o)(1)(J) of the Clean Air Act (42 U.S.C. 7545(o)(1)(J)) is amended by adding the following at the end thereof:

SEC. 16. LIABILITY PROTECTION FOR RENEWABLE FUEL OR ETHANOL MANUFACTURE, USE, OR DISTRIBUTION.

(1) IN GENERAL.—Section 211(o)(1)(J) of the Clean Air Act (42 U.S.C. 7545(o)(1)(J)) is amended by striking "fuel that is produced" and inserting "a blend of fuel at least 85 percent of the content of which is derived from biomass.

(b) LIABILITY PROTECTION FOR RENEWABLE FUEL OR ETHANOL MANUFACTURE, USE, OR DISTRIBUTION.

(1) IN GENERAL.—Section 211(o)(1)(J) of the Clean Air Act (42 U.S.C. 7545(o)(1)(J)) is amended by striking "fuel that is produced" and inserting "a blend of fuel at least 85 percent of the content of which is derived from biomass.

(b) LIABILITY PROTECTION FOR RENEWABLE FUEL OR ETHANOL MANUFACTURE, USE, OR DISTRIBUTION.
"(A) IN GENERAL.—Notwithstanding any other provision of Federal or State law, no renewable fuel or ethanol used or intended to be used as a motor vehicle fuel, nor any motor vehicle fuel containing renewable fuel or ethanol, shall be considered a defective product or subject to a failure to warn by virtue of the fact that the renewable fuel or ethanol is, or contains, the renewable fuel or ethanol, if the renewable fuel or ethanol does not violate a control or prohibition imposed by the Administrator under this section.

(B) EFFECTIVE DATE.—Nothing in this paragraph affects the liability of any person other than liability based on a claim of a defective product and failure to warn of the defect."

(2) EFFECTIVE DATE; APPLICATION.—The amendment made by paragraph (1) shall—
   (A) be effective on the earlier of—
      (i) the date of enactment of this Act; or
      (ii) the date on which the Administrator of the Environmental Protection Agency approves the use of the fuel blend with greater than 10 percent ethanol by volume; and
   (B) apply with respect to all claims filed on or after the earlier date described in subparagraph (A).

SA 3654. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill S. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subsection A of title I, add the following:

SEC. 1006. SUNSET IF PREMIUMS INCREASE TOO RAPIDLY.

(a) In General.—The following requirements of the Patient Protection and Affordable Care Act shall not apply to health insurance coverage and group health plans offered in the individual and group market within a State during plan years beginning after the sunset date with respect to that market:
   (1) Any requirement under section 1301 of such Act, section 2707 of the Public Health Service Act, or any other provision of, or amendment made by, such Act that a health plan provide an essential health benefits package described in section 1302(a) of such Act, including any requirement that the plan provide—
      (A) for essential health benefits described in section 1302(b) of such Act;
      (B) in the case of a plan offered in the group market, an annual limitation on the plan’s deductibles described in section 1302(c)(2) of such Act; and
      (C) a level of coverage described in section 1302(d) of such Act.
   (2) The requirements of section 2701 of the Public Health Service Act (relating to limits on premiums).
   (b) COORDINATION WITH QUALIFIED HEALTH PLANS AND PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS.—In the case of a State to which subsection (a) applies, the Secretary of health and Human Services shall establish procedures for establishing which health plans shall be treated as qualified health plans for purposes of the Exchanges established within such State. Such procedures shall ensure that the aggregate amount of premium tax credits under section 36B of the Internal Revenue Code of 1986 and cost-sharing reductions under section 1402 of the Patient Protection and Affordable Care Act with respect to qualified health plans in the individual market within such State does not exceed the aggregate amount of such credits and reductions that would have been allowed if subsection (a) did not apply to such State.
   (c) SUNSET DATE.—For purposes of this section—

SA 3655. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

In title A of title I, add the following:

SEC. 1. EXEMPTION FROM MANDATE.

Section 5000A of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended—
   (1) by redesigning subsection (g) as subsection (h); and
   (2) by inserting after subsection (f), the following:

   "(g) LIMITATION.—This section shall not apply to an individual for a taxable year if such individual—
      (1) in under 30 years of age when such year begins; or
      (2) has a modified gross income that does not exceed $30,000 for such year.

SA 3656. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of section 1002, insert the following:

SEC. 1. HIGH DEDUCTIBLE HEALTH PLANS TREATED AS MINIMUM ESSENTIAL COVERAGE. — Section 5000A(f) of the Internal Revenue Code of 1986, as added and amended, is amended by—
   (1) by redesigning paragraph (5) as paragraph (6) and by inserting after paragraph (4) the following:
      "(5) HIGH DEDUCTIBLE HEALTH PLAN.—(A) IN GENERAL.—If an applicable individual—
         (i) is an employee of an employer who ceases to offer the employee the opportunity to enroll in an eligible employer-sponsored plan, or
         (ii) ceases employment with an employer and is not otherwise eligible to enroll in an eligible employer-sponsored plan, the applicable individual may enroll in a high deductible health plan described in subparagraph (C), such plan shall continue to be treated as minimum essential coverage with respect to that individual during any calendar year immediately following such calendar year.
   (B) SPECIAL RULES.—For purposes of this subsection—
      (i) the Secretary need only establish 1 account for an individual, and
      (ii) amounts shall be treated as paid out of an account on a first-in, first-out basis.

SA 3658. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 61, between lines 3 and 4, insert the following:

SEC. 1. USE OF PRIVATE CONTRACTS BY MEDICARE BENEFICIARIES FOR PROFESSIONAL SERVICES. — (a) IN GENERAL.—Section 1833(b) of the Social Security Act (42 U.S.C. 1395a) is amended to read as follows:
      (c) CLARIFICATION OF USE OF PRIVATE CONTRACTS BY MEDICARE BENEFICIARIES FOR PROFESSIONAL SERVICES.—
         (i) In general.—Nothing in this title shall prohibit a Medicare beneficiary from
entering into a private contract with a physician or health care practitioner for the provision of Medicare covered professional services (as defined in paragraph (5)(C)) if—

(A) such contract is entered into or amended on or after the date that is 6 months after the date of the enactment of this Act and the contract was entered into before the date on which the Secretary returns to the Congress notice that the contract is being submitted to the Secretary for review under section 1848(g)(1)(A); and

(B) the contract includes a description of the services that are covered under the contract under part A or B, under a contract under section 1876, or under an MA plan (other than an MSA plan); and

(C)(i) the Secretary has been provided with the minimum information necessary to avoid any payment under such contract or plan for services covered under the contract,

(ii) in the case of an individual enrolled under a contract under section 1876 or an MA plan (other than an MSA plan) under part C, the eligible organization under the contract or the MA organization offering the plan has been provided the minimum information necessary to avoid any payment under such contract or plan for services covered under the contract.

(2) REQUIREMENTS FOR PRIVATE CONTRACTS.—The requirements in this paragraph for a private contract between a Medicare beneficiary and a physician or health care practitioner and meets the requirements of paragraph (2);

(A) no contract is entered into or amended on or after the date that is 6 months after the date of the enactment of this Act and the contract was entered into before the date on which the Secretary returns to the Congress notice that the contract is being submitted to the Secretary for review under section 1848(g)(1)(A); and

(B) the contract includes a description of the services that are covered under the contract under part A or B, under a contract under section 1876, or under an MA plan (other than an MSA plan).

(3) SCOPE OF SERVICES.—The contract identifies the Medicare covered professional services and the period (if any) to be covered under the contract, but does not cover any services furnished—

(i) before the contract is entered into; or

(ii) for the treatment of an emergency medical condition (as defined in section 1861(r)(10)); and

(iii) for services furnished under part A or B, under a contract under section 1876, or under an MA plan (other than an MSA plan).

(4) Disclosure of Terms.—The contract clearly indicates that by signing the contract the Medicare beneficiary—

(A) agrees to be responsible, whether through insurance or otherwise, for payment for services furnished on its behalf under the contract, but does not cover any services furnished—

(i) before the contract is entered into; or

(ii) for the treatment of an emergency medical condition (as defined in section 1861(r)(10)); and

(iii) for services furnished under part A or B, under a contract under section 1876, or under an MA plan (other than an MSA plan); and

(B) acknowledges that Medicare supplemental policies under section 1882 do not, and other health plans policies may elect not to, make payments for services furnished under the contract because payment is not made under this title; and

(C) acknowledges that the beneficiary has the right to have such services provided (or under the supervision of) other physicians or health care practitioners for whom payment would be made under such part, contract, or plan.

Such contract shall also clearly indicate whether the physician or practitioner involved is excluded from participation under this title.

(8) MODIFICATIONS.—The parties to a private contract may mutually agree at any time to modify or terminate the contract on a prospective basis, consistent with the provisions of paragraphs (1) and (2).

(9) NO REQUIREMENTS FOR SERVICES Furnished to Enrollees.—The requirements of paragraphs (1) and (2) do not apply to any contract or arrangement made for the provision of services to a Medicare beneficiary enrolled in an MA plan under part C.

(5) DEFINITIONS.—In this subsection:

(A) HEALTH CARE PRACTITIONER.—The term ‘health care practitioner’ means a practitioner described in section 1842(b)(16)(C).

(B) MEDICARE BENEFICIARY.—The term ‘Medicare beneficiary’ means an individual who is enrolled under part B.

(C) MEDICARE COVERED PROFESSIONAL SERVICES.—The term ‘Medicare covered professional services’ means—

(1) physicians’ services (as defined in section 1861(q), and including services described in section 1861(s)(2)(A)), and

(2) professional services of health care practitioners, including services described in section 1842(b)(16)(D), for which payment may be made under part A or B, under a contract under section 1876, or under an MA plan, but the provisions of a private contract that meets the requirements of paragraph (2).

(D) MA PLAN; MSA PLAN.—The terms ‘MA plan’ and ‘MSA plan’ have the meanings given such terms in section 1859.

(E) PHYSICIAN.—The term ‘physician’ has the meaning given such term in section 1861(r).

(F) CONFORMING AMENDMENTS CLARIFYING EXEMPTION FROM LIMITING CHARGE AND FROM REQUIREMENT FOR SUBMISSION OF CLAIMS.—Section 1848(g) of the Social Security Act (42 U.S.C. 1395w–4(g)) is amended—

(1) in paragraph (1)(A), by striking ‘‘In’’ and inserting ‘‘Subject to paragraph (8), in’’;

(2) in paragraph (3)(A), by striking ‘‘Payment’’ and inserting ‘‘Subject to paragraph (8), payment’’;

(3) in paragraph (4)(A), by striking ‘‘For’’ and inserting ‘‘Subject to paragraph (8), for’’; and

(4) by adding at the end the following new paragraph:

(B) EXEMPTION FROM REQUIREMENTS FOR SERVICES Furnished under PRIVATE CONTRACTS.—

(A) IN GENERAL.—Pursuant to section 1802(b)(1), paragraphs (1), (3), and (4) do not apply with respect to physicians’ services (as defined in section 1861(q), and including services described in section 1861(s)(2)(A)) furnished to an individual by or under the supervision of a physician who the conditions described in section 1802(b)(1) are met with respect to the services.

(B) No Restrictions for Enrollees in MSA Plans.—Such paragraphs do not apply with respect to services furnished to individuals enrolled with MSA plans under part C, without regard to the conditions described in subparagraphs (A) through (C) of section 1802(b)(1) are met.

(C) APPLICATION TO ENROLLEES IN OTHER PLANS.—Subject to subparagraph (B) and section 1852(b)(2), the provisions of subparagraph (A) shall apply in the case of an individual enrolled under a contract under section 1876 or under an MA plan (other than an MSA plan) under part C, in the same manner as they apply to individuals not enrolled under such a contract or plan.

(D) CONFORMING AMENDMENTS.—(1) Section 1842(b)(18) of the Social Security Act (42 U.S.C. 1395w–4(b)(18)) is amended by adding at the end the following:

(E) The provisions of section 1848(g)(8) shall apply with respect to exemption from limitations on charges and from billing requirements for services of health care practitioners described in this paragraph in the same manner as such provisions apply to exemptions described in section 1848(g)(8)(A) for physicians’ services.

(2) Section 1866(a)(1)(O) of such Act (42 U.S.C. 1395f(a)(1)(O)) is amended by striking ‘‘enrolled with a Medicare Advantage organization under part C’’ and inserting ‘‘enrolled with an MA organization under part C (other than an MSA plan)’’.

(e) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is 6 months after the date of the enactment of this Act.

At the end of subtitle F of title I, insert the following:

SEC. 1 . CONTINUED ABILITY TO PAY FOR HEALTH CARE.

Title I of the Patient Protection and Affordable Care Act is amended by adding at the end the following:

SEC. 1564. CONTINUED ABILITY TO PAY FOR HEALTH CARE.

‘‘Nothing in this title (or an amendment made by this title) shall be construed to prohibit an individual from purchasing or otherwise paying for health care items or services on an out-of-pocket basis.’’.

SA 3659. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, insert the following:

SEC. 1 . PROTECTING THE TAXPAYERS.

Title I of the Patient Protection and Affordable Care Act is amended by adding at the end the following:

SEC. 1564. PROTECTING THE TAXPAYERS.

‘‘The provisions of this title (and the amendments made by this title) shall not apply with respect to a fiscal year if the Director of the Office of Management and Budget fails to certify to Congress that the application of such provisions (and amendments) in such fiscal year will not increase the Federal budget deficit.’’

SA 3660. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, insert the following:

SEC. 1 . EXEMPTION FROM MANDATE.

Section 5000A of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended by adding—

(1) by redesignating subsection (g) as subsection (h); and

(2) by striking ‘‘Secretary’’ and inserting ‘‘the Secretary’’.
(2) by inserting after subsection (f), the following:

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(g) LIMITATION.—This section shall not apply to an individual for a taxable year if such individual—
(1) in under 30 years of age when such year begins; or
(2) has a modified gross income that does not exceed $30,000 for such year.
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SA 3662. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table.

At the end of subtitle E of title I, add the following:

SEC. 14. REPEAL OF ADDITIONAL TAX FROM DISTRIBUTIONS FROM HSAS AND MSAS.

(a) HSAS.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking “20 percent” and inserting “10 percent”.

(b) MSAS.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking “20 percent” and inserting “15 percent”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to distributions made after December 31, 2010.

SA 3663. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 56, between lines 20 and 21, insert the following:

(f) BUDGET-NEUTRAL EXEMPTION OF CERTAIN PROVIDERS.—Notwithstanding the provisions of, and amendments made by, the preceding subsections of this section and sections 3461 and 10139 of the Patient Protection and Affordable Care Act:

(1) such provisions and amendments shall not apply to a health care provider that—
(A) is described in section 340B(a)(4) of the Public Health Service Act, as added by section 222(c)(1)(XV)(A) or 222(c)(1)(D)(i)(IV) of the Social Security Act (42 U.S.C. 1396q-6(c)(1)(D)(i)(IV)); and
(B) is located in an area that is not a metropolitan statistical area (as determined by the Bureau of the Census); and
(2) the Secretary of Health and Human Services shall make appropriate adjustments in the application of such provisions and amendments to ensure that the amount of expenditures under title XVII of the Social Security Act is equal to the amount of expenditures that would have been made under such title if this subsection had not been enacted, as estimated by the Secretary.

SA 3664. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 1502. ELIMINATION OF AUTOMATIC PAY ADJUSTMENTS FOR MEMBERS OF CONGRESS.

(a) IN GENERAL.—Paragraph (2) of section 601(a) of the Legislative Reorganization Act of 1946 (2 U.S.C. 31) is repealed.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—Section 601(a)(1) of such Act is amended—

(1) by striking “(a)(1)” and inserting “(a)’’;
(2) by redesignating subparagraphs (A), (B), and (C) of paragraphs (1), (2), and (3), respectively; and
(3) by striking “as adjusted by paragraph (2) of this subsection” and inserting “adjusted as provided by law”.

(c) EFFECTIVE DATE.—This section shall take effect on December 31, 2011.

SA 3667. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 1502. ELIMINATION OF SPECIAL HEALTH CARE PRIVILEGES FOR MEMBERS OF CONGRESS.

Section 312(d)(3) of the Patient Protection and Affordable Care Act is amended by striking subparagraph (D) and inserting the following:

“(D) REQUIREMENT OF MEMBERS OF CONGRESS TO ENROLL IN AN EXCHANGE.—

“(i) REQUIREMENT.—Notwithstanding any other provision of law, all Members of Congress shall be enrolled in an Exchange when established under section 1321.

“(ii) INELIGIBLE FOR FERSI.—Effective on the date on which an Exchange is established under section 1321, no Member of Congress shall participate in a health benefits plan under chapter 89 of title 5, United States Code.

SA 3669. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13);
which was ordered to lie on the table; as follows:

TITLE III—IMPORTATION OF PRESCRIPTION DRUGS

SEC. 3001. SHORT TITLE.

This title may be cited as the ‘Pharmaceutical Market Access Act of 2010’.

SEC. 3002. FINDINGS.

Congress finds as follows:

(1) Prescription drugs are a leading cause of the growth in health care spending in the United States, which is projected to reach $2,600,000,000,000 in 2009, according to the Congressional Budget Office.

(2) The United States is the world’s largest market for pharmaceuticals but consumers still pay the world’s highest prices.

(3) An unaffordable drug is neither safe nor effective. Allowing and structuring the importation of prescription drugs ensures access to affordable drugs, thus providing a level of safety to American consumers they do not currently enjoy.

(4) Prescription drugs are sold through a complex network, which prescription drugs may be imported to the United States that has been approved and is available to the Secretary for on-site inspections, the drug distribution system, the drug dispensing system, and market regulation; and

(5) By may remove a country, union, or economic area as a permitted country for purposes of this section if the Secretary determines that the country, union, or economic area does not have such a pharmaceutical infrastructure.

(6) Pharmacist.—The term ‘pharmacist’ means a person licensed by the relevant governmental authority to practice pharmacy, including the dispensing and selling of prescription drugs.

(7) Pharmacy.—The term ‘pharmacy’ means a person that is licensed by the relevant governmental authority to practice pharmacy, including the dispensing and selling of prescription drugs that employs 1 or more pharmacists.

SEC. 3003. PURPOSES.

The purposes of this title are to—

(1) give all Americans immediate relief from the outrageously high cost of pharmaceuticals;

(2) reverse the perverse economics of the American pharmaceutical market;

(3) allow the importation of prescription drugs only if the drugs and facilities where such drugs are manufactured are approved by the Food and Drug Administration, and to exclude pharmaceutical narcotics; and

(4) ensure continued integrity to the prescription drug supply of the United States by—

(a) requiring that imported prescription drugs be packaged and shipped using counterfeit-resistant technologies;

(b) requiring Internet pharmacies to register with the Secretary to enable Americans to verify authenticity before purchases over the Internet;

(c) requiring all foreign sellers to register with the Government and submit to facility inspections by the Government without prior notice; and

(d) limiting the eligible countries from which prescription drugs may be imported to Canada, member countries of the European Union, and other highly industrialized nations with safe pharmaceutical infrastructures.

SEC. 3004. AMENDMENTS TO SECTION 804 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT

(a) DEFINITIONS.—Section 804(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(a)) is amended to read as follows:

‘‘(a) in this section—

‘‘(1) IMPORTER.—The term ‘importer’ means a pharmacy, group of pharmacies, pharmacist, or wholesaler.

‘‘(2) WAY OF COUNTRY.—The term ‘permitted country’ means Australia, Canada, Israel, Japan, New Zealand, Switzerland, South Africa, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, the United Kingdom, Iceland, Liechtenstein, and Norway, except that the Secretary may—

‘‘(A) add a country, union, or economic area as a permitted country for purposes of this section if the Secretary determines that the country, union, or economic area has a pharmaceutical infrastructure that is substantially equivalent or superior to the pharmaceutical infrastructure of the United States, taking into consideration pharmacist qualifications, pharmacy storage procedures, the drug distribution system, the drug dispensing system, and market regulation; and

‘‘(B) may remove a country, union, or economic area as a permitted country for purposes of this section if the Secretary determines that the country, union, or economic area does not have such a pharmaceutical infrastructure.

‘‘(3) PHARMACIST.—The term ‘pharmacist’ means a person licensed by the relevant governmental authority to practice pharmacy, including the dispensing and selling of prescription drugs.

‘‘(4) PHARMACY.—The term ‘pharmacy’ means a person that is licensed by the relevant governmental authority to practice pharmacy, including the dispensing and selling of prescription drugs that employs 1 or more pharmacists.

‘‘(5) PRESCRIPTION DRUG.—The term ‘prescription drug’ means a drug subject to section 503(b), other than—

‘‘(A) a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802));

‘‘(B) a biological product (as defined in section 351 of the Public Health Service Act (42 U.S.C. 262));

‘‘(C) an infused drug (including a peritoneal dialysis solution);

‘‘(D) an intravenously injected drug;

‘‘(E) a drug that is inhaled during surgery;

‘‘(F) a drug which is a parenteral drug, the importation of which pursuant to subsection (b) is determined by the Secretary to pose a threat to the public health in which case section 801(d)(1) shall continue to apply.

‘‘(6) QUALIFYING DRUG.—The term ‘qualifying drug’ means a prescription drug that—

‘‘(A) is approved pursuant to an application submitted under section 505(b)(1); and

‘‘(B) is not—

‘‘(i) a drug manufactured through 1 or more biotechnology processes;

‘‘(ii) a drug that is required to be refrigerated;

‘‘(iii) a photoreactive drug;

‘‘(7) QUALIFYING INTERNET PHARMACY.—The term ‘qualifying Internet pharmacy’ means a registered exporter that dispenses qualifying drugs to individuals over an Internet Web site.

‘‘(8) QUALIFYING LABORATORY.—The term ‘qualifying laboratory’ means a laboratory in the United States that has been approved by the Secretary for the purposes of this section.

‘‘(9) REGISTERED EXPORTER.—The term ‘registered exporter’ means a person that is in the business of exporting a drug to persons in the United States (or that seeks to be in such business), for which a registration under this section has been approved and is in effect.

‘‘(10) WHOLESALER.—

‘‘(A) IN GENERAL.—The term ‘wholesaler’ means a person that is wholesaler or distributor of prescription drugs in the United States under section 593(e)(2)(A).

‘‘(B) EXCLUSION.—The term ‘wholesaler’ does not include a person that is the importer of the qualifying drug, unless the qualifying drug is subject to the requirements under section 505B for counterfeit-resistant technologies.

(b) REGULATIONS.—Not later than 180 days after the date of enactment of the Pharmaceutical Market Access Act of 2010, the Secretary, after consultation with the United States Trade Representative and the Commissioner of Food and Drugs, shall promulgate regulations permitting pharmacists, pharmacies, and wholesalers to import qualifying drugs from permitted countries into the United States.’’.

(c) LIMITATION.—Section 804(c) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(c)) is amended by striking ‘‘prescription drug” each place it appears and inserting ‘‘qualifying drug’’.

(d) INFORMATION AND RECORDS.—Section 804(d)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(d)(1)) is amended—

(1) by striking subparagraph (G) and redesignating subparagraphs (H) through (N) as subparagraphs (G) through (M), respectively;

(2) in subparagraph (H) (as so redesignated), by striking ‘‘telephone number, and professional license number (if any)’’ and inserting ‘‘and telephone number’’;

(3) in subparagraph (L) (as so redesignated), by striking ‘‘(J) and (L)’’ and inserting ‘‘(L)’’;

(4) by adding a new subparagraph (M) to read as follows:

‘‘(M) each place it appears and inserting

‘‘(n) REGISTRATION OF EXPORTERS; INSPECTIONS.—Section 804(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(f)) is amended to read as follows:

‘‘(e) TESTING.—Section 804(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(e)) is amended to read as follows:

‘‘(f) TESTING.—The regulations under subsection (b) shall require that the testing described under subparagraphs (I) and (K) of section 801(d)(1) be conducted by the importer of the qualifying drug, unless the qualifying drug is subject to the requirements under section 505B for counterfeit-resistant technologies.

‘‘(g) REGISTRATION OF EXPORTERS; INSPECTIONS.—

‘‘(1) IN GENERAL.—Any person that seeks to be a registered exporter (referred to in this subsection as the ‘registrant’) shall submit to the Secretary a registration that includes the following:

‘‘(A) The name of the registrant and identification of all places of business of the registrant that relate to qualifying drugs, including each warehouse or other facility owned or controlled by, or operated for, the registrant.

‘‘(B) An agreement by the registrant to—

‘‘(i) make its places of business that relate to qualifying drugs (including warehouses and other facilities owned or controlled by, or operated for, the exporter) and records available to the Secretary on such inspections, without prior notice, for the purpose of determining whether the registrant is in compliance with this Act’s requirements;

‘‘(ii) export only qualifying drugs;

‘‘(iii) export only to persons authorized to import the drugs;

‘‘(iv) notify the Secretary of a recall or withdrawal of a qualifying drug distributed in a permitted country or to which the registrant has exported or imported, or intends to export or import, to the United States.

‘‘(v) monitor compliance with registration conditions and report any noncompliance promptly;

‘‘(vii) submit a compliance plan showing how the registrant will correct violations, if any; and

‘‘(viii) promptly notify the Secretary of changes in the registration information of the registrant.

‘‘(2) NOTICE OF APPROVAL OR DISAPPROVAL.—

‘‘(A) IN GENERAL.—Not later than 90 days after receiving a completed registration from a registrant, the Secretary shall—

‘‘(i) notify such registrant of receipt of the registration;

‘‘(ii) assign such registrant a registration number; and

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Cosmetic Act (21 U.S.C. 384(j)) is amended to this section.

(a) REGISTRATION FEE.—The Secretary shall establish a registration fee program under which a registered exporter under subsection (b) shall pay a fee to the Secretary in accordance with this subsection.

(1) COLLECTION ON INITIAL REGISTRATION.—A fee under this section shall be payable for the fiscal year in which the registered exporter first submits a registration under section 804 (on or before the date that person has withdrawn its registration and subsequently reregisters) in a amount of $10,000, due on the date the exporter first submits a registration under section 804.

(2) COLLECTION IN SUBSEQUENT YEARS.—After the fee is paid for the first fiscal year, the fee described under this subsection shall be payable on or before October 1 of each year.

(3) ONE FEE PER FACILITY.—The fee shall be paid only once for each registered exporter for a fiscal year in which the fee is payable.

(4) FEE AMOUNT.—

(1) IN GENERAL.—Subject to subsection (b)(1), the amount of the fee shall be determined each year by the Secretary and shall be based on anticipated costs to the Secretary of enforcing the amendments made by the Pharmaceutical Market Access Act of 2010 in the subsequent fiscal year.

(2) LIMITATION.—

(A) IN GENERAL.—The aggregate total of fees collected under this section shall not exceed 1 percent of the total price of drugs exported annually to the United States by registered exporters under this section.

(B) REASONABLE ESTIMATE.—Subject to the limitation described in paragraph (A), a fee under this subsection for an exporter shall be an amount that is a reasonable estimate by the Secretary of the annual share of the volume of drugs exported by exporters under this subsection.

(5) USE OF FEES.—The fees collected under this subsection shall be used for the sole purpose of administering this section with respect to registered exporters, including the costs associated with—

(1) inspecting the facilities of registered exporters, and of other entities in the chain of custody of prescription drugs;

(2) developing, implementing, and maintaining a system to determine registered exporters' compliance with the registration conditions under the Pharmaceutical Market Access Act of 2010, including when shipments of qualifying drugs are offered for import into the United States;

(3) inspecting such shipments, as necessary, when offered for import into the United States to determine if any such shipment should be refused admission;

(4) ANNUAL FEE SETTING.—The Secretary shall establish, 60 days before the beginning of each fiscal year on or before September 30, 2009, for that fiscal year, registration fees.

(b) EFFECT OF FAILURE TO PAY FEE.—(1) DUE DATE.—A fee payable under this section shall be due on the date that is 30 days after the date on which the fee is due.

(2) FAILURE TO PAY.—If a registered exporter to a fee under this section fails to pay the fee, the Secretary shall not permit the registered exporter to engage in exportation to the United States or offering for exportation prescription drugs under this Act until all such fees owed by that person are paid.

(c) REPORTS.—

(1) FEE ESTABLISHMENT.—Not later than 60 days before the beginning of each fiscal year, the Secretary shall publish registration fees under this section for that fiscal year.

(2) PERFORMANCE AND FISCAL REPORT.—Beginning with fiscal year 2009, not later than 60 days after the end of each fiscal year during which fees are collected under this section, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that describes—

(A) implementation of the registration fee authority during the fiscal year; and

(B) the use by the Secretary of the fees collected during the fiscal year for which the report is made.

Sec. 3006. COUNTERFEIT-RESISTANT TECHNOLOGIES.

(a) MISBRANDING.—Section 502 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 352; deeming drugs and devices to be misbranded) is amended by adding at the end the following:

“(aa) If it is a drug subject to section 503(b), unless the packaging of such drug is provided with the number 505E for counterfeit-resistant technologies.”;

(b) REQUIREMENTS.—Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 505D the following:

“(a) INCORPORATION OF COUNTERFEIT-RESISTANT TECHNOLOGIES INTO PRESCRIPTION DRUG PACKAGING.—The Secretary shall require that the packaging of any drug subject to section 503(b) incorporate—

(1) technologies that have an equivalent function of detection of security, as determined by the Secretary.

(b) ELIGIBLE TECHNOLOGIES.—Technologies described in subsection (a) shall be eligible for recognition by the Secretary, providing for visual identification of product authenticity without the need for readers, microscopes, lighting devices, or scanners; and

(c) AUTHORIZATION.—The Secretary shall promulgate regulations to implement this section.

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“(3) shall be manufactured and distributed in a highly secure, tightly controlled environment; and
“(4) should incorporate additional layers of non-repudiation features up to and including forensic capability.

“(c) STANDARDS FOR PACKAGING.—
“(1) MULTIPLE ELEMENTS.—For the purpose of making it difficult to counterfeit, the packaging of drugs subject to section 503(b), manufacturers of the drugs shall incorporate the technologies described in subsection (b), that distributes, sells, or imports a prescription drug that fails to provide for compliance with all requirements of this section with respect to such prescription drug or that has the effect of prohibiting importation of the drug under this section; or
“(C) refuse to allow an inspection authorized under section 804(f) of an establishment that manufactures a prescription drug that may be imported or offered for import under this section;
“(G) refuse to manufacturer, processing, packaging, or holding of a prescription drug that may be imported or offered for import under this section to good manufacturing practice under this Act;
“(I) become a party to a licensing or other agreement referred to in subsection (b) that the failure to register in accordance with section 804(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 354) that was first sold abroad by or under authority of the owner or licensee of such a foreign entity.

“SEC. 3008. PATENTS.

“Section 271 of title 35, United States Code, is amended—
“(1) redesignating subsections (b) and (i) as subsections (i) and (j), respectively; and
“(2) by inserting after subsection (j) the following:

“(m) engage in any other action that the Federal Trade Commission determines to be an affirmative defense to a charge that a person or a prescription drug that has the effect of prohibiting importation of the drug under this section; or
“(n) fail to conform to the methods used in, or the facilities used for, the manufacturing, processing, packaging, or holding of a prescription drug that may be imported or offered for import under this section to good manufacturing practice under this Act;
“(p) become a party to a licensing or other agreement referred to in subsection (b) that the failure to register in accordance with section 804(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 354) that was first sold abroad by or under authority of the owner or licensee of such a foreign entity.

“SEC. 3009. OTHER ENFORCEMENT ACTIONS.

“(a) in General.—Section 804 of the Federal Food, Drug, and Cosmetic Act, as amended by section 3004, is amended by adding at the end the following:

“(1) UNFAIR OR DISCRIMINATORY ACTS AND PRACTICES.—
“(A) IN GENERAL.—It is unlawful for a manufacturer, directly or indirectly (including by being a party to a licensing or other agreement) to—
“(aa) discriminate by charging a higher price for a prescription drug sold to a person in a permitted country that exports a prescription drug to the United States under this section or distributes, sells, or uses a prescription drug imported into the United States under this section; or
“(bb) a copy of the complaint for that action; and
“(2) AFFIRMATIVE DEFENSE.—It shall be an affirmative defense to a charge that a person or a prescription drug that has the effect of prohibiting importation of the drug under this section; or
“(3) AFFIRMATIVE DEFENSE.—It shall be an affirmative defense to a charge that a person or a prescription drug that has the effect of prohibiting importation of the drug under this section; or
“(4) EFFECT OF SUBSECTION.—
“(A) SALES IN OTHER COUNTRIES.—This subsection applies only to the sale or distribution of prescription drugs to another person that is in the same country and the persons are not considered to be in the same country and that does not export a prescription drug into the United States under this section;
“(B) DISCOUNTS TO INSURERS, HEALTH PLANS, PHARMACY BENEFIT MANAGERS, AND OTHER ENTITIES.—Nothing in this subsection shall be construed to—
“(C) CHARGES FOR OTHER ACTS.—Nothing in this subsection shall be construed to—
“(D) AFFIRMATIVE DEFENSE.—A violation of this subsection shall be treated as a violation of a rule defining an unfair act or practice prescribed under section 18(a)(1)(B) of the Federal Trade Commission Act.

“(5) ACTIONS BY STATES.

“(a) in General.—
“(B) ACTIONS BY THE COMMISSION.—The Federal Trade Commission shall enforce this subsection in the manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act were incorporated into and made a part of this section; and
“(C) ACTIONS BY STATES.

“(a) in General.—
“(B) ACTIONS BY THE COMMISSION.—The Federal Trade Commission shall enforce this subsection in the manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act were incorporated into and made a part of this section; and
“(C) ACTIONS BY STATES.

“(A) in General.—
“(B) ACTIONS BY THE COMMISSION.—The Federal Trade Commission shall enforce this subsection in the manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act were incorporated into and made a part of this section; and
“(C) ACTIONS BY STATES.

“(4) EFFECT OF SUBSECTION.—
“(A) SALES IN OTHER COUNTRIES.—This subsection applies only to the sale or distribution of prescription drugs to another person in a permitted country that exports a prescription drug to the United States under this section or distributes, sells, or uses a prescription drug imported into the United States under this section;
“(B) DISCOUNTS TO INSURERS, HEALTH PLANS, PHARMACY BENEFIT MANAGERS, AND OTHER ENTITIES.—Nothing in this subsection shall be construed to—
“(C) CHARGES FOR OTHER ACTS.—Nothing in this subsection shall be construed to—
“(D) AFFIRMATIVE DEFENSE.—A violation of this subsection shall be treated as a violation of a rule defining an unfair act or practice prescribed under section 18(a)(1)(B) of the Federal Trade Commission Act.

“(5) ENFORCEMENT.—(A) UNFAIR OR DECEPTIVE ACT OR PRACTICE.—A violation of this subsection shall be treated as a violation of a rule defining an unfair act or practice prescribed under section 18(a)(1)(B) of the Federal Trade Commission Act.

“(B) ACTIONS BY THE COMMISSION.—The Federal Trade Commission shall enforce this subsection in the manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act were incorporated into and made a part of this section; and
“(C) ACTIONS BY STATES.

“(a) in General.—
“(B) ACTIONS BY THE COMMISSION.—The Federal Trade Commission shall enforce this subsection in the manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act were incorporated into and made a part of this section; and
“(C) ACTIONS BY STATES.
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PART I—EXTENSION OF ECASLA

SEC. 201. EXTENSION OF STUDENT LOAN PURCHASE AUTHORITY.

Section 459A (20 U.S.C. 10871-1) is amended—

(1) in subsections (a)(1), (a)(3)(A), and (f), by striking “July 1, 2010” and inserting “July 1, 2011”; and

(2) in subsection (a)—

(A) in the matter preceding clause (i) of paragraph (1)(A) and the matter preceding subparagraph (A) of paragraph (2), by striking “September 30, 2010” and inserting “September 30, 2011”;

(B) in paragraph (2), by striking “February 15, 2011” and inserting “February 15, 2012”; and


SEC. 202. EXTENSION OF AUTHORITY TO DESIGNATE LENDERS FOR LENDER-OF-LAST-RESORT PROGRAM.

Section 426(b) (20 U.S.C. 1076(b)) is amended—

(1) in paragraph (6), by striking “June 30, 2010” and inserting “June 30, 2011”;

(2) in paragraph (7), by striking “June 30, 2010” and inserting “June 30, 2011”; and

(3) in paragraph (9)(A)—

(A) in the matter preceding clause (i) of clause (II) of paragraph (1), by striking “June 30, 2011” and inserting “June 30, 2012”;

(B) in subparagraph (III) of clause (ii), by striking “June 30, 2010” and inserting “June 30, 2011”; and

(C) in the matter preceding clause (i) of clause (iii), by striking “July 1, 2011” and inserting “July 1, 2012.”

SEC. 203. ONE-YEAR DELAY OF FFEL TERMINATION.

(a) ONE-YEAR DELAY.—Title IV (as amended by part II) (20 U.S.C. 1070 et seq.) is further amended—

(1) in section 427A(4), by inserting the following:

“(D) For a loan for which the first disbursement is made on or after July 1, 2010, and before July 1, 2011, 4.5 percent on the unpaid principal balance of the loan.”;

(2) in section 438(c)(2)(B), (A) in clause (iii), by striking “; and” and inserting a semicolon;

(B) in clause (iv), by striking the period and inserting “; and”;

and

(c) in section 441B(1), by striking the following:—

“‘v’ by substituting ‘0.0 percent’ for ‘3.0 percent’ with respect to loans for which the first disbursement of principal is made on or after July 1, 2010, and before July 1, 2011.”;

(3) in section 456A(4)(A)(ii), by striking “2014” and inserting “2015”;

and

(4) in section 458a(2), by striking “2010” and inserting “2011 through 2019”; and

(b) in section 458a(2)(B) and 458B(a)(3), by striking “2011” and inserting “2012”;

(6) in the headings of sections 427A(1), 438(b)(2)(I), and 438(b)(2)(I)(vi), by striking “2010” and inserting “2011”;

(7) in sections 421(b), 428(b)(1)(A), 458a(b)(5)(B), and 459B(c)(3), subsections (I) and (J)(1) of section 428, subsections (c)(2)(B)(6) and (d)(2)(B) of section 438, and subsections (a)(1) and (g) of section 455, by striking “2010” and inserting “2011”;

(8) in sections 421(d), 424(a), 4247(A), 428(a)(3), 428C, 428H, 438(b)(2)(I), and 458a(17), and subsections (a) and (b)(1) of section 429, by striking “2010” each place the term appears and inserting “2011”; and

(9) in sections 424(a) and 456c(3)(B), by striking “place the term appears and inserting “2010”;

(b) DELAYED IMPLEMENTATION.—Notwithstanding section 2206(b)(2), 2210(b), or 2211(b) or any other provision of this title—

(1) subsection (a) and part II, and the amendments made by such subsection and part, shall not be effective until the day that is one year after the date of enactment of this Act; and

(2) sections 2210(b) and 2211(b) shall be applied—beginning on the date described in paragraph (1), by striking “July 1, 2010” and inserting “July 1, 2011.”

SEC. 204. ELIMINATION OF INCOME-BASED REFINANCE PROGRAM.

Notwithstanding any other provision of this title, section 2213 and the amendments made by such section shall have no force and effect.

SA 3673. Mr. ENZI submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for refinancing pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of part II of title II, insert the following:

SEC. 2214. GRANT PROHIBITION.

For fiscal year 2012 and succeeding fiscal years, and notwithstanding any other provision of this title, section 2213 and the amendments made by such section shall have no force and effect.

SA 3674. Mr. HATCH submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for refinancing pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of part II of title II, insert the following:

SEC. 2 . EXEMPTION RELATING TO EXCHANGE REQUIREMENTS.

Section 311 of the Patient Protection and Affordable Care Act is amended by adding at the end the following:

“(1) EXEMPTION.—The provisions of this section shall not apply to any State that has published the rate on the date of enactment of this Act. Such exchange shall be deemed to meet all requirements applicable to Exchanges under this section.”.

SA 3675. Mr. HATCH submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for refinancing pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, insert the following:

SEC. 1 . REPEAL OF INDIVIDUAL MANDATE.

Section 5000A of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is repealed.

SA 3676. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for refinancing pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, insert the following:

SECTION 2 . HEALTH CARE COST INCREASE TAX CREDIT.

(a) IN GENERAL.—Subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after section 25D the following new section:

“SEC. 25E. HEALTH CARE COST INCREASE TAX CREDIT.

“(a) IN GENERAL.—In the case of an eligible taxpayer, there shall be allowed against the tax imposed by this chapter for the taxable year in an amount equal to the lesser of—

(1) the health care cost increase amount for such taxable year, or

(2) the eligible taxpayer’s premium increase amount for such taxable year.

“(b) ELIGIBLE TAXPAYER.—For purposes of this section, the term ‘eligible taxpayer’ means an individual who purchases self-only or family health insurance coverage which is a qualified health plan within the meaning of section 36B(c)(3)(A) for all months in the taxable year.

“(c) HEALTH CARE COST INCREASE AMOUNT.—

“(1) IN GENERAL.—For purposes of this section, with respect to an eligible taxpayer, the premium increase amount is the amount by which the total premiums paid by such taxpayer for months during the taxable year for coverage described in subsection (b) exceed the total premiums paid by such taxpayer for such coverage for the preceding plan year ending before March 23, 2010, except that such amount—

(A) shall be reduced to reflect any changes in coverage under the taxpayer’s plan or in the family size of the taxpayer, and

(B) shall be reduced by the amount of any credit under section 36B and any Federal cost sharing subsidy with respect to such coverage.

“(2) REGULATORY AUTHORITY.—The Secretary of Health and Human Services shall prescribe regulations for determining the adjustments required under paragraph (1)(A).

“SEC. 25F. ALTERNATIVE MINIMUM TAX.—In the case of a taxable year to which section 26(a)(2) does not apply, the credit allowed under subsection (a) for any taxable year shall not exceed the excess of—

“(1) the sum of the regular tax liability (as defined in section 26(b)) plus the tax imposed by subsection (a), over

“(2) the sum of the credits allowable under this subpart (other than this section and sections 23, 25D, and 30D) and section 27 for the taxable year.”.

(c) CLEARENCE.—The table of sections for subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to section 25D the following new item:

“25E. HEALTH CARE COST INCREASE TAX CREDIT.”
“Sec. 25E. Health care cost increase credit.”

(c) CONFORMING AMENDMENTS.—
(2) Section 25(e)(1)(C)(i)(1) of such Code is amended by inserting “25E,” after “25D.”
(3) Section 25(g)(2) of such Code is amended by inserting “25E,” after “25D.”
(4) Section 1402(a)(2) of such Code is amended by inserting “25E.” after “25D.”
(5) Section 25(e)(1)(C)(i)(1) of such Code is amended by inserting “25E.” after “25D.”
(6) Section 2104(c)(2) of such Code is amended by inserting “25E.” after “25D.”

(e) EFFECTIVE DATE.—The amendments made by subsections (a), (b), and (c) shall apply to taxable years ending after March 21, 2010.

SA 3677. Mr. LeMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4972, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle D of title I, add the following:

SEC. 1305. HEALTH CARE FRAUD PREVENTION SYSTEM.

(a) HEALTH CARE FRAUD PREVENTION SYSTEM.—
(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as “Secretary”) shall establish a fraud prevention system which shall be designed as follows:
(2) A IN GENERAL.—The fraud prevention system shall—
(i) be holistic;
(ii) be able to view all provider and patient activities across all Federal health programs;
(iii) be able to integrate into the existing health care claims flow with minimal effort, time, and cost;
(iv) be modeled after systems used in the Financial Services industry; and
(v) utilize integrated real-time transaction risk scoring and referral strategy capabilities to identify claims that are statistically unusual.

(B) MODULAR ARCHITECTURE.—The fraud prevention system shall be designed from an end-to-end modularized perspective to allow for ease of integration into multiple points along a health care claim flow (pre- or post-adjustment), which shall—
(i) utilize a single entity to host, support, manage, and maintain software-based services, predictive models, and solutions from a central location for the customers who access these fraud prevention capabilities;
(ii) allow access through a secure private data connection rather than the installation of software in multiple information technology infrastructure (and data facilities);
(iii) provide access to the best and latest software without the need for upgrades, data security, and costly installations;
(iv) provide access to the software and system edits in a rapid and timely manner;
(v) ensure that all technology and decision components (e.g., fraud detection modules) and
(vi) ensure that the third party host of the modular solution is not a party, payer, or stakeholder that reports claims data, accesses the results of the fraud prevention systems analysis, or is otherwise required under this section to verify, research, or investigate the results.

(C) PROCESSING, SCORING, AND STORAGE.—
The platform of the fraud prevention system shall be a high volume, rapid, real-time information technology solution which includes data pooling, data storage, and scoring capabilities to quickly and accurately capture and evaluate data from millions of claims. The fraud prevention system shall be secure and have (at a minimum) data centers that comply with Federal and State privacy laws.

(D) DATA CONSORTIUM.—The fraud prevention system shall provide for the establishment of a centralized data file (referred to as a “consortium” where consolidated existing claims data, such as Medicare’s “Common Working File” and Medicaid claims data, for the purpose of fraud and abuse prevention. Such an arrangement shall ensure that data is stored in an industry standard secure data environment that complies with applicable Federal privacy laws for use in building model capabilities to test predictive models of fraud, waste, and abuse. Such system shall ensure that the third party host of the fraud prevention system shall be designed to prevent (versus post-payment detection) waste, fraud, and abuse schemes that may not be identified by looking independently at one Federal payer’s transactions.

(E) BEHAVIOR ENGINE.—The fraud prevention system shall ensure that claims data from Federal health programs and all market foots through a central source so the waste, fraud, and abuse system can look across all markets and geographies in health care to identify fraud and abuse in Medicare, Medicaid, the Medicare Prescription Drug Program, TRICARE, and the Department of Veterans Affairs, holistically. Such cross-market visibility shall identify unusual provider and patient behavior patterns and fraud and abuse schemes that may not be identified by looking independently at one Federal payer’s transactions.

(F) PREDICTIVE MODEL.—The fraud prevention system shall ensure that the technology infrastructure will provide real-time ability to identify high-risk behavior patterns with multiple attributes, and be able to detect waste, fraud, and abuse, and to identify providers that exhibit unusual behavior patterns.

(G) FEEDBACK LOOP.—The fraud prevention system shall be an industry file that contains information on previous fraud and abuse claims as well as for subsequent fraud and abuse solution development.

(L) TRACKING AND REPORTING.—The fraud prevention system shall have a feedback loop where all Federal health payers provide pre-payment and post-payment information about the status of claims as described as “Normal”, “Waste”, “Fraud”, “Abuse”, or “Education Required”. Such feedback loop shall be defined to the payment manager that differ from similar peer groups, have the capability to trigger on multiple criteria, such as predictive model scores or custom attributes, and be able to segment transaction waste, fraud, and abuse into multiple types for health care categories and business types.

(M) FEEDBACK LOOP.—The fraud prevention system shall have a feedback loop where all Federal health payers provide pre-payment and post-payment information about the status of claims as described as “Normal”, “Waste”, “Fraud”, “Abuse”, or “Education Required”. Such feedback loop shall be defined to the payment manager that differ from similar peer groups, have the capability to trigger on multiple criteria, such as predictive model scores or custom attributes, and be able to segment transaction waste, fraud, and abuse into multiple types for health care categories and business types.
as a capability to effectively test and estimate the impact from different actions and treatments utilized to detect and prevent fraud and abuse for legitimate claims. Measuring and evaluating such waste, fraud, and abuse is late. The database shall be designed to speed up the payment process. The fraud prevention system shall require the implementation of a robust and consistent test and control strategies by stakeholders, with results shared with Federal health program leadership.

(5) APPLICATION.—The system under this section shall require the implementation of a robust and consistent test and control strategies by stakeholders, with results shared with Federal health program leadership.

[Section 1] PRODUCTIVITY AWARD PROGRAM.

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall establish a Productivity Award Program to recognize employees, work units, and contractors of the Centers for Medicare & Medicaid whose work significantly and measurably increases productivity and promotes innovation to improve the delivery of services and achieving savings in the amount of any such award shall be equal to 10 percent of the amount of the estimated saving to the Federal Government as a result of the action resulting in the award (as determined by the Secretary), but not to exceed $50,000.

SA 3679. Mr. LEMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of the subtext of the title, add the following:

SEC. 1. PRODUCTIVITY AWARD PROGRAM.

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall establish a Productivity Award Program to recognize employees, work units, and contractors of the Centers for Medicare & Medicaid whose work significantly and measurably increases productivity and promotes innovation to improve the delivery of services and achieving savings in the amount of any such award shall be equal to 10 percent of the amount of the estimated saving to the Federal Government as a result of the action resulting in the award (as determined by the Secretary), but not to exceed $50,000.

SA 3679. Mr. LEMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of the subtext of the title, add the following:

SEC. 1. PRODUCTIVITY AWARD PROGRAM.

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall establish a Productivity Award Program to recognize employees, work units, and contractors of the Centers for Medicare & Medicaid whose work significantly and measurably increases productivity and promotes innovation to improve the delivery of services and achieving savings in the amount of any such award shall be equal to 10 percent of the amount of the estimated saving to the Federal Government as a result of the action resulting in the award (as determined by the Secretary), but not to exceed $50,000.

SEC. 2. DEFINITIONS.

In this title:

(1) ALTERNATIVE DISPUTE RESOLUTION SYSTEM; ADR.—The term "alternative dispute resolution system" or "ADR" means a system that provides for the resolution of health care lawsuits in a manner other than through a civil action brought in a State or Federal court.

(2) CLAIMANT.—The term "claimant" means any person who brings a health care lawsuit, including a person who asserts or claims a right to legal or equitable contribution, indemnity or subrogation, arising out of a health care liability claim or action, and any person on whose behalf such claim is asserted or such an action is brought, who deceased, incompetent, or a minor.

(3) COLLABORATIVE SOURCE BENEFITS.—The term "collaborative source benefits" means any amount paid or reasonably likely to be paid in the future to or on behalf of the claimant, or any service, product or other benefit provided or reasonably likely to be provided in the future to or on behalf of the claimant, as a result of the injury or wrongful death, pursuant to—

(a) any State or Federal health, sickness, income-disability, accident, or workers' compensation law;

(b) any health, sickness, income-disability, or accident insurance that provides health benefits or income-disability coverage;

(c) any contract or agreement of any group, organization, partnership, or corporation to provide, pay for, or reimburse the cost of medical, hospital, dental, or income disability benefits; and

(d) any other publicly or privately funded program.

(4) COMPENSATORY DAMAGES.—The term "compensatory damages" means objectively verifiable monetary losses incurred as a result of the provision of, use of, or payment for (or failure to provide, use, or pay for) health care services or medical products, such as past and future medical expenses, damages for pain and suffering, other compensation for receiving domestic services, loss of employment, and loss of business or employment.
opportunities, damages for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society, loss of consortium, loss of companionship, loss of earning capacity, loss of domestic services, loss of future earnings, loss of past and future earnings, cost of obtaining domestic services, loss of employment, and loss of business or employment opportunities.

(7) HEALTH CARE GOODS OR SERVICES.—The term "health care goods or services" means any goods or services provided by a health care institution, provider, or by any individual working under the supervision of a health care provider, in connection with the diagnosis, prevention, care, or treatment of any human disease or impairment, or the assessment of the health of human beings.

(8) HEALTH CARE INSTITUTION.—The term "health care institution" means any entity licensed under Federal or State law to provide health care services (including but not limited to an ambulatory surgical center, assisted living facilities, emergency medical services providers, hospices, hospitals and hospital systems, nursing homes, or other entities licensed to provide such services).

(9) HEALTH CARE LAWSUIT.—The term "health care lawsuit" means any health care liability claim concerning the provision of health care goods or services affecting interstate commerce, or any health care liability action concerning the provision of (or the failure to provide) health care goods or services affecting interstate commerce, to a patient in a State or Federal court or pursuant to an alternative dispute resolution system, against a health care provider or a health care institution. Punitive damages are neither economic nor noneconomic damages.

(10) RECEIVABILITY.—The term "receivability" means the net sum recovered after deducting any disbursements or costs incurred in connection with prosecution or settlement of the claim, including all costs paid or advanced by any person. Costs of health care incurred by the plaintiff and the attorneys' office overhead costs or charges for legal services are not deductible disbursements or costs for such purpose.

(11) STATE.—The term "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and any other territory or possession of the United States, or any political subdivision thereof.

SEC. 2. ENCOURAGING SPEEDY RESOLUTION OF CLAIMS.

(a) IN GENERAL.—Except as otherwise provided for in this section, the time for the commencement of a health care lawsuit shall be 3 years after the date of manifestation of injury or 1 year after the claimant discovers, or in the exercise of reasonable diligence should have discovered, the injury, whichever occurs first.

(b) GENERAL EXCEPTION.—The time for the commencement of a health care lawsuit shall not exceed 3 years after the date of manifestation of injury unless the tolling of time was delayed as a result of:

(1) fraud;

(2) intentional concealment; or

(3) the presence of a foreign body, which has no therapeutic or diagnostic purpose or effect, in the plaintiff's person.

(c) MINORS.—An action by a minor shall be commenced within 3 years from the date of the discovery by the plaintiff or the plaintiff's parent or guardian of the manifestation of injury, except that if such minor is under the full age of 6 years, such action shall be commenced within 3 years of the manifestation of injury, or prior to the eighth birthday of the minor, whichever provides a longer period. Such time limitation shall be tolled for minors for the period during which the guardian and either a health care provider or health care institution has committed fraud or collusion in the failure or an order on behalf of the injured minor.

(d) RULE 11 SANCTIONS.—Whenever a Federal or State court determines (whether by order of the parties or the motion of the court) that there has been a violation of Rule 11 of the Federal Rules of Civil Procedure (or a similar violation of applicable court rules) involving a professional liability action to which this title applies, the court shall impose upon the attorneys, law firms, or pro se litigants that have violated Rule 11 or are responsible for the violation, an appropriate sanction, which shall include an order to pay the other party or parties for the reasonable expenses incurred as a direct result of the filing of the pleading, motion, or other paper that is the subject of the violation, including a reasonable attorneys' fee. Such sanction shall be sufficient to deter repetition of such conduct or comparable conduct by others similarly situated, and to compensate the party or parties injured by such conduct.

SEC. 3. COMPENSATING PATIENT INJURY.

(a) UNLIMITED AMOUNT OF DAMAGES FOR ACTUAL ECONOMIC LOSSES IN HEALTH CARE LAWSUITS.—In any health care lawsuit, nothing in this title shall limit the recovery by a claimant of the full amount of the available economic damages, notwithstanding the limitation contained in subsection (b).

(b) ADDITIONAL NONECONOMIC DAMAGES.—In any health care lawsuit where final judgment is rendered against a health care provider, the amount of noneconomic damages recovered by the claimant is in addition to any economic damages which the claimant may receive under applicable Federal or State law, may be as much as $250,000, regardless of the number of parties against whom the action is brought or the number of separate claims or actions brought with respect to the same occurrence.

(c) RULE 11 SANCTIONS.—Whenever a Federal or State court determines that Rule 11 of the Federal Rules of Civil Procedure or any comparable rule of any other court has been violated involving a professional liability action to which this title applies, the court shall impose an appropriate sanction, which shall include an order to pay the other party or parties for the reasonable expenses incurred as a direct result of the filing of the pleading, motion, or other paper that is the subject of the violation, including a reasonable attorneys' fee. Such sanction shall be sufficient to deter repetition of such conduct or comparable conduct by others similarly situated, and to compensate the party or parties injured by such conduct.
entry of judgment, or by amendment of the judgment after entry of judgment, and such reduction shall be made before accounting for any other reduction in damages required by law.

(4) If separate awards are rendered for past and future noneconomic damages and the combined awards exceed the limitations described in (b), the future noneconomic damages shall be reduced first.

(d) Fair Share Rule.—In any health care lawsuit, each party shall be liable for that party’s several share of any damages only and not for the share of any other person. Each party shall be liable only for the amount of damages allocated to such party in direct proportion to such party’s percentage of responsibility. A separate judgment shall be rendered against each such party for the amount allocated to such party. For purposes of this section, the trier of fact shall determine the proportion of responsibility of each party for the claimant’s harm.

SEC. 5. Maximizing Patient Recovery.

(a) Court Supervision of Share of Damages Actually Paid to Claimants.—

(1) In General.—In any health care lawsuit, the court shall supervise the arrangements for payment of damages to protect against conflicts of interest that may have the effect of reducing the amount of damages awarded that are actually paid to claimants.

(2) Court Shall Approve Fee.—In any health care lawsuit where no judgment for compensatory damages is rendered against a person, no punitive damages may be awarded with respect to the claim in such lawsuit against such person.

(b) Determining Amount of Punitive Damages.—

(1) Factors Considered.—In determining the amount of punitive damages under this subsection, the trier of fact shall consider only the following:

(A) the severity of the harm caused by the conduct of such party;

(B) the duration of the conduct or any concealment of it by such party;

(C) the profitability of the conduct to such party;

(D) the number of products sold or medical procedures rendered for compensation, as the case may be, by such party, of the kind causing the harm complained of by the claimant;

(E) any criminal penalties imposed on such party, as a result of the conduct complained of by the claimant; and

(F) the amount of any civil fines assessed against such party as a result of the conduct complained of by the claimant.

(2) Maximum Award.—The amount of punitive damages awarded in a health care lawsuit may not exceed an amount equal to two times the amount of economic damages awarded in the lawsuit or $250,000, whichever is less. The jury shall state the limitation under the preceding sentence.

(c) Expert Witnesses.—

(1) In General.—A health care provider may not act as an expert witness in a product liability lawsuit involving such a product unless such person knew the claimant was substantially certain to suffer.

(2) Withheld.—No individual shall be qualified to testify as an expert witness concerning issues of negligence concerning such treatment of the disease or injury for which the damage recovery is to be made against such person unless, in addition to the interests of justice and principles of equity.

(b) Limitation.—The total of all contingencies for representing all claimants in a health care lawsuit shall not exceed the following limits:

(1) 40 percent of the first $50,000 recovered by the claimant(s).

(2) 33 1/3 percent of the next $50,000 recovered by the claimant(s).

(3) 25 percent of the next $50,000 recovered by the claimant(s).

(4) 20 percent of any amount by which the recovery by the claimant(s) is in excess of $600,000.

(c) Applicability.—

(1) General.—The limitations in subsection (a) shall apply whether the recovery is by judgment, settlement, mediation, arbitration, or any other form of alternative dispute resolution.

(2) Minors.—In a health care lawsuit involving a minor or incompetent person, a court retains the authority to authorize or approve a fee that is less than the maximum permitted under this section.

(d) Expert Witnesses.—

(1) Requirement.—No individual shall be qualified to testify as an expert witness concerning issues of negligence in any health care lawsuit against a defendant unless such individual:

(A) except as required under paragraph (2), is a health care professional who—

(i) is appropriately credentialed or licensed in 1 or more States to deliver health care services;

(ii) typically treats the diagnosis or condition or provides the type of treatment under review; and

(B) as a result of training, education, knowledge, and experience in the evaluation, diagnosis, and treatment of the disease or injury for which the damage recovery is to be made against such person, the individual was substantially familiar with applicable standards of care and practice as they relate to the act or omission which is the subject of the lawsuit on the date of the incident.

(2) Court May Approve Fee.—In a product liability lawsuit involving such a product, the court shall not permit an expert in one medical specialty or subspecialty to testify against a defendant in another medical specialty or subspecialty unless, in addition to the showing of substantial familiarity in accordance with paragraph (1)(B), there is a showing that the standards of care and practice in the two specialties or subspecialties are similar.

(3) Limitation.—The limitations in this subsection shall not apply to expert witnesses testifying as to the degree or permanency of medical or physical impairment.

SEC. 6. Additional Health Benefits.

(a) In General.—In any health care lawsuit involving any damages received by a claimant in any health care lawsuit shall be reduced by the court by the amount of any collateral source benefits to which the claimant is entitled, less any insurance premiums or other payments made by the claimant (or by the spouse, parent, child, or legal guardian of the claimant) to obtain or secure such benefits.

(b) Preservation of Current Law.—Where a payor of collateral source benefits has a right of recovery by reimbursement or subrogation and such right is permitted under Federal or State law, subsection (a) shall not apply.

(c) Application of Provision.—This section shall apply to any health care lawsuit that is settled or resolved by a fact finder.

SEC. 7. Punitive Damages.

(a) Punitive Damages Permitted.—

(1) In General.—Punitive damages may, if otherwise available under applicable State or Federal law, be awarded against any person in a health care lawsuit only if it is proved by clear and convincing evidence that such person acted with malicious intent to injure the claimant, or that such person deliberately failed to avoid unnecessary injury that such person knew was substantially certain to suffer.

(2) Filing of Lawsuit.—No demand for punitive damages shall be included in a health care lawsuit. A care lawsuit may allow a claimant to file an amended pleading for punitive damages only upon a motion by the claimant and after a finding by the court, upon review of supporting and opposing affidavits or after a hearing, after weighing the evidence, that the claimant has established by a substantial probability that such claimant was substantially certain to suffer.

(3) Separate Proceeding.—At the request of any party in a health care lawsuit, the court, upon review of supporting and opposing affidavits or after a hearing, after weighing the evidence, that the claimant has established by a substantial probability that such claimant was substantially certain to suffer.

(b) Application.—This section applies to all actions which have been first set for trial or retrial before the effective date of this title.


(a) In General.—In any health care lawsuit, if an award of future damages, without reduction to present value, equaling or exceeding the amount of economic damages is rendered against a person, no punitive damages may be awarded with respect to the claim in such lawsuit against such person.

(b) Payment of Future Damages.—In any health care lawsuit where judgment is rendered against a person, no punitive damages may be awarded with respect to the claim in such lawsuit against such person.

(c) Effect on Other Laws.—

(1) In General.—To the extent that title XXI of the Public Health Service Act establishes a Federal rule of law applicable to a claim of injury or death—

(A) this title shall not affect the application of the rule of law to such an action; and

(B) an action for which a judgment is rendered under this title in conflict with a rule of law of such title XXI shall not apply to such action.
(2) EXCEPTION.—If there is an aspect of a civil action brought for a vaccine-related injury or death, to which a Federal rule of law under title XXI of the Public Health Service Act applies, then this title shall apply to a health care liability claim whether otherwise applicable law (as determined under this title) will apply to such aspect of such action. (b) SMALLPOX VACCINE INJURY.—(1) IN GENERAL.—To the extent that part C of title II of the Public Health Service Act establishes a Federal rule of law applicable to a smallpox vaccine-related injury or death—
(A) this title shall not affect the application of the rule of law to such an action; and
(B) the provision prescribed by the rule in conflict with a rule of law of such part C shall not apply to such action.
(2) EXCEPTION.—If there is an aspect of a civil action brought for a smallpox vaccine-related injury or death, to which a Federal rule of law under part C of title II of the Public Health Service Act does not apply, then this title or otherwise applicable law (as determined under this title) will apply to such aspect of such action.
(c) PROTECTION OF STATE'S RIGHTS AND OTHER LAWS.—(1) IN GENERAL.—The provisions governing health care lawsuits set forth in this title shall preempt, subject to subsections (b) and (c), State law to the extent that State law prevents the application of any provisions of this Act established by or under this title. The provisions governing health care lawsuits set forth in this title supersede chapter 171 of title 28, United States Code, to the extent that such chapter—
(A) provides for a greater amount of damages or contingent fees, a longer period in which a health care lawsuit may be commenced, or a reduced applicability or scope of periodic payment of future damages, than provided in this title; or
(B) prohibits the introduction of evidence regarding collateral source benefits.
(2) RULE OF CONSTRUCTION.—Nothing in this Act is intended to be a condition for making such election.
(3) OTHER LAWS.—(A) preempt or supersede any Federal or State law that imposes greater procedural or substantive protections (such as a shorter statute of limitations) for a health care lawsuit brought in a Federal or State court, or subject to an alternative dispute resolution system, that is initiated on or after the date of the enactment of this title, except that any health care lawsuit arising from an injury occurring prior to the date of enactment of this title shall be governed by the applicable statute of limitations provisions in effect at the time the injury occurred.

SA 3681. Mr. BUNNING submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:
At the end of subtitle B of title I, add the following:
SEC. 11. APPLICABILITY, EFFECTIVE DATE.
This title shall apply to any health care lawsuit brought in a Federal or State court, or subject to an alternative dispute resolution system, that is initiated on or after the date of the enactment of this title, except that any health care lawsuit arising from an injury occurring prior to the date of enactment of this title shall be governed by the applicable statute of limitations provisions in effect at the time the injury occurred.

SEC. 10. STATE FLEXIBILITY AND PROTECTION OF STATES RIGHTS.
(a) HEALTH CARE LAWSUITS.—The provisions governing health care lawsuits set forth in this title shall preempt, subject to subsections (b) and (c), State law to the extent that State law prevents the application of any provisions of law established by or under this title. The provisions governing health care lawsuits set forth in this title supersede chapter 171 of title 28, United States Code, to the extent that such chapter—
(1) provides for a greater amount of damages or contingent fees, a longer period in which a health care lawsuit may be commenced, or a reduced applicability or scope of periodic payment of future damages, than provided in this title; or
(2) prohibits the introduction of evidence regarding collateral source benefits.
(b) GRANTS TO STATES TO INCREASE PAYMENT RATES TO PROVIDERS.—Any amounts otherwise made available to pay the salaries and expenses of an individual who elects to opt out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—
(1) opt out of benefits under title II of such Act as a condition for making such election; and
(2) repay any amount paid under such part A for items and services furnished prior to making such election.

SEC. 3682. Mr. MCCAIN (for himself and Mr. KYL) submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:
On page 113, after line 21, insert the following:
SEC. 3602. COMPENSATION TO STATES FOR APPLYING DAVIS-BACON WAGE REQUIREMENTS TO ENTITLEMENT THE PERCENTAGE BY WHICH THE CREDITS AND SUBSIDIES EQUAL TO THE AMOUNT OF SUCH EXCESS; AND
SEC. 10. STATE FLEXIBILITY AND PROTECTION OF STATES RIGHTS.
(a) HEALTH CARE LAWSUITS.—The provisions governing health care lawsuits set forth in this title shall preempt, subject to subsections (b) and (c), State law to the extent that State law prevents the application of any provisions of law established by or under this title. The provisions governing health care lawsuits set forth in this title supersede chapter 171 of title 28, United States Code, to the extent that such chapter—
(1) provides for a greater amount of damages or contingent fees, a longer period in which a health care lawsuit may be commenced, or a reduced applicability or scope of periodic payment of future damages, than provided in this title; or
(2) prohibits the introduction of evidence regarding collateral source benefits.
(b) GRANTS TO STATES TO INCREASE PAYMENT RATES TO PROVIDERS.—Any amounts otherwise made available to pay the salaries and expenses of an individual who elects to opt out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—
(1) opt out of benefits under title II of such Act as a condition for making such election; and
(2) repay any amount paid under such part A for items and services furnished prior to making such election.

SEC. 3683. Mr. THUNE submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:
On page 113, after line 21, insert the following:
SEC. 11. APPLICABILITY, EFFECTIVE DATE.
This title shall apply to any health care lawsuit brought in a Federal or State court, or subject to an alternative dispute resolution system, that is initiated on or after the date of the enactment of this title, except that any health care lawsuit arising from an injury occurring prior to the date of enactment of this title shall be governed by the applicable statute of limitations provisions in effect at the time the injury occurred.

SA 3684. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:
Strike section 1202 and insert the following:
SEC. 1202. PAYMENTS TO PRIMARY CARE PROVIDERS.
(a) GRANTS TO STATES TO INCREASE PAYMENTS.—From the amounts appropriated under subsection (b), the Secretary of Health and Human Services shall award grants to States with an approved State plan amendment intended to be proposed by the Patient Protection and Affordable Care Act to increase payments to primary care physicians.
care providers under the State Medicaid program above the rates applicable under the State Medicaid program on the date of enactment of this Act. Funds paid to a State from such a grant shall only be used for expenditures attributable to the additional amounts paid to such providers as a result of the increase in such rates.

(b) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to the Secretary of Health and Human Services, $3,000,000,000, to remain available until expended.

(c) EFFECTIVE DATE.—This section shall take effect on January 1, 2013.

SA 3685. Mr. BROWNBACK (for himself and Mr. ROBERTS) submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 61, after line 3, insert the following:

SEC. 1921A. (a) IN GENERAL.—The requirements referred to in section 1922(a)(94) are that the laws of a State must—

(1) in accordance with subsection (b)—

(A) require the disclosure of information on hospital charges for certain inpatient and outpatient hospital services (as determined by the State) provided at the hospital; and

(B) provide for timely access to such information by individuals seeking or requiring such services.

(b) INFORMING INDIVIDUALS OF OUT-OF-POCKET COSTS.—The laws of a State must—

(1) require disclosure, by each hospital located in the State, of information on the charges for certain inpatient and outpatient hospital services (as determined by the State) provided at the hospital; and

(2) provide for timely access to such information by individuals seeking or requiring such services.

(c) ESTIMATED OUT-OF-POCKET COSTS.—The laws of a State must require that, upon the request of any individual with health insurance coverage sponsored by a health insurance issuer, the issuer must provide a statement of the estimated out-of-pocket costs that are likely to be incurred by the individual if the individual receives particular health care items and services within a specified period of time.

(d) RULES OF CONSTRUCTION.—Nothing in this section shall be construed as—

(1) authorizing or requiring the Secretary to establish uniform standards for the State laws required by subsections (b) and (c);

(2) requiring any State with a law enacted on or before the date of the enactment of this Act that—

(A) meets the requirements of subsection (b) or subsection (c) to modify or amend such law; or

(B) meets some but not all of the requirements of subsection (b) or subsection (c) to modify or amend such law except to the extent necessary to address the unmet requirements;

(3) precluding any State in which a program of voluntary disclosure of information on hospital charges is in effect from adopting a law codifying such program (other than its voluntary requirements) to satisfy the requirement of subsection (b)(1); or

(4) guaranteeing that the out-of-pocket costs of an individual will not exceed the estimate or estimates of such costs provided pursuant to subsection (c).

(e) DEFINITIONS.—For purposes of this section:

(1) The term ‘health insurance coverage’ has the meaning given such term in section 279(b)(1) of the Public Health Service Act.

(2) The term ‘health insurance issuer’ has the meaning given such term in section 279(b)(2) of the Public Health Service Act, except that such term also includes—

(A) a Medicare Advantage organization (as defined in section 1901(m)); and

(B) a Medicare Advantage organization (as defined in section 1901(a)(1)), taking into account the operation of section 3021(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Section 1861(b)(3) shall not preclude the application to a Medicare Advantage organization a Medicare Advantage plan offered by such an organization of any State law adopted to carry out the requirements of subsection (b) or (c).

(B) The term ‘hospital’ means an institution that meets the requirements of paragraphs (1) and (7) of section 1861(e) and includes those to which section 1820(c) applies.”.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by subsection (a) shall take effect on October 1, 2010.

(2) EXCEPTION.—In the case of a State plan for medical assistance under title XIX of the Social Security Act, the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the legislation to meet the additional requirements imposed by the amendment made by subsection (a), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State Legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

SA 3687. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1207. INCREASING THE TRANSPARENCY OF INFORMATION ON HOSPITAL CHARGES AND MAKING AVAILABLE INFORMATION ON ESTIMATED OUT-OF-POCKET COSTS FOR HEALTH CARE SERVICES.

(a) IN GENERAL.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by section 212(b) of the Patient Protection and Affordable Care Act, is amended by inserting “and” at the end of paragraph (82); and

(b) by striking the period at the end of paragraph (83) and inserting “; and”;

(c) by inserting after paragraph (83) the following new paragraph:

“(89) provide that the State will establish and maintain laws, in accordance with the requirements of section 1921A, to require disclosure of information on hospital charges, to make such information available to the public, and to provide individuals with information about estimated out-of-pocket costs for health care services; and

(d) by inserting after section 1921 the following new section:

Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subsection C of title I, add the following:

SEC. 1921A. (a) IN GENERAL.—Chapter 55 of title 38, United States Code, is amended by adding at the end the following new section:

“5511. Conditions for treatment of certain persons as adjudicated mentally incompetent for certain purposes.

‘‘In any case arising out of the administration of the laws and benefits under this title, a person who is mentally incompetent, deemed incompetent in a subsequent proceeding, or experiencing an extended loss of consciousness shall not be considered adjudicated as a mental defective under subsection (a) of section 922 of title 18 without the order or finding of a judge, magistrate, or other judicial authority of competent jurisdiction that such person is a danger to himself or herself or others.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 55 of such title is amended by adding at the end the following new item:

“5511. Conditions for treatment of certain persons as adjudicated mentally incompetent for certain purposes.”

SA 3688. Ms. SNOWE (for herself, Mr. MCCAIN, Mr. VITTER, Mr. THUNE, Mr. GRASSLEY, and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end, add the following:
TITLE III—IMPORTATION OF PRESCRIPTION DRUGS

SEC. 3001. SHORT TITLE.

This title may be cited as the “Pharmaceutical Market Access and Drug Safety Act of 2010.”

SEC. 3002. FINDINGS.

Congress finds that—

(1) American pharmacies frequently pay up to 5 times more to fill their prescriptions than consumers in other countries;

(2) the United States is the largest market for pharmaceuticals in the world, yet American consumers pay the highest prices for brand pharmaceuticals in the world;

(3) a prescription drug is neither safe nor effective to an individual who cannot afford it;

(4) allowing and structuring the importation of prescription drugs to ensure access to safe, affordable drugs approved by the Food and Drug Administration will provide a level of safety to American consumers that they do not currently enjoy;

(5) American spend more than $200,000,000,000 on prescription drugs every year;

(6) the Congressional Budget Office has found that the cost of prescription drugs are between 35 to 55 percent less in other highly-developed countries than in the United States;

(7) promoting competitive market pricing would both contribute to health care savings and allow greater access to therapy, improving health and saving lives.

SEC. 3003. REPEAL OF CERTAIN SECTION REGARDING IMPORTATION OF PRESCRIPTION DRUGS.


SEC. 3004. APPLICATION OF PRESCRIPTION DRUGS; WAIVER OF CERTAIN IMPORT RESTRICTIONS.

(a) IN GENERAL.—Chapter VIII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381 et seq.), as amended by section 3003, is further amended by inserting after section 803 the following:

SEC. 804. COMMERCIAL AND PERSONAL IMPORTATION OF PRESCRIPTION DRUGS.

(1) IMPORTATION OF PRESCRIPTION DRUGS.—

(i) The term ‘registered importer’ means a pharmacy, group of pharmacies, or a wholesaler for which a registration under subsection (b) has been approved and is in effect.

(ii) The term ‘registered exporter’ means a pharmacy, group of pharmacies, or a wholesaler for which a registration under subsection (b) has been approved and is in effect.

(iii) The term ‘registered importers’ and ‘registered exporters’ includes a transitional measure for the regulation of human pharmaceutical products that has not expired, or

(ii) the Secretary determines that the requirements described in subclauses (I) and (II) of clause (vii) will not be met by the date on which such transitional measure for the regulation of human pharmaceutical products expires;

(iv) Japan;

(v) New Zealand;

(vi) Switzerland; and

(vii) a country in which the Secretary determines the following requirements are met:

(I) The country has statutory or regulatory requirements—

(aa) that require the review of drugs for safety and effectiveness by an entity of the government of the country;

(bb) that authorize the approval of only those drugs that have been determined to be safe and effective by, or acting on behalf of such entity and qualified by scientific training and experience to evaluate the safety and effectiveness of drugs on the basis of adequate and well-controlled investigations, including clinical investigations, conducted by experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs;

(cc) that require the methods used in, and the facilities and controls used for the manufacture, processing, and packaging of drugs in the country to be adequate to preserve their identity, quality, purity, and strength;

(dd) for the reporting of adverse reactions to the drug and procedures for withdrawal of approval and remove drugs found not to be safe or effective; and

(ee) that require the labeling and promotion of drugs to be in accordance with the approval of the drug.

(II) The valid marketing authorization system in the country is equivalent to the systems in the countries described in clauses (i) through (vi).

(III) The importation of drugs to the United States from the country will not adversely affect public health.

(b) REGISTRATION OF IMPORTERS AND EXPORTERS.—A registration condition is that the importer or exporter involved (referred to in this subsection as a ‘registrant’) submits to the Secretary a registration containing the following:

(A) the name of the exporter, the name and an identification of all places of business of the exporter that relate to the exporting of such drugs, including each warehouse or other facility owned or controlled by, or operated for, the exporter.

(b) REGISTRATION OF IMPORTERS AND EXPORTERS.—A registration condition is that the importer or exporter involved (referred to in this subsection as a ‘registrant’) submits to the Secretary a registration containing the following:

(A) the name of the exporter, the name and an identification of all places of business of the exporter that relate to the exporting of such drugs, including each warehouse or other facility owned or controlled by, or operated for, the exporter.

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“(ii) In the case of an importer, the name of the importer and an identification of the place of business of the importer at which the importer initially receives a qualifying drug or drug product (which shall exceed 3 places of business except by permission of the Secretary).

“(B) Such information as the Secretary determines to be necessary to demonstrate that the registrant is in compliance with registration conditions under—

“(i) in the case of an importer, subsections (c), (f), (g), (b), (i), and (j) (relating to the sources of imported qualifying drugs; the inspection of facilities of the importer; the payment and maintenance of records and samples); or

“(ii) in the case of an exporter, subsections (c), (f), (g), (h), (i), and (j) (relating to the sources of exported qualifying drugs; the inspection of facilities of the exporter; and the marking of compliant shipments; the payment of fees; and compliance with the standards referred to in section 801(a); and maintenance of records and samples).

“(C) An agreement by the registrant that the registrant will not under subsection (a) import or export any drug that is not a qualifying drug or that is not in compliance with the registration conditions under—

“(D) An agreement by the registrant to—

“(i) notify the Secretary of a recall or withdrawal of a qualifying drug distributed in a manner that is not in compliance with the registration conditions under the preceding sentence; and

“(ii) provide for the return to the registrant of such drug; and

“(iii) cease, or not begin, the exportation or importation of such a drug unless the Secretary has notified the registrant that exportation or importation of such drug may proceed.

“(E) An agreement by the registrant to ensure and monitor compliance with each registration condition, to promptly correct any noncompliance with such a condition, and to promptly report to the Secretary any such noncompliance.

“(F) A plan describing the manner in which the registrant will comply with the agreement under paragraph (E).

“(G) An agreement by the registrant to enforce a contract under subsection (c)(3)(B) against the registrant or such a person, has no legal effect.

“(H) A statement by the registrant to the Secretary that the registrant is in compliance with the registration conditions, or if on 1 or more occasions the registrant has failed to permit the Secretary to conduct an inspection described under subparagraph (B), the Secretary may make the termination permanent, or for a fixed period of not less than 1 year. In the case of a disapproved registration, the Secretary shall subsequently notify the registrant that the registration is approved or is disapproved. The Secretary shall disapprove a registration if there is reason to believe that the registrant is not in compliance with one or more registration conditions, and shall notify the registrant of such reason.

“(I) The drug was manufactured in an establishment—

“(A) required to register under subsection (g)(2)(A) or (g)(4), or has exported a qualifying drug to a country, and the establishment manufacturing practice inspection of the establishment—

“(B)(i) inspected by the Secretary; or

“(ii) the registrant or such a person, has no legal effect under this section.

“(J) DEFAULT OF BOND.—A bond required to be filed by an exporter or importer under paragraph (1)(ii) shall be defaulted and paid to the Secretary for an informal hearing, the Secretary determines that the registrant has engaged in a pattern or practice of violating 1 or more registration conditions, and on the Secretary may make the registration permanent, or for a fixed period of not less than 1 year. In the case of a disapproved registration, the Secretary shall subsequently notify the registrant that the registration is approved or is disapproved. The Secretary shall disapprove a registration if there is reason to believe that the registrant is not in compliance with one or more registration conditions, and shall notify the registrant of such reason.

“(K) Such other provisions as the Secretary determines, after notice and opportunity for a hearing not later than 10 days after the date on which the registration is suspended.

“(L) The exporter or importer has failed to maintain substantial compliance with a registration condition.

“(ii) If the Secretary determines that, under color of the registration, the exporter has exported a drug or the importer has imported a drug that is not a qualifying drug, or that does not meet the requirements referred to in sections (g)(2)(A) or (g)(4), or has exported a qualifying drug to an individual in violation of subsection (i), the Secretary shall immediately suspend the registration under the preceding sentence is not subject to the provision by the Secretary of prior notice, and the Secretary shall provide the applicant an opportunity for a hearing not later than 10 days after the date on which the registration is suspended.

“(M) The Secretary has determined that the registration, whether suspended under clause (i) or (ii), if the Secretary determines that the registrant has failed to comply with registration conditions, or if the registrant has engaged in a pattern or practice of violating 1 or more registration conditions, and on the Secretary may make the registration permanent, or for a fixed period of not less than 1 year. In the case of a disapproved registration, the Secretary shall subsequently notify the registrant that the registration is approved or is disapproved. The Secretary shall disapprove a registration if there is reason to believe that the registrant is not in compliance with one or more registration conditions, and shall notify the registrant of such reason.

“(N) The exporter or importer has failed to maintain substantial compliance with a registration condition.

“(ii) If the Secretary determines that, under color of the registration, the exporter has exported a drug or the importer has imported a drug that is not a qualifying drug, or that does not meet the requirements referred to in sections (g)(2)(A) or (g)(4), or has exported a qualifying drug to an individual in violation of subsection (i), the Secretary shall immediately suspend the registration under the preceding sentence is not subject to the provision by the Secretary of prior notice, and the Secretary shall provide the applicant an opportunity for a hearing not later than 10 days after the date on which the registration is suspended.

“(M) The Secretary has determined that the registration, whether suspended under clause (i) or (ii), if the Secretary determines that the registrant has failed to comply with registration conditions, or if the registrant has engaged in a pattern or practice of violating 1 or more registration conditions, and on the Secretary may make the registration permanent, or for a fixed period of not less than 1 year. In the case of a disapproved registration, the Secretary shall subsequently notify the registrant that the registration is approved or is disapproved. The Secretary shall disapprove a registration if there is reason to believe that the registrant is not in compliance with one or more registration conditions, and shall notify the registrant of such reason.

“(N) The exporter or importer has failed to maintain substantial compliance with a registration condition.
(i) provides to the exporter or importer a statement (in such form and containing such information as the Secretary may require) that, for the chain of custody from the establishment that is not a permitted country and from the manufacturer of the drug. Markings or other technology under the preceding sentence shall—

(A) be designed to prevent affixation of the markings or other technology to any container that is not authorized to bear the markings; and

(B) include antitampering or track-and-trace technologies, taking into account the economic and technical feasibility of those technologies.

(9) Inspections RELATING TO EXPORTERS.—Duties of the Secretary with respect to an exporter include: the following:

(A) Inspecting, randomly, but not less than once each year, the establishments of those exporters that lacks such technologies from the point of manufacture shall not for that reason be excluded from importation by an importer.

(B) Determining whether the exporter is in compliance with all other registration conditions.

(C) Determining whether the importer is in compliance with all other registration conditions.

(D) Inspecting as the Secretary determines necessary the warehouses and other facilities, including records, of other parties in the chain of custody of qualifying drugs.

(E) Determining whether the exporter is in compliance with any standards under this Act that are applicable to facilities of that type in the United States; and

(iv) has ensured, through such contractual relationships as may be necessary, that the Secretary has the authority to inspect such statements and related records to determine their accuracy;

(iii) agrees, with respect to the qualifying drugs involved, to permit the Secretary to inspect warehouses and other facilities, including records, of the entity for purposes of determining whether the facilities are in compliance with any standards under this Act that are applicable to facilities of that type in the United States; and

(ii) to carry out any other functions determined necessary the warehouses and other facilities, including records, of the entity for purposes of determining whether the facilities are in compliance with any standards under this Act that are applicable to facilities of that type in the United States.

(d) INSPECTION OF FACILITIES; MARKING OF SHIPMENTS.—

(1) INSPECTION OF FACILITIES.—A registration condition is that, for the purpose of ascertaining whether the drug is being imported by the individuals in accordance with the preceding sentence, the Secretary shall—

(A) AGGREGATE TOTAL OF FEES.—Not later than 30 days before the start of each fiscal year, the Secretary, in consultation with the Secretary of Homeland Security and the Secretary of the Treasury, shall establish an aggregate total of fees to be collected under paragraph (2) for importers for that fiscal year that is sufficient, and not more than 12 times annually, on the premises of places of business referred to in subparagraph (A)(i), the Secretary randomly, but not less than 12 inspections under subparagraph (A), verifying the chain of custody of a statistically significant sample of qualifying drugs from the establishment in which the drug was manufactured to the exporter, which shall be accomplished or supplemented by the use of antitampering or track-and-trace technologies, taking into account the economic and technical feasibility of those technologies, except that a drug that lacks such technologies at the point of manufacture shall not for that reason be excluded from importation by an importer.

(C) Reviewing notices under paragraph (4);

(D) Monitoring the affixing of markings on a day-to-day basis, to—

(i) has ensured, through such contractual relationships as may be necessary, that the Secretary has the authority to inspect such statements and related records to determine their accuracy;

(ii) to have access, including on a day-to-day basis, to—

(iii) has ensured, through such contractual relationships as may be necessary, that the Secretary has the authority to inspect such statements and related records to determine their accuracy;

(iv) has ensured, through such contractual relationships as may be necessary, that the Secretary has the authority to inspect such statements and related records to determine their accuracy;

(v) has ensured, through such contractual relationships as may be necessary, that the Secretary has the authority to inspect such statements and related records to determine their accuracy;

(vi) has ensured, through such contractual relationships as may be necessary, that the Secretary has the authority to inspect such statements and related records to determine their accuracy;
United States to determine if such a shipment should be refused admission under subsection (g)(5).

The fee under paragraph (2) for a fiscal year shall not exceed 25 percent of the total price of qualifying drugs imported during that fiscal year into the United States by registered importers under subsection (a).

(c) TOTAL PRICE OF DRUGS.—

(i) ESTIMATE.—For the purposes of complying with the limitation described in subparagraph (B) when establishing under subparagraph (A) the aggregate total of fees to be collected under paragraph (2) for a fiscal year, the Secretary shall estimate the total price of qualifying drugs imported into the United States by registered importers during that fiscal year, as reported to the Secretary by each registered importer under subsection (b)(1)(J).

(ii) CALCULATION.—Not later than March 1 of the fiscal year that follows the fiscal year for which the estimate under clause (i) is made, the Secretary shall calculate the total price of qualifying drugs imported into the United States by registered importers during that fiscal year by adding the total price of qualifying drugs imported by each registered importer during that fiscal year, as reported to the Secretary by each such registered importer under subsection (b)(1)(J).

(iii) ADJUSTMENT.—If the total price of qualifying drugs imported during the fiscal year as calculated under clause (ii) is less than the aggregate total of fees collected under subparagraph (B) during that fiscal year, the Secretary shall provide for a pro-rata reduction in the fee due from each registered importer on April 1 of the subsequent fiscal year so that the limitation described in subparagraph (B) is observed.

(d) INDIVIDUAL IMPORTER FEE.—Subject to the limitation described in subparagraph (B), the fee under paragraph (2) to be paid on October 1 and April 1 by an importer shall be an amount that is proportional to the volume of qualifying drugs imported by each registered importer during the 6-month period from January 1 through June 30 of the previous fiscal year, as reported to the Secretary by each registered importer under subsection (b)(1)(J).

(ii) CALCULATION.—Not later than March 1 of the fiscal year that follows the fiscal year for which the estimate under clause (i) is made, the Secretary shall calculate the total price of qualifying drugs imported by each registered importer during that fiscal year by adding the total price of qualifying drugs imported by each registered importer during that fiscal year, as reported to the Secretary by each registered importer under subsection (b)(1)(J).

(iii) ADJUSTMENT.—If the total price of qualifying drugs imported during the fiscal year as calculated under clause (ii) is less than the aggregate total of fees collected under paragraph (2) for a fiscal year, the Secretary shall estimate the total price of qualifying drugs imported during that fiscal year into the United States by registered importers under subsection (a).
II. The date on which the qualifying drug with such difference was, or will be, introduced for commercial distribution in the permitted country; and

III. The information that the person submitted or will submit to the government of the permitted country for purposes of obtaining approval for commercial distribution of the drug in the country which, if in a language other than English, shall be accompanied by an English translation verified to be complete and accurate, with the name, address, and a brief statement of the qualifications of the person that made the translation.

III. CERTIFICATIONS.—The chief executive officer and the chief medical officer of the manufacturer involved shall each certify in the notice (I) that—

I. The information provided in the notice is complete and true; and

II. A copy of the notice has been provided to the Federal Trade Commission and to the State attorneys general.

IV. FEE.—

I. In GENERAL.—If a notice submitted under clause (i) includes a difference that would, under section 506A, require the submission of a supplemental application if made as a change to the U.S. label drug, the person that submits the notice shall pay to the Secretary a fee in the same amount as would apply if the person were paying a fee pursuant to section 736a(a)(1)(A)(ii). Fees collected by the Secretary under the preceding sentence are available only to the Secretary and are for the sole purpose of paying the costs of reviewing notices submitted under clause (i).

II. PER AMOUNT FOR CERTAIN YEARS.—If no fee amount is in effect under section 736a(a)(1)(A)(ii) for a fiscal year, then the amount paid by a person under subsection (i) shall—

I. For each subsequent fiscal year in which no fee amount under such section in effect, be equal to the applicable fee amount under section 736a(a)(1)(A)(ii) for the most recent fiscal year for which such section was in effect, adjusted in accordance with section 736c; and

II. For each subsequent fiscal year in which no fee amount under such section in effect, be equal to the applicable fee amount for the previous fiscal year, adjusted in accordance with section 736c.

V. TIMING OF SUBMISSION OF NOTICES.—

I. PRIOR APPROVAL NOTICES.—A notice under clause (i) to which subparagraph (C) applies shall be submitted to the Secretary on the date that the qualifying drug is first introduced for commercial distribution in a permitted country and annually thereafter.

II. REVIEW BY SECRETARY.—

I. In GENERAL.—In this paragraph, the difference that is submitted in a notice under clause (i) from the U.S. label drug shall be treated by the Secretary as if it were a manufacturing change to the U.S. label drug.

II. STANDARD OF REVIEW.—Except as provided in clause (III), the Secretary shall promptly review the difference in a notice submitted under clause (i), if required under section 506A, using the safe and effective standard for approving or disapproving a manufacturing change under section 506A.

III. BIOEQUIVALENCE.—If the Secretary would approve the difference in a notice submitted under clause (i) using the safe and effective standard under section 506A and if the Secretary determines that the qualifying drug is not bioequivalent to the U.S. label drug, the Secretary shall—

I. Provide an advisory to health care practitioners and patients to use the qualifying drug safely and effectively; or

II. Require a supplemental application regarding the qualifying drug involved.

IV. ESTABLISHMENT INSPECTION.—If review of such difference would require an inspection of the establishment in which the qualifying drug is manufactured—

I. Such inspection by the Secretary shall be authorized; and

II. The Secretary may rely on a satisfactory report by the manufacturer of a manufacturing practice inspection of the establishment from a permitted country whose regulatory system the Secretary recognizes as equivalent under a mutual recognition agreement, as provided under section 501(i)(3), section 803, or part 26 of title 21, Code of Federal Regulations (or any corresponding successor rule or regulation).

VII. PUBLICATION OF INFORMATION ON NOTICES.—

I. IN GENERAL.—Through the Internet website of the Food and Drug Administration and a toll-free telephone number, the Secretary shall readily make available to the public a list of notices submitted under clause (i).

II. CONTENTS.—The list under subsection (I) shall include the date on which a notice is submitted and whether—

I. A notice is under review;

II. The Secretary has ordered that importation of the qualifying drug from a permitted country cease; or

III. The Secretary has promulgated a supplemental application.

III. UPDATE.—The Secretary shall promptly update the Internet website with any changes to the list.

V. NOTICE; DRUG DIFFERENCE REQUIRING PRIOR APPROVAL.—In the case of a supplemental application involving a change to the U.S. label drug, the Secretary shall promulgate a supplemental application upon the filing of a notice under this section.

VI. PERMISSIBLE DRUGS.—The Secretary may promulgate a supplemental application where such an application involves a variation, as defined in this section, that could be made to the U.S. label drug.

VII. NOTICE; DRUG DIFFERENCE NOT REQUIRING PRIOR APPROVAL.—In the case of a notice under subparagraph (B)(i) that includes a difference that would, under section 506A(d)(3)(B)(ii), not require the approval of a supplemental application before the difference could be made to the U.S. label drug, the following shall occur:

I. During the period in which the notice is being reviewed by the Secretary, the author under this subsection to import the qualifying drug involved continues in effect.

II. If the Secretary determines that such a supplemental application involving the U.S. label drug would not be approved, the Secretary shall—

I. Order that the importation of the qualifying drug involved from the permitted country cease, or provide that an order under clause (ii), if any, remains in effect; and

II. Notify the permitted country that approved the qualifying drug for commercial distribution of the determination; and

III. Notify registered exporters, registered importers, the Federal Trade Commission, and the State attorneys general of the determination.

VIII. EXCEPTIONS.—In this subsection, a supplemental application involving the U.S. label drug would not be approved, the Secretary shall—

I. Notify the permitted country that approved the qualifying drug for commercial distribution of the determination; and

II. Notify registered exporters, registered importers, the Federal Trade Commission, and the State attorneys general of the determination.

IX. Other notices.—A notice under clause (i) to which subparagraph (E) applies shall be submitted to the Secretary on the date that the qualifying drug is first introduced for commercial distribution in a permitted country and annually thereafter.

X. REVIEW BY SECRETARY.—

I. In GENERAL.—In this paragraph, the difference that is submitted in a notice under clause (i) from the U.S. label drug shall be treated by the Secretary as if it were a manufacturing change to the U.S. label drug:

II. STANDARD OF REVIEW.—Except as provided in clause (III), the Secretary shall promptly review the difference in a notice submitted under clause (i), if required under section 506A, using the safe and effective standard for approving or disapproving a manufacturing change under section 506A.

X. BIOEQUIVALENCE.—If the Secretary would approve the difference in a notice submitted under clause (i) using the safe and effective standard under section 506A and if the Secretary determines that the qualifying drug is not bioequivalent to the U.S. label drug, the Secretary shall—

I. Provide an advisory to health care practitioners and patients to use the qualifying drug safely and effectively; or

II. Require a supplemental application regarding the qualifying drug involved.

XI. ESTABLISHMENT INSPECTION.—If review of such difference would require an inspection of the establishment in which the qualifying drug is manufactured—

I. Such inspection by the Secretary shall be authorized; and

II. The Secretary may rely on a satisfactory report by the manufacturer of a manufacturing practice inspection of the establishment from a permitted country whose regulatory system the Secretary recognizes as equivalent under a mutual recognition agreement, as provided under section 501(i)(3), section 803, or part 26 of title 21, Code of Federal Regulations (or any corresponding successor rule or regulation).

XII. PUBLICATION OF INFORMATION ON NOTICES.—

I. IN GENERAL.—Through the Internet website of the Food and Drug Administration and a toll-free telephone number, the Secretary shall readily make available to the public a list of notices submitted under clause (i).

II. CONTENTS.—The list under subsection (I) shall include the date on which a notice is submitted and whether—

I. A notice is under review;

II. The Secretary has ordered that importation of the qualifying drug from a permitted country cease; or

III. The Secretary has promulgated a supplemental application.

III. UPDATE.—The Secretary shall promptly update the Internet website with any changes to the list.

XIII. NOTICE; DRUG DIFFERENCE REQUIRING PRIOR APPROVAL.—In the case of a notice under subparagraph (B)(i) that includes a difference that would, under subsection (c) or (d)(3)(B)(i) of section 506A, require the approval of a supplemental application before the difference could be made to the U.S. label drug the following shall occur:

I. Promptly after the notice is submitted the Secretary shall—

II. Notify registered exporters, registered importers, the Federal Trade Commission, and the State attorneys general that the notice has been submitted with respect to the qualifying drug.

III. If the Secretary has not made a determination whether such a supplemental application regarding the U.S. label drug would be approved, the Secretary shall—

I. Order that the importation of the qualifying drug involved from the permitted country not begin until the Secretary completes its review of the notice.

IV. If the Secretary has not made a determination that such a supplemental application regarding the U.S. label drug would not be approved, the Secretary shall—

I. Order that the importation of the qualifying drug involved from the permitted country cease; or

II. Notify the permitted country that approved the qualifying drug for commercial distribution of the determination.

V. NOTICE; DRUG DIFFERENCE NOT REQUIRING PRIOR APPROVAL; NO DIFFERENCE.—In the case of
a notice under subparagraph (B)(i) that includes a difference for which, under section 506A(d)(1)(A), a supplemental application would not be required for the difference to be made to the U.S. label drug, or that states that there is no difference, the Secretary—

'(i) shall consider such difference to be a variation provided for in the approved application of the U.S. label drug; and

'(ii) may not order that the importation of the qualifying drug involved cease; and

'(iii) shall promptly notify registered exporters and importers.

'(F) DIFFERENCES IN ACTIVE INGREDIENT, ROUTE OF ADMINISTRATION, DOSAGE FORM, OR STRENGTH.—

'(i) IN GENERAL.—A person who manufactures a drug approved under section 505(b) shall submit an application under section 505(b) for approval of another drug that is manufactured for distribution in a permitted country by or for the person that manufactures the drug approved under section 505(b) if—

'(I) there is no qualifying drug in commercial distribution in permitted countries whose combined population represents at least 50 percent of the total population of all permitted countries with the same active ingredient, route of administration, dosage form, and strength as the drug approved under section 505(b); and

'(II) each active ingredient of the other drug is related to an active ingredient of the drug approved under section 505(b), as defined in clause (v).

'(ii) APPLICATION UNDER SECTION 505(b).—The application under section 505(b) required under clause (i) shall—

'(I) request approval of the other drug for the indication or indications for which the drug approved under section 505(b) is labeled;

'(II) include the information that the person submitted to the government of the permitted country for purposes of obtaining approval for commercial distribution of the other drug in that country, if it is a language other than English, shall be accompanied by an English translation verified to be complete and accurate, with the name, address, and a brief statement of the qualifications of the person that made the translation;

'(III) include a right of reference to the application for the drug approved under section 505(b); and

'(IV) include such additional information as the Secretary requires.

'(iii) TIMING OF SUBMISSION OF APPLICATION.—An application under section 505(b) required under clause (i) shall be submitted to the Secretary not later than the day on which the information referred to in clause (ii) is submitted to the government of the permitted country.

'(iv) NOTICE OF DECISION ON APPLICATION.—The Secretary shall promptly notify registered exporters, registered importers, the Federal Trade Commission, and the State attorney general of the determination to approve or to disapprove an application under section 505(b) required under clause (i). If the Secretary disapproves the application, the Secretary shall provide to the applicant a copy of the decision on the application and a statement of the grounds for disapproval.

'(v) RELATED ACTIVE INGREDIENTS.—For purposes of clause (iv), 2 active ingredients are related if they are—

'(I) the same; or

'(II) different salts, esters, or complexes of the same moiety.

'(v) Section 502; Labeling.—

'(a) Importation by registered importer.—

'(i) In general.—In the case of a qualifying drug that is imported or offered for import by a registered importer, such drug shall be considered to be in compliance with section 502 if the drug is—

'(I) the shipping container or markings bear—

'(aa) the prominent advisory that the drug is a counterfeit;

'(bb) a list of the ingredients of the drug as would be required under section 502(e); and

'(ii) the packaging complies with all applicable regulations under sections 3 and 4 of the Federal Food, Drug, and Cosmetic Act (15 U.S.C. 1471 et seq.); or

'(ii) the drug may be counterfeit;

'(III) the methods used in, or the facilities and controls used for, the manufacturing, processing, packing, or holding of the drug do not conform to good manufacturing practice.

'(b) The Secretary has obtained an injunction under section 302 that prohibits the distribution of the drug in interstate commerce.

'(c) The Secretary has withdrawn approval of the drug under paragraph (x)(4) of section 502.

'(d) The drug is not a qualifying drug.

'(e) A notice for the drug required under paragraph (x)(4) has not been submitted to the Secretary.

'(f) The Secretary has a list of the ingredients of the U.S. label drug and any active ingredient otherwise described in section 502(e).
the exporter involves agrees that a qualifying drug will be exported to an individual only if the Secretary has verified that—

(1) the exporter is authorized under the law of the permitted country in which the exporter is located to dispense prescription drugs; and 

(2) the exporter employs persons that are licensed under the law of the permitted country in which the exporter is located to dispense prescription drugs in sufficient number to dispense safely the drugs exported by the exporter to individuals, and the exporter assigns to those persons responsibility for dispensing such drugs to individuals.

—M. SMARTZIER, for the committee

MISSION.—If a registered exporter ships a qualifying drug to an individual, the exporter assigns to those persons responsibility for dispensing such drugs to individuals.

1. General.

(a) Requirement of Agreement.—If a registered exporter ships a qualifying drug to an individual, the exporter involved agrees that a qualifying drug required under this section shall be imported into the United States by an importer under subsection (a) is dispensed by a pharmacist to an individual, the pharmacist shall provide that the packaging and labeling of the drug complies with all applicable regulations promulgated under sections 3 and 4 of the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.) and shall include with any other labeling provided to the individual the following:

(A) The lot number assigned by the manufacturer; 

(B) The name and registration number of the importer.

(b) Importation of Qualifying Drug.—If, after importation of a qualifying drug donated or otherwise supplied for distribution in the United States under section 10 of the Market Access and Drug Safety Act of 2010, knowingly fail to submit a notice on or before the date specified in subsection (g)(2)(F) or as otherwise required under paragraphs (3), (4), and (5) of section 308(e) of the Pharmaceutical Market Access and Drug Safety Act of 2010, knowingly fail to submit such a notice that makes a materially false, fictitious, or fraudulent statement, or knowingly fail to provide promptly any information requested by the Secretary to review such a notice.

(c) Right of the Secretary to Disapper.—It is unlawful for a manufacturer, directly or indirectly (including through a representative, employee, agent, or affiliate, or to a government of a foreign country), to—

(1) Discriminate by charging a higher price for a prescription drug sold to a registered exporter or other person that distributes, sells, or uses a qualifying drug imported into the United States under this section; 

(B) monitor recalls and withdrawals of qualifying drugs in the country using any information that is available to the public in any media. 

(3) NOTICE.—The Secretary may notify, as appropriate, registered exporters, registered importers, wholesalers, pharmacies, or the public of a recall or withdrawal of a qualifying drug in a permitted country.

(d) Drug Labeling and Packaging.—(1) In order for a qualifying drug that is imported into the United States by an importer under subsection (a) is dispensed by a pharmacist to an individual, the pharmacist shall provide that the packaging and labeling of the drug complies with all applicable regulations promulgated under sections 3 and 4 of the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.) and shall include with any other labeling provided to the individual the following:

(A) The lot number assigned by the manufacturer; 

(B) The name and registration number of the importer.

(e) If required under paragraph (2)(B)(III) of subsection (g), a prominent advisory that persons with allergies should check the ingredient list of the drug to determine whether the inactive ingredients of the drug differ from the ingredients of the U.S. label drug; and 

(C) a list of the ingredients of the drug as would be required under section 502(e). 

(f) PACKAGING.—A qualifying drug that is packaged in a unit-of-use container (as those terms are defined in the United States Pharmacopoeia and National Formulary) shall not be repackaged, provided that—

(A) the packaging complies with all applicable regulations promulgated under sections 3 and 4 of the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.); or 

(B) the consumer consents to waive the requirements of such Act, after being informed that the packaging does not comply with such Act and that the pharmacist will provide the drug in packaging that is compliant at no additional cost. 

(g) Charitable Contributions.—Notwithstanding any other provision of this section, this section does not authorize the importation into the United States of a qualifying drug donated or otherwise supplied for free or at nominal cost by the manufacturer of the drug to a charitable or humanitarian organization that distributes the drug to the United Nations and affiliates, or to a government of a foreign country.
“(J) become a party to a licensing agreement or other agreement related to a qualifying drug that fails to provide for compliance with all requirements of this section with respect to such drug; or
“(K) enter into a contract that restricts, prohibits, or delays the importation of a qualifying drug under this section; or
“(L) fail to act to restrict, prohibit, or delay the importation of a qualifying drug under this section; or
“(M) engage in any other action that the Federal Trade Commission determines to discriminate against a person that engages or attempts to engage in the importation of a qualifying drug under this section.

(2) Remedies for enumerated actions.—

The Secretary shall promptly refer to the Federal Trade Commission each potential violation of subparagraph (B), (C), (D), or (M) of paragraph (1) that becomes known to the Secretary.

(3) Affirmative defense.—

(A) Discrimination.—It shall be an affirmative defense to a charge that a manufacturer has discriminated under subparagraph (A), (B), (C), (D), or (M) of paragraph (1) that the higher price charged for a prescription drug sold to a person, the denial, restriction, or delay of supply of a prescription drug to a person, or the refusal to do business with a person, or other discriminatory action against a person, is not based, in whole or in part, on—

(i) the person exporting or importing a qualifying drug into the United States under this section; or

(ii) the person distributing, selling, or using a qualifying drug imported into the United States under this section.

(B) Drug differences.—It shall be an affirmative defense to a charge that a manufacturer has caused there to be a difference described in subparagraph (G) of paragraph (1) that—

(i) the difference was required by the country in which the drug is distributed;

(ii) the Secretary has determined that the difference was necessary to improve the safety or effectiveness of the drug;

(iii) the person manufacturing the drug for distribution in the United States has given the Secretary under section (g)(2)(B)(i) that the drug for distribution in the United States is not different from a drug for distribution in permitted countries, and the combined population represents at least 50 percent of the total population of all permitted countries; or

(iv) the difference was not caused, in whole or in part, for the purpose of restricting importation of the drug into the United States under this section.

(4) Effect of subsection.—

(A) Drug differences.—This subsection applies only to the sale or distribution of a prescription drug in a country if the manufacturer of the drug chooses to sell or distribute that drug in the country. In this subsection, ‘drug’ includes any prescription drug referred to in section 340B of the Public Health Service Act (42 U.S.C. 266b) in return for inclusion of the drug on a formulary.

(B) DISCOURAGEMENT ON INSURERS, HEALTH PLANS, PHARMACY BENEFIT MANAGERS, AND COVERED ENTITIES.—Nothing in this subsection shall be construed to—

(i) prevent a manufacturer from donating a prescription drug, or supplying a prescription drug, to a charitable or humanititarian organization, including the United Nations and affiliates, or to a government of a foreign country; or

(ii) apply to the donations or supplying of a prescription drug.

(5) Enforcement.—

(A) Unfair or deceptive act or practice.—A violation of this subsection shall be treated as a violation of a rule defining an unfair or deceptive act or practice prescribed under section 52 of the Federal Trade Commission Act (15 U.S.C. 45(a)(1)(B)).

(B) Actions by the Commission.—

(i) The Federal Trade Commission—

(I) shall enforce this subsection in the same manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this section; and

(II) may seek monetary relief threefold the damages suffered, in addition to any other remedy available to the Federal Trade Commission under the Federal Trade Commission Act (15 U.S.C. 41 et seq.).

(ii) Actions by the Secretary.—

(A) In general.—

(I) Civil actions.—In any case in which the attorney general of a State has reason to believe that an interest of the residents of that State has been adversely affected by any manufacturer that violates paragraph (1), the attorney general of that State may bring a civil action on behalf of the residents of the State, and persons doing business in the State, in a district court of the United States of appropriate jurisdiction to—

(I) enjoin that practice;

(II) enforce compliance with this subsection;

(III) obtain damages, restitution, or other compensation on behalf of residents of the State and persons doing business in the State, including threefold the damages; or

(IV) obtain other relief as the court may consider to be appropriate.

(ii) Notice.—

(I) In general.—Before filing an action under clause (i), the attorney general of the State involved shall provide to the Federal Trade Commission—

(aa) written notice of that action; and

(bb) a copy of the complaint for that action.

(ii) Exemption.—Subclause (I) shall not apply if the attorney general files a complaint for an action by an attorney general of a State under this paragraph, if the attorney general determines that it is not feasible to provide the Federal Trade Commission before filing of the action. In such case, the attorney general of a State shall provide notice and a copy of the complaint to the Federal Trade Commission at the same time as the attorney general files the action.

(B) Intervention.—

(i) In general.—On receiving notice under clause (i), the Federal Trade Commission shall have the right to intervene in the action that is the subject of the notice.

(ii) Effect of Intervention.—If the Federal Trade Commission intervenes in an action under subparagraph (A), it shall have the right—

(I) to be heard with respect to any matter that arises in that action; and

(II) to file a petition for appeal.

(C) Construction.—For purposes of bringing any civil action under subparagraph (A), nothing in this subsection shall be construed to prevent an attorney general of a State from exercising the powers conferred on the attorney general by the laws of that State to—

(i) conduct investigations;

(ii) administer oath or affirmations; or

(iii) compel the attendance of witnesses or the production of documentary and other evidence.

(D) Actions by the Commission.—In any case in which an action is instituted by or on behalf of the Federal Trade Commission for a violation of paragraph (1), a State may not, until the pendence of the action, institute an action under subparagraph (A) for the same violation against any defendant named in the complaint in that action.

(E) Venue.—Any action brought under subparagraph (A) may be brought in the district court of the United States that meets applicable requirements relating to venue under section 1391 of title 28, United States Code.

(F) Service of process.—In an action brought under subparagraph (A), process may be served in any district in which the defendant—

(i) is an inhabitant; or

(ii) may be found.

(G) Measurement of damages.—In any action under this paragraph to enforce a cause of action under this subsection in which there has been a determination that a defendant has violated a provision of this subsection, damages may be proved and assessed in the aggregate by statistical or sampling methods, by the computation of illegal overcharges or by such other reasonable system of estimating aggregate damages as the court in its discretion may permit without the necessity of separately proving the individual claim of, or amount of damage to, persons on whose behalf the suit was brought.

(H) Exclusion on duplicative relief.—

The district court shall exclude from any action brought under this subsection in which there has been a determination that a defendant has violated a provision of this subsection, damages which duplicates amounts which have been awarded for the same injury.

(I) Effect on antitrust laws.—Nothing in this subsection shall be construed to modify, impair, or supersede the operation of the antitrust laws. For the purpose of this subsection, the term ‘antitrust laws’ has the meaning given it in the first section of the Clayton Act, except that section 5 of the Federal Trade Commission Act to the extent that such section 5 applies to unfair methods of competition.

(J) Manufacturer.—In this subsection, the term ‘manufacturer’ means any entity, including any affiliate or licensee of that entity, that is engaged in—

(I) the production, preparation, propagation, compounding, conversion, or processing of a prescription drug, either directly or indirectly by extraction or by synthesis from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis; or

(II) the packaging, repackaging, labeling, relabeling, or distribution of a prescription drug.

(K) Prohibited acts.—The Federal Food, Drug, and Cosmetic Act is amended by—

(i) in section 301 (21 U.S.C. 331), by striking paragraph (aa) and inserting the following:

(a)(1) The sale or trade by a pharmacist, or by a business organization of which the pharmacist is a member, of a qualifying drug that under section 804(a)(2)(A) was imported by the pharmacist, other than—
"(A) a sale at retail made pursuant to dispensing the drug to a customer of the pharmacist or organization; or

(B) a sale or trade of the drug to a pharmacy or other entity under section 804.

(2) The sale or trade by an individual of a qualifying drug that is, or may be, imported or of commerce in the United States, or a material omission, in a notice under clause (i) of section 804(g)(2)(B) or in an application required under section 804(g)(2)(F), or the failure to submit such a notice or application.

(3) The making of a materially false, fictitious, or fraudulent statement or representation, or a material omission, in a notice under clause (i) of section 804(g)(2)(B) or in an application required under section 804(g)(2)(F), or the failure to submit such a notice or application.

(a) LIMITATION.—That an exporter in Canada as of the date of enactment of this Act may limit the number of registered importers under such section 804, by importers registered under such section 804 on the date that is 90 days after the date of enactment of this Act, to not less than 100 (of which at least 20 shall be pharmacies, to the extent feasible given the applications submitted by such groups) than the number of such importers during the previous 1-year period, so long as the Secretary gives priority to those importers with demonstrated ability to process a high volume of shipments of drugs into the United States.

(b) LIMITATION.—The Secretary may limit the number of registered importers under such section 804 to not less than 50 (of which at least a significant number shall be pharmacies, to the extent feasible given the applications submitted by such groups) than the number of such importers during the previous 1-year period, so long as the Secretary gives priority to those importers with demonstrated ability to process a high volume of shipments of drugs into the United States.
Secretary for such reviews. The Secretary may condition the requirement to submit such a notice, and the review of such a notice, on the submission by a registered exporter of a statement by the Secretary that the application is complete and that the Secretary considers the application to be in compliance with the requirements of the section, and in the case of an application by a registered importer, a statement by the Secretary that the applicant is a registered importer and that the Secretary considers the application to be in compliance with the requirements of the section. The study shall be conducted by the Secretary in accordance with procedures set forth in section 553 of title 5, United States Code.

(1) the total price of qualifying drugs imported by each importer as reported under clause (i); multiplied by

(II) 3.

(III) ADJUSTMENT.—The Secretary shall adjust the fee due on April 1 of the second fiscal year in which this title is in effect, from each importer so that the aggregate total of fees collected with respect to qualifying drugs for such fiscal year does not exceed the total price of qualifying drugs imported under subsection (a) of such section 804 into the United States by registered exporters during such fiscal year as reestimated under clause (ii).

(IV) FAILURE TO PAY FEES.—Notwithstanding any provision of this section, the Secretary may prohibit a registered importer or exporter that is required to pay fees under subsection (e) or (f) of such section 804 and that fails to pay such fees within 30 days after the date on which it is due, from importing or offering for importation a qualifying drug under such section 804 unless such fee is paid.

(E) ANNUAL REPORT.—

(i) FOOD AND DRUG ADMINISTRATION.—Not later than 180 days after the end of each fiscal year for which fees are collected under subsection (e) of such section 804, the Secretary shall prepare and submit to the House of Representatives a report on the use, by the Food and Drug Administration, of the fees collected under this section. The report shall be submitted not later than 180 days after the end of each fiscal year during which such fees are collected. The Secretary may include in the report information on the progress of the Food and Drug Administration in reviewing the notices referred to in paragraphs (4), (5), and (6).

(ii) USER FEES.—The Secretary shall, without regard to paragraph (4), (5), or (6), submit to Congress concerning the progress of the Food and Drug Administration in reviewing the notices referred to in paragraphs (4), (5), and (6). The Secretary shall, without regard to paragraph (5), submit to Congress not later than 180 days after the end of each fiscal year during which such fees are collected under subsection (e) of such section 804, the Secretary shall prepare and submit to the House of Representatives a report on the use, by the Food and Drug Administration, of the fees collected under such section 804 for the fiscal year for which the report is made, and credited to the Food and Drug Administration.

(F) CUSTOMS AND BORDER PROTECTION.—Not later than 180 days after the end of each fiscal year during which fees are collected under subsection (f) of such section 804, the Secretary shall prepare and submit to the House of Representatives a report on the use, by the Bureau of Customs and Border Protection, of the fees, if any, collected from importers under such section 804.

(G) FIRST WHOLESALE SALE.—The Secretary shall, not later than 6 months after the date of enactment of this Act, submit to Congress a report that describes the progress of the Food and Drug Administration and Bureau of Customs and Border Protection, in effect on January 1, 2004, with respect to the importation of any drug imported under such section 804 by domestic wholesalers and pharmacies registered with and approved by the Food and Drug Administration.

(h) EFFECT ON ADMINISTRATION PRAC TICES.—Notwithstanding any provision of this title (and the amendments made by this title), the practices and policies of the Food and Drug Administration and Bureau of Customs and Border Protection, in effect on January 1, 2004, with respect to the importation of any drug imported under such section 804 by domestic wholesalers and pharmacies registered with and approved by the Food and Drug Administration, shall remain in effect.

(i) REPORT TO CONGRESS.—The Federal Trade Commission shall, on an annual basis, submit to Congress a report that describes any action taken during the period for which the report is being prepared to enforce the provisions of section 804(n) of the Federal Food, Drug, and Cosmetic Act (as added by this title), including any pending investigations or civil actions under such section.

SEC. 3006. DISPOSITION OF CERTAIN DRUGS DE nied ADMISSION INTO UNITED STATES.

(a) IN GENERAL.—Chapter VIII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381 et seq.), as amended by section 3004, is further amended by adding at the end the following section:

"SEC. 805. DISPOSITION OF CERTAIN DRUGS DENIED ADMISSION INTO UNITED STATES.

"(a) IN GENERAL.—The Secretary of Homeland Security shall deliver to the Secretary a shipment of drugs that is imported or offered for import into the United States if—

(1) the shipment has a declared value of less than $10,000; and

(2) (A) the shipping container for such drugs does not bear the markings required under section 804(d)(2); and

(B) the Secretary has requested delivery of such shipment of drugs.

"(b) BOND OR EXEMPTION.—Section 801(b) does not authorize the delivery to the owner or consignee of drugs delivered to the Secretary under subsection (a) pursuant to the execution of a bond, and such drugs may not be exported.

(c) DESTRUCTION OF VIOLATIVE SHIP MENT.—The Secretary shall destroy a shipment of drugs delivered by the Secretary of Homeland Security to the Secretary under subsection (a)."
(a) from which the drug is dispensed with equal or greater certainty to the requirements of subparagraph (A), and that the alternative requirements are economically and technically feasible.

(2) When the Secretary promulgates a final rule to establish such alternative requirements, the following shall, with respect to the registration condition established in clause (1) of section 504(c)(3)(B), establish a condition equivalent to the alternative requirements, and such equivalent condition may be met in lieu of the registration condition established in such clause:

(2) IN GENERAL.—The delivery and destruction of drugs under this section may be carried out on a summary basis.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is 90 days after the date of enactment of this Act.

SEC. 3006. WHOLESALE DISTRIBUTION OF DRUGS;
STATEMENTS REGARDING PRIOR SALE, PURCHASE, OR TRADE.

(a) STRIKING ANY LIMITATION ON LIABILITY TO REGISTERED EXPORTERS.—Section 503(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(e)) is amended—

(1) in paragraph (1), by striking subparagraph (A) and in substituting—

(A) by striking “and who is not the manufacturer or an authorized distributor of record of such drug”;

(B) by striking “to an authorized distributor of record or”;

and (C) by striking paragraph (2) and inserting the following:

(2) The fact that a drug subject to subsection (b) is exported from the United States does not with respect to such drug except as is engaged in the business of the wholesaler who intends to sell the drug at retail if the Secretary determines that the alternative requirements, which may include standardized anti-counterfeiting and tracking technologies, will identify such chain of custody or the identity of the discrete package of the drug

(aa) are visible to the naked eye, providing for visual identification of product authenticity without the need for readers, microscopes, lighting devices, or scanners; or

(bb) are similar to that used by the Bureau of Engraving and Printing to secure United States currency;

(cc) are manufactured and distributed in a highly secure, tightly controlled environment; and

(dd) incorporate additional layers of non-visible convert security features up to and including forensic capability, as described in subparagraph (B); or

(II) technologies that have a function of security comparable to that described in subparagraphs (A) and (B) above.

(b) STANDARDS FOR PACKAGING.—For the purpose of making it more difficult to counterfeit the packaging of drugs subject to this paragraph, the manufacturers of such drugs shall incorporate the technologies described in paragraph (A) into at least 1 additional element of the physical packaging of the drugs, including blister packs, shrink wrap, packaging labels, package seals, bottles, and boxes.

SEC. 5007. INTERNET SALES OF PRESCRIPTION DRUGS.

(a) REQUIREMENTS REGARDING INFORMATION ON INTERNET SITE.—

(1) IN GENERAL.—A person may not dispense a prescription drug pursuant to a sale of the drug by such person if—

(A) the purchaser of the drug submitted the purchase order for the drug, or conducted any other part of the sales transaction for the drug, through an Internet site;

(B) the person dispenses the drug to the purchaser by mailing or shipping the drug to the purchaser; and

(C) such site, or any other Internet site used by such person for purposes of sales of a prescription drug, fails to meet each of the requirements specified in paragraph (2), other than a site or pages on a site that are not intended to be accessed by purchasers or prospective purchasers; or

(II) technologies that have a function of security comparable to that described in subparagraphs (A) and (B) above.

(b) REQUIREMENTS.—With respect to an Internet site, the requirements referred to in subparagraph (C) of paragraph (1) for a person to whom such paragraph applies are as follows:

(1) Each page of the site shall include either the following information or a link to a page that provides the following information:

(A) The name of such person.

(2) Each State in which such person is authorized by law to dispense prescription drugs.

(3) The address and telephone number of each place of business of the person with respect to sales of prescription drugs through the Internet, other than a place of business that does not mail or ship prescription drugs to purchasers.

(iv) If the person provides for medical consultations through the site for purposes of providing prescriptions, the name of each individual who provides such consultations;
each State in which the individual is licensed or otherwise authorized by law to provide such consultations or practice medicine; and the type or types of health professions in which the individual holds such licenses or other authorizations.

(‘B) A link to which paragraph (1) applies shall be displayed in a clear and prominent place and manner, and shall include in the caption for the link the words ‘licensing and contact information.’

(‘B) INTERNET SALES WITHOUT APPROPRIATE MEDICAL RELATIONSHIPS.—

(‘1) IN GENERAL.—Except as provided in paragraph (2), a person may not dispense a prescription drug, or sell such a drug, if—

(A) for purposes of such dispensing or sale, the purchaser communicated with the person through the Internet;

(B) the practitioner for whom the drug was dispensed or purchased did not, when such communications began, have a prescription for the drug that is valid in the United States;

(C) pursuant to such communications, the person provided for the involvement of a practitioner, or an individual represented by the practitioner, in the dispensing or sale of the drug, or sell such a drug, if—

(i) in the previous sentence, and that such regulations do not duplicate or conflict with any applicable Federal statute or regulation; and

(ii) the terms ‘site’ and ‘address’, with respect to a drug, shall mean any site on the Internet that is determined by the Secretary to satisfy the definition of ‘Internet’.

(‘B) STANDARD PRACTICE OF PHARMACY.—

Paragraph (1) may not be construed as prohibiting the pharmacist from obtaining in writing the prescription of medicine.

(‘C) APPLICABILITY OF REQUIREMENTS.—

Paragraph (3) may not be construed as having any applicability beyond this section.

(‘D) ACTION BY STATES.—

(‘1) IN GENERAL.—Whenever an attorney general of any State has reason to believe that the interests of the residents of that State have been or are being threatened or adversely affected because any person has engaged in engaging in a pattern or practice that violates section 301(b), the State may bring a civil action on behalf of its residents in an appropriate district court of the United States to enjoin such practice, to enforce compliance with such section (including any new or existing State law, or interpretation of State law, or inter-pretation of State law, concerning the practice of medicine).

(‘2) NOTICE.—The State shall serve prior written notice of any civil action under paragraph (1) or (5) upon the Secretary and provide the Secretary with a copy of its complaint, except that if it is not feasible for the State to provide notice, the State shall serve such notice immediately upon instituting such action. Upon receiving a notice respecting a civil action, the Secretary shall have the right—

(A) to intervene in such action;

(B) upon so intervening, to be heard on all matters arising therein; and

(C) to file petitions for appeal.

(‘3) CONSTRUCTION.—For purposes of bringing any civil action under paragraph (1), nothing in this chapter shall prevent an at-torney general of a State from exercising the powers conferred on the attorney general by the laws of such State to conduct investiga-tions or to administer oaths or affirmations, or to compel the production of documentary and other evidence.

(‘4) VENUE; SERVICE OF PROCESS.—Any civil action brought under paragraph (1) in a dis-trict court of the United States may be brought in the district in which the defendant is found, is an inhabitant, or transacts business or wherever property is proper under section 1391 of title 28, United States Code. Process in such an action may be served in any district in which the defendant is an in-habitant or in which the defendant may be found.

(‘5) ACTIONS BY OTHER STATE OFFICIALS.—

(‘A) Nothing contained in this section shall prohibit an authorized State official from entering in State court on the basis of an alleged violation of any civil or crimi-nal statute of such State.

(B) In addition to actions brought by an attorney general of a State under paragraph (1), such an action may be brought by offi-cers of such State who are authorized by the State to bring actions in such State on behalf of its residents.

(‘D) EFFECT OF SECTION.—This section shall not apply to a person that is a reg-istered export enterprise, and that such regu-lations and requirements coordinate to the extent practicable.”

(‘1) The term ‘practitioner’ means a prac-titioner referred to in section 503(b)(1) with respect to issuing a written or oral prescrip-tion.

(‘2) The term ‘prescription drug’ means a drug that is described in section 503(b)(1).

(‘3) The term ‘qualifying medical relation-ship’, with respect to a practitioner and a pa-tient, has the meaning indicated for such term in subsection (b).

(‘4) RULES OF CONSTRUCTION.—

(‘A) INDIVIDUALS REPRESENTED AS PRACTITIONERS.—A person who is not a practitioner (as defined in subsection (e)(1)) lacks legal capacity to have a qualifying medical relationship with any patient.

(B) STANDARD PRACTICE OF PHARMACY.—

Paragraph (1) may not be construed as pro-hibiting the pharmacist from obtaining in writing the prescription of medicine.

(‘C) APPLICABILITY OF REQUIREMENTS.—

Paragraph (3) may not be construed as hav-ing any applicability beyond this section.

(‘D) ACTION BY STATES.—

(‘1) IN GENERAL.—For purposes of this sec-tion:

(‘A) The term ‘Internet’ means collec-tively the myriad of computer and telecommunications facilities, including equip-ment and operations that comprise the interconnected world-wide network of networks that employ the transmission control protocol/internet protocol, or any predecessor or successor protocols to such protocol, to communicate information of all kinds by wire or radio.

(B) The term ‘link’ with respect to the Internet, means one or more letters, words, numbers, symbols, or graphic items that appear on a page of an Internet site for the pur-pose of serving, when activated, as a method for moving from one page on one site to another page on another site.

‘(i) to move from viewing one page on one site to another page on such site;

(ii) to move from viewing one page on one site to another page on another Internet site;

(‘C) The term ‘page’, with respect to the Internet, means a document or other file accessed at an Internet site.

(‘D)(i) The terms ‘site’ and ‘address’, with respect to the Internet, means a specific loca-tion on the Internet that is determined by the Internet Protocol Protocol number.

(ii) The term ‘domain name’ means a method of representing an Internet address without direct reference to the Internet Proto-ocol numbers for the address, including methods that use designations such as ‘.com’, ‘.edu’, ‘.gov’, ‘.net’, or ‘.org’.

(‘E) The term ‘Internet Protocol numbers’ includes any successor protocol for determin-ing a specific location on the Internet.

(‘2) AUTHORITY OF SECRETARY.—The Secre-tary may by regulation modify any defini-tion under paragraph (1) to take into account changes in technology.

(‘G) INTERACTIVE COMPUTER SERVICE; ADVERTISING.—No provider of an interactive computer service, as defined in section 2302(2) of the Communications Act of 1934 (47 U.S.C. 230c)(2), or of advertising services shall be liable under this section for dispensing or selling prescription drugs in viola-tion of this section on account of another person’s selling or dispensing such drugs, provided that the provider of the interactive computer service or of advertising services does not own or exercise corporate control over such person.

(‘H) NO EFFECT ON OTHER REQUIREMENTS; COORDINATION.—The requirements of this section are in addition to, and do not super-sede, any requirements under the Controlled Substances Act or the Controlled Substances (Import and Export) Act (or any regulation promulgated under such Act) regarding Internet pharmacies and controlled sub-stances. In promulgating regulations under this section, the Secretary shall coordinate with the Attorney General to en-sure that such regulations do not duplicate or conflict with the requirements described in this section; and that such regu-lations and requirements coordinate to the extent practicable.”
DISPENSING OF DRUGS.—

is amended by adding at the end the following:

''(D) INTERNET SALES OF PRESCRIPTION DRUGS.—By Secretary of Practices and Procedures for Certification of Legitimate Businesses.—In carrying out section 503C of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a) of this section), the Secretary of Health and Human Services shall take into consideration the practices and procedures of public and private entities that certify that businesses selling prescription drugs through Internet sites are legitimate businesses, including practices and procedures regarding disclosure formats and verification programs.

(c) Internet Sales of Prescription Drugs.—By Secretary of Practices and Procedures for Certification of Legitimate Businesses.—In carrying out section 503C of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a) of this section), the Secretary of Health and Human Services shall take into consideration the practices and procedures of public and private entities that certify that businesses selling prescription drugs through Internet sites are legitimate businesses, including practices and procedures regarding disclosure formats and verification programs.

(d) Reports Regarding Internet-Related Violations of Federal and State Laws on Dispensing of Drugs.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this subsection as the “Secretary”) shall, pursuant to the submission of an application meeting the criteria of the Secretary, make an award of a grant or contract to the National Clearinghouse for Prescription Prescribing (operated by the Federation of State Medical Boards) for the purpose of—

(a) identifying Internet sites that appear to be Federal or State laws concerning the dispensing of drugs;

(b) reporting such sites to State medical licensing boards and State pharmacy licensing boards, and to the Attorney General and the Secretary, for further investigation; and

(c) submitting, for each fiscal year for which the award under this subsection is made, a report to the Secretary concerning investigations undertaken with respect to violations described in subparagraph (A).

(2) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out paragraph (1), there is appropriated to be appropriated $100,000 for each of the first 3 fiscal years in which this section is in effect.

(e) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) take effect 90 days after the date of enactment of this Act, without regard to whether a final rule to implement such amendments has been promulgated by the Secretary of Health and Human Services under section 701(a) of the Federal Food, Drug, and Cosmetic Act. The preceding sentence shall not be construed as authorizing the authority of such Secretary to promulgate such a final rule.

SEC. 3008. PROHIBITING PAYMENTS TO UNREGISTERED FOREIGN PHARMACIES.

(a) IN GENERAL.—Section 303 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 333) is amended by adding at the end the following:

''(h) Restricted Transactions.—

''(1) IN GENERAL.—The introduction of restricted transactions or the completion of restricted transactions using a payment system is prohibited.

''(2) PAYMENT SYSTEM.—

''(A) CONSIDERATION.—The term ‘payment system’ means a system used by a person described in paragraph (B) to effect a credit transaction, electronic fund transfer, or money transmitting service, or a system that is centrally managed and is primarily engaged in the transmission and settlement of credit transactions, electronic fund transfers, or money transmitting services.

''(B) PERSONS DESCRIBED.—A person referred to in subparagraph (A) is—

''(i) a credit card issuer;

''(ii) a credit card card issuer;

''(iii) a financial institution;

''(iv) an operator of a terminal at which an electronic fund transfer or money transmitting business service is initiated;

''(v) a money transmitting business; or

''(vi) a participant in an international, national, regional, or local network used to effect a credit transaction, an electronic fund transfer, or a money transmitting service.

''(3) RESTRICTED TRANSACTION.—The term ‘restricted transaction’ means a transaction or transmittal, on behalf of an individual or a financial institution, of credit transactions, electronic fund transfers or money transmitting services where at least one party to the transaction or transfer is an individual; and

''(4) UNLAWFUL DRUG IMPORTATION REQUEST.—The term ‘unlawful drug importation request’ means the request, or transmittal of a request, made to an unregistered foreign pharmacy for a prescription drug by mail (including a private carrier), facsimile, phone, or electronic mail, or by a means that involves the use, in whole or in part, of the Internet.

''(5) UNREGISTERED FOREIGN PHARMACY.—The term ‘unregistered foreign pharmacy’ means a pharmacy other than the United States that is not a registered exporter under section 804.

''(6) OTHER DEFINITIONS.—

''(A) CREDIT; CREDIT CARD.—The terms ‘credit’, ‘creditor’, and ‘credit card’ have the meanings given the terms in section 103 of the Truth in Lending Act (15 U.S.C. 1607).

''(B) ACCESS DEVICE; ELECTRONIC FUND TRANSFER.—The terms ‘access device’ and ‘electronic fund transfer’—

''(i) have the meaning given the term in section 903 of the Electronic Fund Transfer Act (15 U.S.C. 1609); and

''(ii) to the extent practicable, permit any payment system, or person described in paragraph (2)(B), as applicable, to choose among alternative means of preventing the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system; and

''(iii) to the extent practicable, permit any payment system, or person described in paragraph (2)(B), as applicable, to choose among alternative means of preventing the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system; and

''(B) REQUIREMENTS FOR POLICIES AND PROCEDURES.—

''(i) IN GENERAL.—This subsection, and the regulations promulgated under subparagraph (A), shall be considered to be reasonably designed to prevent the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system.

''(ii) FACTORS TO BE CONSIDERED.—In promulgating regulations under subparagraph (A), the Board shall—

''(I) identify types of policies and procedures, including nonexclusive examples, that shall be considered to be reasonably designed to prevent the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system;

''(II) to the extent practicable, permit any payment system, or person described in paragraph (2)(B), as applicable, to choose among alternative means of preventing the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system; and

''(III) to the extent practicable, permit any payment system, or person described in paragraph (2)(B), as applicable, to choose among alternative means of preventing the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system; and

''(iii) NO LIABILITY FOR BLOCKING OR REFUSING TO HONOR RESTRICTED TRANSACTION.—

''(I) IN GENERAL.—A payment system, or a person described in paragraph (2)(B) that is subject to a regulation issued under this subsection, and any person who prevents in such payment system that prevents or otherwise refuses to honor transactions in an effort to implement the policies and procedures required under this subsection, shall be considered to be reasonably designed to prevent the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system, and any person who prevents in such payment system that prevents or otherwise refuses to honor transactions in an effort to implement the policies and procedures required under this subsection, shall be considered to be reasonably designed to prevent the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system; and

''(IV) ENFORCEMENT.—

''(I) IN GENERAL.—This subsection, and the regulations promulgated under this subsection, shall be enforced exclusively by the Federal functional regulators and the Federal Trade Commission under applicable law in the manner provided in section 505(a) of the Gramm-Leach-Bliley Act (15 U.S.C. 6805).

''(II) FACTORS TO BE CONSIDERED.—In considering any enforcement action under this subsection against a payment system or person described in paragraph (2)(B), the Federal functional regulators and the Federal Trade Commission shall consider the following factors:

''(I) The extent to which the payment system or person knowingly permits restricted transactions.

''(ii) To the extent practicable, permit any payment system, or person described in paragraph (2)(B), as applicable, to choose among alternative means of preventing the introduction or completion of restricted transactions.

''(C) NO LIABILITY FOR BLOCKING OR REFUSING TO HONOR RESTRICTED TRANSACTION.—

''(I) IN GENERAL.—A payment system, or a person described in paragraph (2)(B) that is subject to a regulation issued under this subsection, and any person who prevents in such payment system that prevents or otherwise refuses to honor transactions in an effort to implement the policies and procedures required under this subsection, shall be considered to be reasonably designed to prevent the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system; and

''(ii) to the extent practicable, permit any payment system, or person described in paragraph (2)(B), as applicable, to choose among alternative means of preventing the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system; and

''(iii) to the extent practicable, permit any payment system, or person described in paragraph (2)(B), as applicable, to choose among alternative means of preventing the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system; and

''(IV) ENFORCEMENT.—

''(I) IN GENERAL.—This subsection, and the regulations promulgated under this subsection, shall be enforced exclusively by the Federal functional regulators and the Federal Trade Commission under applicable law in the manner provided in section 505(a) of the Gramm-Leach-Bliley Act (15 U.S.C. 6805).

''(II) FACTORS TO BE CONSIDERED.—In considering any enforcement action under this subsection against a payment system or person described in paragraph (2)(B), the Federal functional regulators and the Federal Trade Commission shall consider the following factors:

''(I) The extent to which the payment system or person knowingly permits restricted transactions.
Paragraph (7) within 60 days after such regulation and procedures reasonably designed to comply with regulations prescribed under this subsection, must adopt policies that is subject to a regulation issued under this subsection.

Any payment system, or such a person, and its agents and employees shall not be found to be in violation of, or liable under, any Federal, State, or other law by virtue of engaging in any such transaction.

"(9) RELATION TO STATE LAWS.—No requirement, prohibition, or liability may be imposed on a payment system, or a person described in paragraph (2)(B) that is subject to a regulation issued under this subsection, under the laws of any State with respect to any payment transaction by an individual because the payment transaction involves a payment to a foreign pharmacy.

"(10) TIMING OF REQUIREMENTS.—A payment system, or any person described in paragraph (2)(B) that is subject to a regulation issued under this subsection, must adopt policies and procedures reasonably designed to comply with any regulations required under paragraph (7) within 60 days after such regulations are issued in final form.

"(11) COMPLIANCE.—A payment system, and any person described in paragraph (2)(B) shall not be deemed to be in violation of paragraph (1)—

(A)(i) if an alleged violation of paragraph (1) occurs prior to the mandatory compliance date of the regulations issued under paragraph (7); and

(ii) such entity has adopted or relied on policies and procedures that are reasonably designed to prevent the introduction of restricted transactions into a payment system or the completion of restricted transactions using such payment system;

(B)(i) if an alleged violation of paragraph (1) occurs after the mandatory compliance date of such regulations; and

(ii) such entity is in compliance with such regulations.

(b) EFFECTIVE DATE.—The amendment made by this section shall take effect on the date that is 90 days after the date of enactment by this title, or the application of such provision or amendment to any person or circumstance shall not affect thereby.

SA 3689. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

"SEC. 1502. NO PAY RAISE FOR MEMBERS OF CONGRESS UNTIL THEY BALANCE THE BUDGET.

(a) RESTRICTION ON COLA ADJUSTMENTS.—Notwithstanding any other provision of law, no adjustment shall be made under section 601(a) of the Legislative Reorganization Act of 1946 (2 U.S.C. 601) relating to living adjustments for Members of Congress during fiscal year 2011 or any succeeding fiscal year, until the fiscal year following the first fiscal year that the annual Federal budget deficit is $0 as determined by the report submitted under subsection (b).

(b) DETERMINATIONS AND REPORTS.—

(1) In general.—Not later than 30 days after the end of each fiscal year, the Secretary of the Treasury shall—

(A) make a determination of whether or not the annual Federal budget deficit was $0 for that fiscal year; and

(B) if the determination is that the annual Federal budget deficit was $0 for that fiscal year, submit a report to Congress of that determination.

(2) RESTRICTION OF COLA ADJUSTMENTS.—

Not later than the end of each calendar year, the Secretary of the Treasury shall submit a report to the Secretary of the Senate and the Chief Administrative Officer of the House of Representatives on—

(A) any determination made under paragraph (1); and

(B) whether or not the restriction under subsection (a) shall apply to the succeeding fiscal year.

SA 3690. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 113, after line 21, add the following:

"SEC. 1502. RELOCATION OF THE UNITED STATES EMBASSY TO JERUSALEM.

(a) REMOVAL OF WAIVER AUTHORITY.—The Jerusalem Embassy Act of 1995 (Public Law 104–45; 109 Stat. 398) is amended—

(1) by striking section 7; and

(2) by redesignating section 8 as section 7.

(b) Timothy.–Not later than more than 50 percent of the funds appropriated to the Department of State for fiscal year 2012 for “Acquisition and Maintenance of Buildings Abroad” may be obligated until the Secretary of State determines and reports to Congress that the United States Embassy in Jerusalem has officially opened.

(c) FISCAL YEARS 2010 AND 2011 FUNDING.—

(1) FISCIAL YEAR 2010.—Of the funds authorized to be appropriated for “Acquisition and Maintenance of Buildings Abroad” for the Department of State for fiscal year 2010, such sums as may be necessary shall be made available until expended only for construction and other costs associated with the establishment of the United States Embassy in Israel in the capital of Jerusalem.

(2) FISCIAL YEAR 2011.—Of the funds authorized to be appropriated for “Acquisition and Maintenance of Buildings Abroad” for the Department of State for fiscal year 2011, such sums as may be necessary shall be made available until expended only for construction and other costs associated with the establishment of the United States Embassy in Israel in the capital of Jerusalem.

(d) DEFINITION.—In this section, the term ‘‘United States Embassy’’ means the office of the United States diplomatic mission and the residence of the United States chief of mission.

SA 3691. Mr. GRASSLEY submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

"SEC. 1502. PAYMENT FOR ILLEGAL UNAPPROVED DRUGS.

(a) LISTING OF DRUGS AND DEVICES.—Section 516 of the Food, Drug and Cosmetic Act (21 U.S.C. 3566) is amended—

(1) in subsection (j)(1)(B)(ii) by striking ‘‘in the case of a drug, the authority under this Act that does not require such drug to be subject to section 505 and section 512,” after “labeling for such drug or device,”; and

(2) in clause (ii), by inserting ‘‘in the case of a drug, the authority under this Act that does not require such drug to be subject to section 505 and section 512,” after “such drug or device”;

(b) PAYMENT FOR COVERED OUTPATIENT DRUGS.—Section 927 of the Social Security Act (42 U.S.C. 1395w–b) is amended by inserting at the end the following:

"(1) In general.—The Secretary; and

(2) by adding at the end the following:

"(2) LIST OF DRUGS THAT ARE NOT APPROVED UNDER SECTION 505 OR 512.—Not later than January 1, 2011, the Secretary shall make available to the public on the Internet website of the Food and Drug Administration a list that includes, for each drug described in subsection (j)(1)(B)—

(A) the drug;

(B) the person who listed such drug and;

(C) the authority under this Act that does not require such drug to be subject to section 505 and section 512, as provided by such person in such list.

(b) PAYMENT FOR COVERED OUTPATIENT DRUGS.—Section 1927 of the Social Security Act (42 U.S.C. 1395w–b) is amended by inserting at the end the following:

"(1) CONDITION.—Beginning January 1, 2011, no State shall make any payment under this section for any covered outpatient drug unless such State first verifies with the Food and Drug Administration that such covered outpatient drug has been approved by the Food and Drug Administration under a new drug application under section 505(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)) or an abbreviated new drug application under section 505(j) of such Act, or that such drug is not subject to such section 505 or section 512 due to the application of section 101(l)(1) of such Act (21 U.S.C. 355(l)(1)).

The Secretary shall have the authority to prescribe regulations to create an informal review process for any drug to verify that a covered outpatient drug has been approved by the Food and Drug Administration.”.

SA 3692. Mr. GRASSLEY submitted an amendment intended to be proposed
by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 82, after line 9, insert the following:

SEC. 1002. REPEAL OF INDIVIDUAL MANDATE.

This title may be cited as the “Continuing Extension Act of 2010.”

SEC. 301. EXTENSION OF UNEMPLOYMENT INSURANCE PROVISIONS.

(a) In General.—(1) Section 4007 of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended—

(2) by striking “April 5, 2010” each place it appears and inserting “May 5, 2010”; and

(b) in the heading for section 4007, by striking “April 5, 2010” and inserting “May 5, 2010”, and

(c) in subsection (b)(3), by striking “September 4, 2010” and inserting “October 2, 2010”.

(2) Section 2002(a) of the Assistance for Unemployed Workers and Struggling Families Act, as contained in Public Law 111–5 (26 U.S.C. 3304 note; 123 Stat. 444), is amended—

(A) in paragraph (1)(B), by striking “April 5, 2010” and inserting “May 5, 2010”; and

(B) in subsection (c), by striking “September 4, 2010” and inserting “October 2, 2010”.


(b) FUNDING.—Section 4004(e)(1) of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended—

(1) in subparagraph (C), by striking “and” at the end;

(2) by inserting after subparagraph (D) the following new subparagraph:

“(E) the amendments made by this section shall take effect as if included in the amendments made by section 2 of the Temporary Extension Act of 2010 (Public Law 111–144).
SEC. 302. EXTENSION AND IMPROVEMENT OF PREMIUM ASSISTANCE FOR COBRA BENEFITS.


SEC. 303. INCREASE IN THE MEDICARE PHYSICIAN PAYMENT UPDATE.

Paragraph (10) of section 1848(d) of the Social Security Act, as added by section 1011(a)(1) of the Department of Defense Appropriations Act, 2010 (Public Law 111–114), and as amended by section 5 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended—

(1) in subparagraph (A), by striking “March 31, 2010” and inserting “April 30, 2010”;

and

(2) in subparagraph (B), by striking “April 1, 2010” and inserting “May 1, 2010”.

SEC. 304. EHR CLARIFICATION.

(a) QUALIFICATION FOR CLINIC-BASED PHYSICIANS.—

(1) MEDICARE.—Section 1848(o)(1)(C)(ii) of the Social Security Act (42 U.S.C. 1395w–4(o)(1)(C)(ii)) is amended by striking “setting (whether inpatient or outpatient)” and inserting “inpatient or emergency room setting”.

(2) MEDICAID.—Section 1902(t)(3)(D) of the Social Security Act (42 U.S.C. 1396t(3)(D)) is amended by striking “setting (whether inpatient or outpatient)” and inserting “inpatient or emergency room setting”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be effective as if included in the enactment of the HITECH Act (included in the American Recovery and Reinvestment Act of 2009 (Public Law 111–114)).

(c) TITLING.—Notwithstanding any other provision of law, the Secretary of Health and Human Services may implement the amendments made by this section by program instruction or otherwise.

SEC. 305. ELIMINATION OF A SWEETHEART DEAL THAT INCREASES MEDICARE REIMBURSEMENT JUST FOR FRONTIER STATES.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, section 10324 of such Act (and the amendments made by such section) is repealed.

SEC. 306. EXTENSION OF USE OF 2009 POVERTY GUIDELINES.

Section 1012 of the Department of Defense Appropriations Act, 2010 (Public Law 111–118), as amended by section 7 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended by striking “March 31, 2010” and inserting “April 30, 2010”.

SEC. 307. EXTENSION OF NATIONAL FLOOD INSURANCE PROGRAM.

(a) EXTENSION.—Section 129 of the Continuing Appropriations Resolution, 2010 (Public Law 111–114), and as amended by section 8 of Public Law 111–144, is amended by striking “by substituting” and all that follows through the period at the end and inserting “by substituting April 30, 2010, for the date specified in each such section.”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be considered to have taken effect on February 28, 2010.

SEC. 308. TELEVISION SATELLITE EXTENSION.

(a) AMENDMENTS TO SECTION 119 OF TITLE 17, UNITED STATES CODE.—

(1) IN GENERAL.—Section 119 of title 17, United States Code, is amended—

(A) in subsection (c)(1)(E), by striking “March 28, 2010” and inserting “April 30, 2010”; and

(B) in subsection (e), by striking “March 28, 2010” and inserting “April 30, 2010”.

(2) TERMINATION OF LICENSE.—Section 1003(a)(2)(A) of Public Law 111–118 is amended by striking “March 28, 2010”, and inserting “April 30, 2010”.

(b) AMENDMENTS TO COMMUNICATIONS ACT OF 1934.—Section 325(b) of the Communications Act of 1934 (47 U.S.C. 325(b)) is amended—

(1) in paragraph (2)(C), by striking “March 28, 2010”, and inserting “April 30, 2010”, and

(2) in paragraph (3)(C), by striking “March 28, 2010” each place it appears in clauses (ii) and inserting “April 30, 2010”.

SEC. 309. COMPENSATION AND RATIFICATION OF AUTHORITY RELATED TO LAPSE IN PAYMENT PROGRAMS.

(a) COMPENSATION FOR FEDERAL EMPLOYEES.—Any Federal employees furloughed as a result of the lapse in expenditure authority from the Highway Trust Fund after 11:59 p.m. on February 28, 2010, through March 2, 2010, shall be compensated for the period of that lapse at their standard rates of compensation, as determined under policies established by the Secretary of Transportation.

(b) RATIFICATION OF ESSENTIAL ACTIONS.—

All actions taken by Federal employees, contractors, and grantees for the purposes of maintaining the essential level of Government operations, services, and activities to protect life and to bring about orderly termination of Government functions during the lapse in expenditure authority from the Highway Trust Fund after 11:59 p.m. on February 28, 2010, through March 2, 2010, are hereby ratified and approved if otherwise in accord with the provisions of the Continuing Appropriations Resolution, 2010 (division B of Public Law 111–114).

(c) FUNDING.—Funds used by the Secretary to compensate employees described in subsection (a) shall be derived from funds specifically authorized out of the Highway Trust Fund and made available or limited to the Department of Transportation by the Consolidated Appropriations Act, 2010 (Public Law 111–117) and shall be subject to the obligation limitations established in such Act.

(d) EXPENDITURES FROM HIGHWAY TRUST FUND.—To permit expenditures from the Highway Trust Fund to effectuate the purposes of this section, this section shall be deemed to be a section of the Continuing Appropriations Resolution, 2010 (division B of Public Law 111–68), as in effect on the date of the enactment of the last amendment to the section (other than under section 6051(a) of such Act).

SEC. 310. USE OF STIMULUS FUNDS TO OFFSET SPENDING.

The unobligated balance of each amount appropriated or made available under the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) (other than under title X of division A of such Act) is rescinded pro rata such that the aggregate amount of such rescissions equals $5,230,000,000 in order to offset the net increase in spending resulting from the provisions of this Act, and amendments made by, sections 2 through 10. The Director of the Office of Management and Budget shall report to each congressional committee the amounts so rescinded within the jurisdiction of such committee.

SEC. 311. REPEALS AND REPEAL OF ADVANCE REFUNDABILITY OF EARNED INCOME CREDIT.

(a) IN GENERAL.—Section 3507, subsection (i), of Public Law 111–68 is amended by striking “subparagraph (2)” and inserting “in paragraph (2)”.

(b) CONFORMING AMENDMENTS.—

(1) Section 602(a) is amended by striking paragraph (8) and by redesignating paragraph (9) as paragraph (8). (2) Section 6302 is amended by striking subsection (a). (3) EFFECTIVE DATE.—The repeals and amendments made by this section shall apply to taxable years beginning after December 31, 2010.

SEC. 312. AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on March 24, 2010, at 10 a.m.

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

SUBCOMMITTEE ON PERSONNEL

Mr. REED. Mr. President, I ask unanimous consent that the Subcommittee on Personnel of the Committee on Armed Services be authorized to meet during the session of the Senate on March 24, 2010, at 10 a.m.

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

PRIVILEGES OF THE FLOOR

Mr. BINGAMAN. Mr. President, I ask unanimous consent that Nassim Zecavati and Jason Ackleson, who are enrolling in my office, be granted the privilege of the floor during the pending of H.R. 4872, the health care reconciliation bill.

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

Mr. GRASSLEY. Mr. President, I ask unanimous consent that Britney Balduf of my staff be granted floor privileges for the duration of the debate.

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

Mr. CASEY. Mr. President, I ask unanimous consent that a fellow in my office, Anv Shirdharani, be granted floor privileges for the remainder of the Senate’s consideration of H.R. 4872.

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

ORDERS FOR THURSDAY, MARCH 25, 2010

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that when the Senate completes its business, it adjourn until 9:45 a.m. today, Thursday, March 25; 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 H.R. 4872, as provided for under the previous order.

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

PROGRAM

Mr. WHITEHOUSE. Mr. President, Senators should expect a series of roll-call votes in relation to amendments and motions to the reconciliation bill at approximately 9:45 a.m.
Under the agreement reached tonight, we expect to complete action on the bill around 2 o’clock tomorrow. There are other matters that need to be considered during tomorrow’s session. Therefore, Senators should be prepared for additional votes upon disposition of the bill.

ADJOURNMENT UNTIL 9:45 A.M.
Mr. WHITEHOUSE. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.
There being no objection, the Senate, at 2:56 a.m., adjourned until Thursday, March 25, 2010, at 9:45 a.m.

NOMINATIONS
Executive nominations received by the Senate:

EXECUTIVE OFFICE OF THE PRESIDENT
CARL WIEMAN, OF COLORADO, TO BE AN ASSOCIATE DIRECTOR OF THE OFFICE OF SCIENCE AND TECHNOLOGY POLICY, VICE SHARON LYNN HAYS, RESIGNED.

CHEMICAL SAFETY AND HAZARD INVESTIGATION BOARD
RAFAEL MOURE-ERASO, OF MASSACHUSETTS, TO BE CHAIRPERSON OF THE CHEMICAL SAFETY AND HAZARD INVESTIGATION BOARD FOR A TERM OF FIVE YEARS, VICE JOHN S. BRESLAND, RESIGNED.
RAFAEL MOURE-ERASO, OF MASSACHUSETTS, TO BE A MEMBER OF THE CHEMICAL SAFETY AND HAZARD INVESTIGATION BOARD FOR A TERM OF FIVE YEARS, VICE GARY LEE VISSCHER, TERM EXPIRED.
MARK A. GRIFFON, OF NEW HAMPSHIRE, TO BE A MEMBER OF THE CHEMICAL SAFETY AND HAZARD INVESTIGATION BOARD FOR A TERM OF FIVE YEARS, VICE CAROLYN W. MERRITT, TERM EXPIRED.

ASIAN DEVELOPMENT BANK
ROBERT M. ORR, OF FLORIDA, TO BE UNITED STATES DIRECTOR OF THE ASIAN DEVELOPMENT BANK, WITH THE RANK OF AMBASSADOR, VICE CURTIS S. CHIN.

DISCHARGED NOMINATION
The Senate Committee on Homeland Security and Governmental Affairs was discharged from further consideration of the following nomination under the authority of the order of the Senate of 01/07/2009 and the nomination was placed on the Executive Calendar:
*ARTHUR ALLEN ELKINS, JR., OF MARYLAND, TO BE INSPECTOR GENERAL, ENVIRONMENTAL PROTECTION AGENCY.
*Nominee has committed to respond to requests to appear and testify before any duly constituted committee of the Senate.
Mr. GRAVES. Madam Speaker, I proudly ask you to join me in commending Ryan Eddy Houghtaling for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

Since its inception in 1965, Medicare has guaranteed access to health care for 115 million Americans who would otherwise find it nearly impossible to obtain affordable health insurance in the private market: senior citizens, people with disabilities, and those with end-stage renal disease. Medicare is a critical part of this nation’s social compact, and it is our obligation as elected representatives of our constituents to protect and preserve the program now and in the future. The health care reform legislation fulfills this responsibility by making a number of substantial improvements to Medicare, including provisions that improve benefits, extend solvency by at least 9 years and winnow out waste, fraud and abuse. As part of the effort to make improvements to the Senate-passed bill, key chairman and Members of the House and Senate, along with the administration, were also working on a number of important and necessary changes to the IPAB policy. Unfortunately, the Senate Parliamentarian indicated that any attempt to improve IPAB in the reconciliation bill would be ruled out of order, and could jeopardize the status of the entire reconciliation bill. Since we were unable to make any changes to the IPAB as part of the reconciliation bill, I would like to identify critical improvements that need to be made in subsequent legislation. Many of these changes had been agreed to by our colleagues in the Senate, as well as the administration, and I look forward to working with them to ensure they are enacted in the near future.

While IPAB is designed to help control growing costs in Medicare through swift implementation of payment and delivery reforms, the actions of the board will be driven by the need to meet targets for Medicare cost growth. As we have seen with prior attempts to control health care spending, limiting spending to arbitrary and unrealistically low growth caps is a recipe for failure. In order for IPAB to have any real hope of controlling Medicare cost growth without threatening access to care, as is required, the growth targets must be rational and realistic. The current spending targets mandated by IPAB are neither. They fail to fully take into account the three variables that drive health spending growth: price, volume of services, and intensity of services. The target only accounts for price growth, and does so at an unrealistically low rate. Controlling costs in the health care system is important, and I am committed to doing so. In fact, Medicare growth has typically been below private sector health care cost growth. However, the growth targets established by IPAB need to be revised and increased to reflect a more realistic expectation about how much growth can be slowed in order to ensure continued access to high quality care for all Americans.

The IPAB policy as written by the Senate also tips the balance of power too far in favor of the executive branch. In the event that IPAB cannot agree on Medicare recommendations required by the targets, the Senate bill requires the Health and Human Services Secretary to make recommendations instead. Like IPAB’s proposal, the Secretary’s proposal would become law unless Congress passes an alternative. It is one thing to give an independent board of health care experts such sweeping power to change the Medicare program, but it is quite another to give that power to a partisan political figure who reports directly to the President. I say this not as a negation of the executive branch. In the event that IPAB or the Secretary mandates implementation of draconian cuts to Medicare, Congress will encounter procedural barriers to changing those recommendations in a meaningful way.

Thus, in order to maintain a proper balance between Congress and the executive branch, all parties had agreed to use a sequestration process to meet the mandated savings targets by identifying offsets to the IPAB or secretarial proposals. In the case of inpatient hospitals, the bill attempts to make additional cuts to the IPAB or secretarial proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing additional downward adjustments in their payments and thus should not be subject to “double jeopardy” by also being subject to IPAB recommendations which will further reduce spending. In creating this exclusion, it is the intent of Congress to exclude all payment reductions applicable to providers captured by this language in all the relevant years. Therefore, in the case of inpatient hospitals, the provision excludes from IPAB recommendations payment reductions applicable to hospitals including payment reductions for indirect medical education under 1896(d)(5)(B), graduate medical education under 1896(h), dispropor-
TRIBUTE TO VICTOR ROSADO, CARLOS ROSADO, AND QUINTON GUNDOLF

HON. PARKER GRIFFITH
OF ALABAMA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. GRIFFITH. Madam Speaker, I rise today to pay tribute to three brave Boy Scouts. These young men—two brothers, Victor and Carlos Rosado, of Madison, Alabama, and their cousin, Quinton Gundolf of Camden, Arkansas—were on a family vacation in Puerto Rico. They were enjoying themselves on the beach when they noticed a man struggling amid the waves. Without regard for their own safety, these young men bravely swam out to help the man to shore. It was clear that, without their intervention, this man would not have survived this harrowing experience. These young men acted bravely and decisively to save a life. Entering the water to help a man who is struggling for his life is a very dangerous undertaking indeed. However, the American Spirit is epitomized by such selfless acts. For that, I commend them and wish them the best of luck in their future endeavors.

IN HONOR OF WILSON PICKETT
HON. BOBBY BRIGHT
OF ALABAMA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. BRIGHT. Madam Speaker, I come to the floor today to recognize the life and artistic contributions of a son of the Second District of Alabama—Wilson Pickett. Pickett was born March 18, 1941, in Prattville, Alabama, and first developed his musical talents singing in local Baptist church choirs. Despite a difficult childhood, Pickett used his undeniable talent to begin performing gospel music professionally and soon transitioned into soul and R&B music, joining the Falcons in 1959. Pickett quickly gained recognition for his songwriting skills as well as his powerful and distinctive voice. While Pickett was successful with various singles in the early sixties, he achieved his first national chart-topping single with the iconic "In the Midnight Hour" in 1965. This hit launched Pickett onto the soul and R&B scene and his Billboard success continued with such hits as "Land of 1,000 Dances," "Mustang Sally," and "Funky Broadway."

In acknowledgment of his unique contributions to American soul and R&B music, Wilson Pickett was inducted into the Rock & Roll Hall of Fame in 1991. Wilson Pickett remains an integral part of the rich musical heritage of Southeast Alabama that includes Hank Williams, Lionel Richie, Martha Reeves, and Nat King Cole. Pickett passed away in 2006 and left behind a legacy of soulful melodies and gifted songwriting that will be enjoyed by his legion of fans for many years to come.

ZACHARY WILLIAM KESNER
HON. SAM GRAVES
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I proudly recognize Zachary William Kesner. Zachary is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 376, and earning the most prestigious award of Eagle Scout.

Zachary has been very active with his troop, participating in many Scout activities. Over the many years Zachary has been involved with Scouting, he has not only earned numerous merit badges, but also the rank of Hamilton of his family, peers, and community. Most notably, Zachary has earned the rank of Tom-tom Beater in the Tribe of Mic-O-Say. Zachary has also contributed to his community through his Eagle Scout project. Zachary planned and coordinated the construction of handicap accessible deer blinds at Kelsey Short Youth Camp at Smithville Lake.

Madam Speaker, I proudly ask you to join me in commending Zachary William Kesner for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

STATEMENT IN SUPPORT OF H.R. 4840, A BILL TO NAME A POST OFFICE IN HONOR OF CLARENCE D. Lumpkin

HON. MARY JO KILROY
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Ms. KILROY. Madam Speaker, I rise today in strong support of H.R. 4840, a bill to designate the facility of the United States Postal Service located at 1979 Cleveland Avenue in Columbus, Ohio, as the “Clarence D. Lumpkin Post Office” in honor of Clarence Lumpkin, a long-time community activist who has worked tirelessly on behalf of his Columbus neighborhood of Linden. Mr. Lumpkin has had a profound impact on many families in central Ohio, and his community involvement and activism have helped ensure that the Linden community retains its post office.

Growing up in the rural South, Clarence Lumpkin first moved to the Linden neighborhood after serving in the Army during World War II. Proving to be a tireless community activist, Mr. Lumpkin became affectionately known as “the Mayor of Linden” for his efforts. He successfully advocated for the needs of his community numerous times over the past several decades, persuading the city to separate storm and sanitation sewers to stop basement flooding, to build a long-needed new fire station, and ensuring the Department of Transportation did not divide the Linden community with interstate highway construction. His many accomplishments also include his work with the Community Development Block Grant task force to secure home improvement grants for seniors and low-income Linden residents, leading anti-drug marches, and making Linden the first inner city community with lights on every residential street.

Mr. Lumpkin once presented a speech before the Columbus City Council in 1974 regarding the needs of the Linden community, calling for “a point of pride” to be developed to motivate interest in Linden and give the community a sense of direction. His vision became reality in 2007 with the dedication of the “Clarence D. Lumpkin Point of Pride Building,” the last building to be built by the Greater Linden Development Corporation as a part of its Four Corners Vision Plan for commercial redevelopment, and a testament to his diligence and activism.

As a father, grandfather, and mentor, Mr. Lumpkin worked to instill in others the same virtues of hard work and community involvement that drive him. His son, Doug, and his daughter, Carolyn, who worked with me during my time as a county commissioner, continue his legacy of public service through their work in state and local government. Mr. Lumpkin also had a tremendous impact as a mentor through the Simba program, a program in which African-American men mentor African-American boys, most of whom have no father or other adult male in their lives. Because of his efforts, a young man Mr. Lumpkin mentored is expected to graduate from college in 2011.

I am proud to be a cosponsor of this legislation and to recognize Mr. Lumpkin’s many achievements and decades of service to his community. I urge my colleagues to join me in honoring Clarence Lumpkin and his lifetime of community involvement and activism by supporting the passage of H.R. 4840.

STARKS, A LEGEND IN POLITICS, DIES

HON. TIM RYAN
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. RYAN of Ohio. Madam Speaker, I submit the following.
March 24, 2010

CONGRESSIONAL RECORD — Extensions of Remarks

E467

STARKS, “A LEGEND IN POLITICS,” DIES
By David Skolnick

Even though Herman “Pete” Starks last held office in 1985, he remained a local political force. Starks, 80, died Sunday.

The local political icon served 22 years as the city’s 2nd Ward councilman, representing most of the East side. Sparks spent 17 of those years as chairman of the council’s powerful finance committee.

“His presence was felt in every meeting of the council,” said Councilman DeMaide Kitchen, D-2nd, elected in 2007. “He was a sounding board for my campaign. He was a legend in politics in the Mahoning Valley.”

Starks was elected to his first two-year term on council in 1963. When he was re-elected in 1973, he became the first person to serve six consecutive terms as a representative of any ward in the city.

Starks was elected 11 straight times before opting not to run for his council seat in 1985. Instead, Starks ran for mayor that year, losing the Democratic Primary to Patrick Ungaro.

Ungaro served on council with Starks for six years as council president. Ungaro was elected mayor in 1985, serving 14 years in the capacity, and is Liberty Township’s administrator.

“We fought like cats and dogs, but we shook hands when we were done,” Ungaro said. “He was a dominant person in government. Even after Pete left office, his influence was enormous and overwhelming with council.”

Starks remained influential after leaving council. He was still the person you had to work with.

James E. Fortune Sr., a former 24-year council member, served six of those years with Starks.

“He was a teacher,” Fortune said. “I learned so much from Pete, particularly about finances. When he was on council, he was practically the leader of the city. We had the utmost respect for him.”

George M. McKelvey, a former 3rd Ward councilman and eight-year mayor, started his political career sitting next to Starks at council meetings.

“I am still to this day impressed with his knowledge,” he said. “When he talked, I listened. His best qualities were his honesty and loyalty. With Pete Starks, his word was his bond.”

When Jay Williams announced he was retiring for mayor in 2005, Starks called him “He said, ‘Hey, you can’t do that,’ ” Williams, who won that race and was re-elected to a second four-year term last year. “He said it so matter of fact like the sun will continue to shine.”

Williams said Starks “was never shy about offering his advice and perspective. You always knew where Pete stood.”

Councilman James F. Brown, D-3rd, and current chairman of the finance committee, said he would speak with Starks from time to time about city finances.

“He was legendary in the city,” Brown said. “He was still on top of things in city government” before his death.

Funeral arrangements are being handled by L.E. Black Phillips & Holden.

HONORING JOHN KOHLER
HON. BRIAN HIGGINS
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. HIGGINS. Madam Speaker, I rise today to pay tribute to the years of service given to the people of Chautauqua County by Mr. John Kohler. Mr. Kohler served his constituency faithfully and just during his tenure as the Hannover Town Justice.

Public service is a difficult and fulfilling career. Any person with a dream may enter but only a few are able to reach the end. Mr. Kohler served his term with his head held high and a smile on his face the entire way. I have no doubt that his kind demeanor left a lasting impression on the people of Chautauqua County.

We are truly blessed to have such strong individuals with a desire to make this county the wonderful place that we all know it can be. Mr. Kohler is one of those people and that is why Madam Speaker I rise in tribute to him today.

HONORING LAVERNE JONES-FERRETTE
HON. DONNA M. CHRISTENSEN
OF THE VIRGIN ISLANDS
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mrs. CHRISTENSEN. Madam Speaker, I rise today to proudly offer my congratulations on behalf of Virgin Islanders everywhere, to Laverne Jones-Ferrette, number one in the world in the 60 meters with a time of 6.97, the first woman to run under the 7.00 seconds barrier in over a decade and a semi-finalist at the IAAF World Indoor Championships in Doha, Qatar.

I also congratulate Tabarie Henry, a third year student at Texas A&M University who is listed by the International Association of Athletic Federations as the number one 400 meter runner in the world.

The Virgin Islands, with a population of roughly 120,000, has produced legends in every field who continue to be part of the fabric of America, and these two outstanding natives of America, and these two outstanding natives of America, through their hard work, have made their contributions in sports that have brought worldwide recognition to them and to U.S. Virgin Islands.

There are also other outstanding members of the V.I National Track and Field Team who continue to excel in their respective events: Adriam Duran—100 meter; Leslie Murray—400 meter hurdles; Calvin Descent—400 × 400 meter and 4 × 100 meter relay; David Walters—4 × 100 meter relay; Terry Charles—4 × 400 meter relay; Leon Hunt—long jump; Muhammad Halim—triple jump; Allison Peter—200 meter; Courtney Patterson—100 meter; Wyantetta Kirby—long jump and 100 meter hurdles and Desiree King—800 meter and 400 meter hurdles.

Madam Speaker, I ask my colleagues to join me in saluting Laverne on earning a silver medal at the IAAF World Indoor Championships in Qatar, Tabarie, and all of our athletes and wish them god-speed as they continue to shine.

HONORING REV. VINCENT M. COOKE
HON. BRIAN HIGGINS
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. HIGGINS. Madam Speaker, I rise today to recognize the many accomplishments of Rev. Vincent M. Cooke, S.J. Since becoming President of Buffalo’s Canisius College in 1993, Rev. Cooke has steadily advanced everything from the school’s faculty to its residence halls, making Canisius into the distinguished institution it is today.

Rev. Cooke began his Presidency at Canisius with the mantra, “nothing less than quality would be acceptable.” He has certainly followed through on these words. During his time at Canisius, Rev. Cooke has restored and enhanced the school’s residence halls, Old Main and Lyons Hall, as well as its award-winning Montante Cultural Center. He began a 17 month, $22 million upgrade of Canisius’ technological resources, creating more than 50 state-of-the-art classrooms.

Rev. Cooke’s dedication to excellence extends far beyond Canisius’ facilities; not only did he raise the school’s academic standards, Rev. Cooke also increased Canisius’ applicant pool outside of Western New York and offered admissions merit-based aid and scholarship assistance to the most qualified students. He dedicated himself to hiring the best possible faculty and, over the past decade, has increased the number of courses taught by full-time faculty while decreasing Canisius’ student-to-faculty ratio.

Rev. Cooke’s successes have meant so much for Canisius College; however the benefits of his work have extended to the surrounding community as well. Through his win-win approach to community relations Rev. Cooke helped to establish a partnership with Fannie Mae and Hunt Real Estate, creating the Employer Assisted Housing Program which provides incentives for college employees to buy homes close to campus. His efforts to preserve historic campus buildings have in turn supported the surrounding community while an increase in policing efforts have made the campus and neighboring communities a safer place.

Madam Speaker, it is my honor to recognize Rev. Cooke for his copious achievements. His work as an educator, innovator, and leader has bettered not only Canisius College but all of Western New York as well.
Mr. TIBERI. Madam Speaker, I rise today to express my support for H.R. 4840, the bill to designate the facility of the United States Postal Service located at 1979 Cleveland Avenue in Columbus, Ohio, as the "Clarence D. Lumpkin Post Office." Mr. Lumpkin has long been a pillar in Columbus and the Linden community. Born in 1925, he grew up in the South in a family of sharecroppers. After high school, Mr. Lumpkin joined the United States Army where he served his country honorably in World War II. After the War, Clarence Lumpkin moved to the South Linden community in Columbus where he was elected to the South Linden Area Commission, and has been a driving force and a leader in the community ever since. His work and outstanding presence have touched many lives and are very much appreciated by his fellow central Ohioans. This post office was saved from closing with the help of Mr. Lumpkin's tireless work, so it is appropriate that this post office bears his name. I hope you will join me in honoring the life and accomplishments of Clarence D. Lumpkin and recognizing his dedication to the Central Ohio community.

IN HONOR AND REMEMBRANCE OF FRANK D. CELEBREZZE

HON. DENNIS J. KUCINICH
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. KUCINICH. Madam Speaker, I rise today in remembrance of Frank D. Celebrezze, a dedicated husband, father, grandfather, an Army Veteran and a former Ohio Supreme Court Chief Justice. A third-generation Italian-American, Judge Celebrezze learned early the importance of family, faith and service to community. From 1956 to 1958, he served in the Ohio Senate. In 1964, he was elected to serve as a Cuyahoga County Common Pleas Court judge, a position he held until 1972, when he was elected to the Ohio Supreme Court. Judge Celebrezze became Chief Justice in 1976 and held that position until 1986.

Judge Celebrezze was highly admired by those serving in the judicial system. He served with honor, integrity and recognition of those who served before him. He was a mentor and friend to numerous attorneys, clerks and colleagues.

Above all else, Judge Celebrezze was a devoted husband, father and grandfather. He and his wife, Mary Ann, were married for 62 years. Together, they raised their children Rebecca ‘Judith Ann’, Frank D., Laura, David, Jeffrey, Keith, Matthew and the late Brian and Steven. He was a devoted grandfather to Miranda, Christina, Nicole, Keith Jr., Daniel, Ashley, Jessica, Jaime and Adam. Madam Speaker and colleagues, please join me in remembrance of the Honorable Judge Frank D. Celebrezze. His legacy as a jurist and as a man will not be forgotten.

RECONCILIATION ACT OF 2010

SPEECH OF
HON. MICHAEL R. TURNER
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Sunday, March 21, 2010

Mr. TURNER. Mr. Speaker, I strongly oppose a government takeover of our nation's healthcare system. It is irresponsible for Congress to approve a vastly unpopular and costly measure at a time of unprecedented budget deficits and uncertainty about the future of the economy. Despite overwhelming opposition by the American people, the Majority in Congress, led by Speaker PELOSI, has resorted to manipulating longstanding procedural rules to rush through an overhaul of our nation's healthcare system. My constituents understand that any bill that requires backroom special deals to pass is fundamentally flawed.

Obtaining quality medical care is a top priority for Ohioans and their families. Instead of forcing an unpopular, one-size-fits-all approach to healthcare reform, Congress and the White House should listen to the American people and return to the drawing board to negotiate a real bipartisan agreement in order to achieve true reform.

Real health care reform does not have to undermine the strengths of our current system, nor limit doctor choice or care availability. A series of common-sense measures will go a long way toward improving health care for all Americans. For example, insurance companies should be prohibited from excluding a person for coverage based on pre-existing conditions.

Medical research is also essential to bringing health care costs down. Private ingenuity is the strength of our current system and should be preserved and encouraged. The federal bureaucracy cannot stand in the way of such important research. When employees change jobs, they should be able to take their health insurance with them. Continuity of coverage can be critical for a person in the midst of important health-related treatment.

Our litigation system forces doctors and hospitals to raise operating costs. For decades, the cost of medical liability has risen much more rapidly than actual medical care. Limiting frivolous lawsuits would have a significant effect on containing health care costs and promoting accessibility to care.

Individuals should be allowed to deduct the full cost of their health insurance premiums from their federal income taxes. Furthermore, we should expand the ability to put tax-free dollars into Health Savings Accounts (HSAs) to be used for lifetime medical expenses. These reforms alone would make health care more affordable for many.

These are reasonable reforms that don't rely upon the creation of a new, massive government health system. Although I oppose this bill, I will continue to fight to replace this government takeover of our healthcare system, and I remain committed to supporting Southwestern Ohioans' call for commonsense solutions.

HONORING BILL O'CONNOR

HON. FRANK D. LUCAS
OF OKLAHOMA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. LUCAS. Madam Speaker, I would like to take the time to recognize the retirement of a longtime Republican aide on the House Agriculture Committee: Bill O'Conner. For more than 30 years, Bill O'Conner has come to be known as a highly knowledgeable staffer who could work with members and aides from both sides of the aisle, respected for his professionalism, and appreciated for the experience and expertise he contributed to policy discussions.

Although Bill was raised in Kansas, I am proud to recognize that he was born in my home state of Oklahoma. He graduated from Wichita State University. And after serving a tour with the Marines, he earned his master's degree at Wichita State University and continued to do doctoral work at Ohio State University.

Bill's long career on Capitol Hill began in 1979 when he first worked as an analyst for the House Republican Conference. In 1981, he became the Executive Director of the House Republican Research Committee under the Chairmanship of Rep. Ed Madigan of Illinois. Two years later when Rep. Madigan became the Ranking Republican on the House
Agriculture Committee, Bill was appointed the Deputy Minority Staff Director.

For the next seven years, Bill was responsible for policy and legislative development for Agriculture Committee Republicans. In 1991, Rep. Madigan became the Secretary of Agriculture, and Bill served as his Chief of Staff. Bill served in that role through the balance of President George H.W. Bush's administration.


Bill's knowledge and experience made him an essential staffer in the development and implementation of U.S. agriculture policy. He played a key role in the reauthorization of five farm bills. And, he has been regarded as an expert on agriculture policy matters by both Republicans and Democrats, House and Senate members.

One story that highlights the trust Bill earned from members of Congress happened in 2003 when the Agriculture Committee received reconciliation instructions. Rep. Dennis Hastert, then Speaker of the House, called a members meeting to discuss the instructions, which included Bill as staff director of the committee. Prior to starting the meeting, Speaker Hastert announced to the group that he wanted everyone to know that in 1986 Ed Madigan dispatched Bill O'Connor to assist with his first campaign to Congress. Madigan advised him to “quote ‘listen to everything this man tells you.’” Hastert continued to say that he did then and has done so every day since.

It is fair to say that every Chairman and Ranking Member on the Agriculture Committee for whom Bill has worked was also wise to follow Mr. Madigan’s advice. We remain grateful for Bill’s dedication and service. His leadership, knowledge, experience, and professionalism will be missed, but we do wish him and his family the very best in the future.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. LAURA RICHARDSON
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Ms. RICHARDSON. Mr. Speaker, I rise today in strong support of H.R. 4872, the Reconciliation Act of 2010, because this bill is good for seniors, good for women, good for small businesses, and good for all Americans.

Today we have the opportunity to take a historic vote that will forever change the face, health, and life of America for the better. H.R. 4872 will provide access to affordable, quality health care for over 30 million Americans and will reign in the ever-escalating costs of health care. Today, history and destiny meet in a legacy left behind for generations to come. 435 Members who represent over 300 million people will be remembered for beginning to fulfill the promise all Americans were pledged, the unalienable rights to life, liberty and the pursuit of happiness which adequate healthcare embodies.

For the people I represent in the 37th District of California, H.R. 4872 will improve coverage for 299,000 residents who already have insurance. It will give tax credits and other assistance to up to 146,000 families and 15,100 small businesses to help them afford coverage. H.R. 4872 will improve Medicare for 63,000 beneficiaries in my district, including closing the donut hole for them. This legislation will extend coverage to 92,500 uninsured residents of the 37th District and will guarantee that 17,500 residents with preexisting conditions can obtain the health insurance they need. H.R. 4872 will protect 1,100 families from bankruptcy due to unaffordable health care costs and will allow 59,000 young adults to obtain coverage on their parents' insurance until age 26. Millions of dollars in new funding for 11 community health centers in my district. And finally, it will reduce the cost of uncompensated care for hospitals and other health care providers by $125 million annually.

H.R. 4872 helps seniors by ensuring that they will not be forced out of Medicare, that their doctors will continue to care for Medicare patients because of increased payment levels, and that the prescription donut hole will be completely closed by 2020. H.R. 4872 helps women by eliminating the discriminatory gender rating system, making sure that insurance companies do not consider pregnancy grounds for denying coverage, and doing away with all preexisting conditions. H.R. 4872 also helps our small businesses by eliminating tax credits for up to 50 percent of the cost of insuring their employees, and giving them greater control over the spiraling costs of health care coverage.

As I participated in countless debates, caucuses, and meetings over the past year, I knew that each step we took put us one step closer to what Theodore Roosevelt proposed in 1908 over 100 years ago: quality, affordable healthcare for all Americans. Our health care system up until now has not worked for most people, whether it be the physician as provider, the employer as payor, or the patient as recipient.

Mr. Speaker, this bill provides American families with stability and peace of mind. Never again will they have to choose between their health and their livelihood. H.R. 4872 provides all American families with the possibility of better healthcare.

It is time for us to move forward. H.R. 4872 is a new direction for this great country. I urge my colleagues to be a part of this historic health care policy change, and to be part of the days ahead in which we will work to further strengthen it.

HONORING EAST LANSING HIGH SCHOOL GIRL'S BASKETBALL TEAM

HON. MIKE ROGERS
OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. ROGERS of Michigan. Madam Speaker, I rise to pay tribute to East Lansing High School and in particular the East Lansing High School girl's basketball team. On March 20, 2010 the Trojans won the Michigan Class A state championship. This victory capped an outstanding season as the Trojans completed a 27–1 season.

Madam Speaker, these extraordinary young women deserve special recognition not only for their success on the basketball court, but also for their excellent work in the classroom. Congratulations to Head Coach Robert Smith and players Natalie Rose Brogan, Hannah Fitzpatrick, Malika Glover, Zakia Minifie, Kelsey Deshamo, Kaitlin Lapka, Klarissa Bell, Shayna Allen, Alex Trecha, Alex Green, Libby Meyer, and Gracie Wheelan.

I ask that the House of Representatives join me in congratulating the East Lansing Trojan's on their state championship and I wish all of these young ladies luck in their future endeavors.
Mr. CONNOLLY of Virginia. Madam Speaker, I rise to recognize a program which in the last several years has helped more than 40,000 Americans who are blind or who have significant disabilities gain skills and training that ultimately led to gainful employment: the AbilityOne Program.

The AbilityOne Program harnesses the purchasing power of the Federal Government to buy products and services from participating community-based nonprofit agencies that are dedicated to training and employing individuals with disabilities. This program affords Americans with disabilities the opportunity to acquire job skills and training, receive good wages and benefits and gain greater independence and quality of life.

This comes within a segment of the population that has suffered from significant, chronic and unacceptable unemployment. However, opportunities realized through the AbilityOne Program have done much in helping to bring people who are blind or have significant disabilities into a working society. I am proud to recognize Didlake, Inc., located in Virginia’s 11th district, as one shining example of a nonprofit agency working through the AbilityOne Program to enrich the lives of people with disabilities.

For more than 40 years, Didlake has provided a wide-range of resources to expand opportunities for people with disabilities in Virginia, Maryland and the District of Columbia. Didlake offers training and support services to people with significant disabilities leading to employment on federal, state and local contracts such as facility management, mailroom operations, administrative services, fleet management, product packaging and more.

The mission of Didlake stands as a true example of why community nonprofit agencies and programs like AbilityOne are a winning proposition for all parties involved. For an individual with a significant disability who has never had the opportunity to hold a job, be independent, participate in the community, or play an important role in society, the training and support that organizations like Didlake offer, and the employment opportunities afforded through partnership with the AbilityOne Program are truly invaluable.

Madam Speaker, it is with great pleasure that I extend my support to the AbilityOne Program. I also want to commend the dedication and commitment of Didlake President and CEO Rex Parr and his staff for helping individuals who have significant disabilities find employment. Their work helps people live fuller lives and become more active members of society. I also commend each AbilityOne employee who works every day to improve their lives and support our federal government’s mission.

Mr. KANJORSKI of Pennsylvania. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to Mr. James J. Flaherty, who is retiring as Vice President and General Manager at General Dynamics in Scranton upon his retirement.

A son of James Flaherty, Sr. and Jean Joyce Flaherty, Mr. Flaherty was raised in Pittston, Pennsylvania, where he graduated from St. John’s High School in 1960. A 1963 graduate of Penn State University, Mr. Flaherty joined Chamberlain Manufacturing Corporation, Scranton Division, where he held numerous engineering positions until 1969 when he was promoted to engineering supervisor of the forging operations.

In 1972, he was promoted to operations manager after which he was elevated to Assistant General Manager in 1976. In 1978 he was transferred to Chamberlain’s New Bedford, Massachusetts, operations where he remained until 1986 when he was promoted to Vice President and General Manager. He served in that post until 1991 when the New Bedford operations ceased production and he relocated back to Scranton as Vice President and General Manager of that division.

In 2000, he was promoted to Executive Vice President and, in April, 2003, he was named President of Chamberlain Manufacturing Corporation. In 2006, after General Dynamics acquired Chamberlain, Mr. Flaherty was named to the position of Vice President and General Manager of the Scranton operations.

Mr. Flaherty was a member of the ARMS Public Private Task Force, Executive Advisory Committee, and the Industrial Committee of Ammunition Producers. He is also Past President of the Board of Directors of the local chapter of the Salvation Army, is a member of the Lions Club and was an elected member of the Moscow Borough Council.

In February, 2009, Mr. Flaherty was inducted into the Honorable Order of St. Barbara by the U.S. Field Artillery Association and that same year he was awarded the W. Francis Swingle Award by the Greater Pittston Friendly Sons of St. Patrick.

Mr. Flaherty is married to the former Sheila Redding of Pittston. The couple has two children and five grandchildren and plan to reside in Oriental, North Carolina.

Madam Speaker, please join me in congratulating Mr. Flaherty for an outstanding career. His contributions to his profession, his community and his nation have been exemplary and he has been responsible for inspiring many others to emulate his example and his achievements.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, it is with a heavy heart that I rise today to honor and remember my dear friend and women’s rights crusader, Liz Carpenter, who passed away recently at the age of 89.

When I think about Liz Carpenter, I cannot help but be reminded of her colorful personality and her remarkable fortitude. At a time when women were just beginning to tear down gender barriers, she was working tirelessly to prove that she was capable, even overly-capable, of the jobs that were assigned to her. Her tireless spirit eventually paid off, and it is impossible to remember her without remembering her countless accomplishments for women and all Americans.

A sixth-generation Texas, Mrs. Carpenter was born in Salado, Texas. She went on to study at the University of Texas, and in 1942, shortly after graduating she moved to Washington, D.C. where she found a job working at an independent news bureau. Her early years were spent working in journalism, and after marrying her husband, Leslie Carpenter, they opened the Carpenter News Service. Together they gathered news in Washington, D.C. and grew their business until they had 18 newspaper clients across the South and Southwest. With her husband, she had two children.

In 1960, Mrs. Carpenter joined Lyndon B. Johnson’s vice presidential campaign, and after the assassination of President Kennedy, she penned the 58 words that President Johnson spoke shortly after receiving the oath of office. She remained with President Johnson until 1969 when he decided against seeking a second term as President. She remained in Washington until 1976 at which time she moved to Austin where she lectured on journalism at the University of Texas and was involved with the Lyndon B. Johnson Library. In 1981, after the death of her brother, she took in his three children and raised them to adulthood. Additionally, she was the author of four books.

A strong supporter of the Equal Rights Amendment, Ms. Carpenter actively worked to see the rights of women enshrined in the Constitution. She was a passionate feminist and was a co-founder of the National Women’s Political Caucus.

Madam Speaker, only 30 short days ago, I visited with Liz Carpenter. She was alert and well and still had as her number one interest the status of women. She suggested a state wide meeting on women, and was primarily concerned about the education of younger women. At the time, she urged me to continue the fight for more and better opportunities for all women across the country.

Madam Speaker, I am saddened by the loss of Ms. Carpenter, but I am grateful for her work, longevity, and strength. We will miss her vibrant personality, and we will remember to know the world is a better place because of her. I ask my fellow colleagues to join me today in honoring her memory and celebrating her life.
HON. GERALD E. CONNOLLY
OF VIRGINIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010
Mr. CONNOLLY of Virginia. Madam Speaker, it is my great honor to rise today to recognize Dr. Judith Falkenrath for her distinguished service to the Annandale Christian Community for Action (ACCA) and her years of dedicated service to the well-being and educational development of children in Northern Virginia.

During the last 24 years, Dr. Falkenrath has had immeasurable impacts on the lives of countless children and their families. Beginning in 1986 and continuing for 12 years, Dr. Falkenrath worked with the Fairfax County Office for Children. There she served as Early Childhood Specialist for Community Education as well as Education Coordinator for Fairfax County Head Start.

In 1998, Dr. Falkenrath joined ACCA. Founded in 1967, ACCA was created to address the needs of the working poor in our community. Since that time, ACCA has grown and diversified the services that they offer. Currently ACCA is an alliance of 26 churches in the Annandale area and together they provide assistance in areas such as Child Development Center, Family Emergency Services, Housing Repair, Furniture, Meals on Wheels, Scholarships, Shelter Assistance, and Transportation.

Believing that all children deserve quality care and education, Dr. Falkenrath, as Director of the Child Development Center, has provided leadership and dedication in providing quality preschool education and in furthering the goals of ACCA in reaching out to the poor and disadvantaged in our community. All children are accepted regardless of their circumstances or background.

Although Dr. Falkenrath is retiring from ACCA, where I know she will be sorely missed, I am pleased to note she is continuing to serve the children of Fairfax County as a member of the Child Care Advisory Council.

Madam Speaker, I ask my colleagues to join me in thanking Dr. Judith Falkenrath for her years of service and also in congratulating her on the occasion of her retirement. Her efforts and leadership have been a great benefit to the children of our community, and truly merit our highest praise.

HON. FRANK D. CONNOLLY
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010
Mr. CONNOLLY. Madam Speaker, it is my honor to recognize Dr. Judith Falkenrath for her distinguished service to her community. She is an excellent role model for the young adults she works with, a leader for her fellow community members, and a shining example of what it means to be a public servant. I ask my colleagues in the House to join me in congratulating Carol Meissner on her retirement from the Town of Evans Office of the Clerk.

HONORING CAROL A. MEISSNER
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010
Mr. HIGGINS. Madam Speaker, I rise today to recognize the dedicated service of Ms. Carol A. Meissner. In her 32 years of service to the Town of Evans, Ms. Meissner has helped to advance many important initiatives and has tirelessly served her community.

As Evans Town Clerk she helped to modernize the Clerk’s office and improved both efficiency and quality of service. She served two terms as the president of the Erie County Town Clerk’s Association and she was honored as the New York State Town Clerk of the year in 2001.

Ms. Meissner’s service to her community goes well above her role as Town Clerk. She also has been active in local schools, working to register graduating seniors and teaching younger students about the value of being an engaged citizen. Working with local youth is a passion of Ms. Meissner’s, she sponsors a youth baseball and soccer team, and she is a guest reader at her local elementary school.

In addition to serving the young adults of her community, Ms. Meissner has tirelessly served her community. She served two terms as a member of The Town of Evans Volunteer Fire Company’s Ladies Auxiliary. Throughout her years of service Ms. Meissner has had an impact on countless projects and programs, and she has assuredly made her community a better place. For her service she has received Certificates of Appreciation from the Town of Evans Lions Club, and The Future Business Leaders of America.

Madam Speaker, it is my honor to recognize Ms. Carol A. Meissner for her dedication to her community. She is an excellent role model for the young adults she works with, a leader for her fellow community members, and a shining example of what it means to be a public servant. I ask my colleagues in the House to join me in congratulating Carol Meissner on her retirement from the Town of Evans Office of the Clerk.

HONORING ZANE ERIC CLARK
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010
Mr. GRAVES. Madam Speaker, I proudly pause to recognize Zane Eric Clark, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 87, and in earning the most prestigious award, the Eagle Scout. Zane has been very active with his troop participating in many Scout activities. Over the many years Zane has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending Zane Eric Clark for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

HON. LAURA RICHARDSON
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010
Ms. RICHARDSON. Madam Speaker, I rise today to recognize March as National Red Cross Month. The American Red Cross has provided assistance and comfort to communities stricken by disasters large and small since it was founded in 1881 by Clara Barton. For over 100 years, the American Red Cross has continued to help ensure our communities are prepared and resilient in the face of future disasters.

Madam Speaker, at home and abroad, one in five Americans is touched by the Red Cross every single year. On September 29, an 8.0 earthquake in the Pacific Ocean generated tsunami waves in American Samoa, Samoa and Tonga, killing more than 170 people. The disaster, a reminder that California, has the largest population of Samoans in the continental United States, so this tragedy directly impacted many families in my district. I would like to recognize the American Red Cross for their invaluable assistance and quick response in providing relief after this event. I can attest to the good work they did when I traveled to American Samoa to deliver supplies donated by my constituents. The American Red Cross mobilized 90 volunteers to provide food, water, and relief supplies, as well as tracing services for families volunteers during the disaster. The Samoan Red Cross mobilized 200 volunteers to distribute relief items and support camps sheltering the homeless, with the goal of assisting 15,000 people.

In my district, the Greater Long Beach Chapter of the American Red Cross has 590 registered volunteers. They have certified 32,160 people in CPR/first aid, AED and water safety skills, and more than 4,300 people have received disaster preparedness training through health fairs, speaking engagements or training preparedness sessions. In addition, the Disaster Action Teams (DAT) responded to 33 local emergency operations, opened 3 shelters and provided disaster shelter and food to 58 individuals, and financial support to 39 families. Finally, our volunteer youth group served 1,000 needy adults and children at their annual Holiday Project.

In conclusion, Madam Speaker, I ask that you and my distinguished colleagues join me in applauding the hard work of the American Red Cross volunteers during the disaster. The Bank’s shared corporate vision is “To be recognized for THE unparalleled customer experience.” One of the corporation’s shared values is “Customer satisfaction” as we do the unparalleled service. To be recognized for THE unparalleled customer experience.” One of the corporation’s shared values is “Customer satisfaction” as we do the unparalleled service.
HONORING W. GLENN WINFREY
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I proudly ask you to join me in commending W. Glenn Winfrey for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

RECONCILIATION ACT OF 2010

SPEECH OF
HON. DENNIS A. CARDOZA
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Sunday, March 21, 2010

Mr. CARDOZA. Mr. Speaker, I would like to submit for the record a letter sent to me by the Physician Insurers Association (PIAA) expressing their concerns that multiple provisions of H.R. 3590 could potentially create new causes of action for medical liability claims despite the assurances I received from the committees and others that there would be no impact.

Mr. Speaker, the House-passed H.R. 3592 prevented these causes of action from being created by adding Section 261. Section 261 stated that the development, recognition, or implementation of any guideline or other standard shall not be construed to establish the standard of care or the duty of care owed by healthcare providers to their patients in any malpractice action or claim.

Mr. Speaker, for the record, it was the legislative intent of Congress to insert Section 251 or similar language in any Conference Committee bill to prevent new causes of action. It was not and never has been the intent of this legislation to create new causes of action or claims premised on the development of guidelines or other standards.

Congress should not wait for a study to be conducted—it should clearly state its intent in the legislation to not create new medical liability causes of action which could dramatically increase medical liability insurance premiums and potentially decrease access to healthcare providers in the process. The PIAA recommends the following legislation language to address this issue:

Section 4003 (Task Force on Clinical and Preventive Services).

Section 4001 (research to optimize delivery of public health services).

Section 4301 (research to optimize delivery of public health services).

As approved by the Senate, H.R. 3590 contained language to address this issue: "The development, recognition, or implementation of any guideline or other standard under any provision of this Act shall not be construed to establish the standard of care or duty of care owed by healthcare providers to their patients in any medical malpractice action or claim (as defined in section 431(7) of the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11151(7)))."

From the very beginning of the healthcare reform debate, there has been broad consensus that medical liability reform was a necessary component in making our healthcare system more efficient and effective. While the exact nature of that reform has been the source of some disagreement, no one has been suggesting that our medical system will be improved by having new opportunities for even more medical liability claims to be filed. Congress should ensure such opportunities are not created by healthcare reform legislation. Thank you for your time and consideration of this critically important issue. Should you have any questions about these proposals, or need additional information, please do not hesitate to contact me. We look forward to working with you on this most important issue.

Sincerely,

LAWRENCE E. SMARR,
President.
HONORING DR. DOROTHY L. HEIGHT ON HER 98TH BIRTHDAY

HON. ELEANOR HOLMES NORTON
OF THE DISTRICT OF COLUMBIA
IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Ms. NORTON. Madam Speaker, I rise today to ask the House of Representatives to join me in honoring Dr. Dorothy L. Height, the President Emerita of the National Council of Negro Women, on her 98th birthday.

Dr. Dorothy L. Height has spent her extremely productive lifetime in service of African Americans, especially African-American women, and the people of the United States of America. She has been a visionary, championing every great effort for equality and racial justice that our nation has achieved, from equal pay and voting rights for women to the integration of the nation’s governmental institutions and revision of societal norms.

Known as the “Godmother of the Civil Rights Movement,” Dr. Height has also organized the annual Black Family Reunion, a national celebration that she leads to celebrate African-American family values on the National Mall and throughout the nation.

Dr. Height has been recognized with virtually every significant national honor, from the NAACP Spingarn Medal, to the Presidential Medal of Freedom Award and the Congressional Gold Medal.

It is especially appropriate that Dr. Height’s birthday occurs in March, during Women’s History Month. Her contributions, not only to our country, but to women of every color and background, make Women’s History Month a timely occasion to celebrate Dr. Height’s life’s work as President Emerita of the National Council of Negro Women.

Madam Speaker, I ask the House of Representatives to join me in celebrating the lifetime contributions of Dr. Dorothy L. Height on her 98th birthday.

IN THE HOUSE OF REPRESENTATIVES

HONORING JOHN ZACHARY PARKS

HON. SAM GRAVES
OF MISSOURI

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize John Zachary Parks, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 121, and in earning the most prestigious award of Eagle Scout.

Zach has been very active with his troop participating in many Scout activities. Over the many years Zach has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending John Zachary Parks for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

IN THE HOUSE OF REPRESENTATIVES

A TRIBUTE TO DR. DOROTHY I. HEIGHT

HON. EDOLPHUS TOWNS
OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition and celebration of Dr. Dorothy I. Height on her 98th Birthday for her unwavering dedication and contributions to society. Her commitment to social work and those who are underserved have been indecipherable.

Dorothy I. Height was born in Richmond, Virginia. At an early age, she moved with her family to Rankin, Pennsylvania. She graduated from Rankin High School. While in high school, she received a scholarship to Barnard College; however, upon her arrival, she was denied entrance. During that time, Barnard only admitted two African Americans per academic year and Ms. Height had arrived after the other two students had been admitted. She did not let this disappointment deter her; she would later attend New York University, where she earned a Bachelor’s and Master’s degree in just four years.

After college, she worked as a teacher in Brownsville Community Center in Brooklyn, New York. She was also very active in the United Christian Youth Movement after its founding in 1935. Her undying commitment to women and families led her to her work as a case manager for the welfare department in New York. In 1937, she would join the National Council of Negro Women and her career as a pioneer in civil rights began to unfold.

In 1938, Dorothy Height was one of ten young people selected to help Eleanor Roosevelt plan a World Youth Conference. Through Ms. Roosevelt, she met Mary McLeod Bethune and became involved in the National Council of Negro Women. That same year, she was hired by the Young Women’s Christian Association (YWCA). She worked for better conditions for black domestic workers, leading to her election toYWCA national leadership. She was active in developing its leadership training and interracial and ecumenical education programs.

Throughout her career, Dr. Dorothy L. Height has remained a tireless leader in the struggle for equality and human rights for all people. Her life exemplifies her passionate commitment for a just society and her vision of a better world. She has worked closely with Dr. Martin Luther King, Jr., Roy Wilkins, Whitney Young, A. Philip Randolph, and many others.

Dr. Height has participated in virtually all of the major civil and human rights events in the 1950’s and 1960’s. For her tireless efforts on behalf of the less fortunate, President Ronald Reagan presented her the Eleanor Roosevelt Medal Award for distinguished service to the country in 1989.

Dr. Height is known for her extensive international and developmental education work. She initiated the single African American voluntary organization working in Africa in 1975. In her numerous decades of national leadership, she has served on major policy-making bodies affecting women, social welfare, economic development, civil and human rights. She has received numerous recognition awards. Recently, she was appointed to the Advisory Council of the White House Initiative on Historically Black Colleges and Universities by President Bush.

IN THE HOUSE OF REPRESENTATIVES

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Dorothy Height has remained a model of social consistency. She has inspired me as a social worker, community organizer and policy maker. She embodies the spirit of commitment. It is with immense honor and pleasure that I recognize her historic efforts and legacy and wish her a very happy birthday. May this year bring with it all the conscious and unfulfilled desires of her heart desires. Madam Speaker, I urge my colleagues to join me in wishing Dr. Dorothy I. Height a Happy Birthday.

IN THE HOUSE OF REPRESENTATIVES

RECONCILIATION ACT OF 2010

SPEECH OF

HON. ALLYSON Y. SCHWARTZ
OF PENNSYLVANIA

Sunday, March 21, 2010

Ms. SCHWARTZ. Mr. Speaker, I, on behalf of myself and Mr. NEAL, rise to speak about the Independent Payment Advisory Board (IPAB), which is a new executive branch entity created in the Senate passed health reform bill, H.R. 3590, the Patient Protection and Affordable Care Act.

In particular I want to clarify legislative intent with regard to one issue in IPAB. Section 1899A(c)(2)(A)(iii) of the Social Security Act, as added by Section 2301 of PPACA, states that in the case of IPAB proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing extra downward adjustments in their payments and thus should not be subject to “double jeopardy” by also being subject to IPAB recommendations which will further reduce spending.

In creating this exclusion, it is the intent of Congress to exclude all payment reductions applicable to providers captured by this language in all the relevant years. Therefore, in the case of inpatient hospitals, the provision excludes from IPAB recommendations payment reductions applicable to hospitals including payment reductions for indirect medical education under 1886(d)(5)(B), graduate medical education under 1886(h), disproportionate share hospital payments under 1886(d)(5)(F), and capital payments, as well as incentives for adoption and maintenance of meaningful use of certified electronic health record technology under 1886(n).

In addition, further clarifications are needed to ensure that IPAB is empowered to recommend payment improvements for all items and services provided to Medicare beneficiaries.

IN THE HOUSE OF REPRESENTATIVES

HON. SAM GRAVES
OF MISSOURI

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Sabrina Dinovo, a very special young lady who has exemplified the finest qualities of citizenship and leadership. Sabrina was recently invited to attend a People to People
MARCH 8TH, 2010 BOSTON GLOBE

EDITORIAL: "FDA LAX ON CONFLICTS OF INTEREST"

HON. VIRGINIA FOXX
OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Ms. FOXX. Madam Speaker, I would like to submit an editorial published in the Boston Globe on March 8, 2010, entitled “FDA Lax on Conflicts of Interest.” This editorial highlights the potential conflicts of interest inherent in the FDA’s recent selection of Committee Members for their newly established Tobacco Products Scientific Advisory Committee, TPSAC. I understand the committee is responsible for advising the FDA on a broad range of topics, including nicotine levels in cigarettes and the development of reduced risk products.

I opposed H.R. 1256, the Family Smoking Prevention and Control Act when it passed through the Democrat-led Congress in the summer of 2009 before being signed into law. The bill, which provided the FDA with the authority to regulate tobacco products, defies logic and I have been monitoring the development of these new regulations carefully. Earlier this month the FDA finally announced the members they selected to serve on TPSAC. Alarming, as the Boston Globe editorial explains, two of the scientists selected as committee members have direct financial ties to the companies which benefit from the recommendations they will be tasked with making. Having committee members who stand to gain financially from their own recommendations is unacceptable and represents disturbing conflicts of interest.

The Administration likes to talk about high ethical standards and transparency but we have yet to see those lofty promises put into action. The Administration can take its first step towards this goal by eliminating these conflicts of interest and ensuring the FDA takes the utmost precaution against selecting such members in the future.

HON. NITA M. LOWEY
OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mrs. LOWEY. Madam Speaker, yesterday, I regrettably missed a rollcall vote. Had I been present, I would have voted in the following manner:

Rollcall No. 173—yea.

HON. DENNIS A. CARDOZA
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. CARDOZA. Madam Speaker, Congressman Costa and I rise today to honor the life of our dear friend, Mr. Otto Ignacio Coelho, Sr., a long time resident of Hilmar, California. Mr. Coelho passed away at the age of 92. Mr. Coelho was a strong leader of the community and served on numerous Portuguese organizations. Although a native of Tulear, California, he made Hilmar his home. He was one of six children born to Pauline and Pedro Coelho who immigrated to the United States from Terceira, the Azores in Portugal.

Mr. Coelho was a fisherman and Otto worked for a time selling the fish his father and brother caught. Mr. Coelho eventually returned to the Central Valley and the dairy industry. On September 3, 1938, Otto married the love of his life, Alcance, whom he had known since childhood. Otto was involved in the dairy industry until the 1960s, after which time he did custom farming and later was active in farm equipment sales for N&S Tractor Company.

After retirement, Otto became even more involved in the Pentecost celebrations he had loved since a child. He was a member of the Dos Palos DES Stevinson Pentecost Association, Nossa Senhora do Rosario Los Banos, and Our Lady of Fatima Los Banos. He greatly enjoyed making the rounds to collect for Festa celebrations throughout the valley, and proudly kept his route books. He was a member of the YMI. Otto was also deeply devoted to his Catholic faith. He was a long-time member and officer of the YMI at Holy Rosary St. Mary’s Catholic Church in Hilmar, where he lived since 1965. He also belonged to the Knights of Columbus and was active in Casa da Azores in Hilmar.

Otto and Alice raised four children, Otto Jr. (Claudette) of Madera, Gilbert (Carol) of Firebaugh, Tony (Phyllis) of Delaware, and Susan Mattos of Newman. He is also survived by 15 grandchildren, 24 great-grandchildren and one great-great-grandson. He is also survived by his sisters, Mercedes Martins of Watsonville, Nira Jean Perry (Joe) of Hollister, and Lee Coelho (Nancy) of Los Banos.

Otto Coelho was a pillar of our community. His strong sense of faith, family, and community speak volumes for generations to come. It is our honor to recognize Otto Coelho and to honor his legacy at this time. We extend our deepest sympathy to his family on their loss.

HONORING SALVADOR R. PENA
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. PENA. Madam Speaker, I rise today to recognize our dear friend Sal Pena, a truly great American. Sal was a great community leader in the City of San Leandro. He was a tireless advocate for our community and for the Latino community. He was a champion of education and was always willing to help those in need. Sal was a man of great compassion and caring, and he will be deeply missed by all who knew him.

HONORING OTTO I. KOHLIN, JR.
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. KOHLIN. Madam Speaker, I rise today to honor the life of our dear colleague, Otto I. Kohlin, Jr., of Santa Barbara. Otto was a dedicated public servant and a true friend to all who knew him. He was a great champion of environmental causes and was a tireless advocate for the protection of our natural resources. Otto was a man of great vision and leadership, and he will be deeply missed by all who knew him.

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OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

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HONORING SALVADOR R. PENA
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

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HONORING OTTO I. KOHLIN, JR.
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

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March 24, 2010

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lad who has exemplified the finest qualities of citizenship and leadership. Marisa was recently invited to attend a People to People World Leadership Forum in Washington, DC, where she will participate in daily educational activities focused on leadership.

Marisa’s academic excellence, community involvement and leadership potential make her a worthy participant. She should be proud to be a model citizen amongst the youth in her community and my congressional district.

Madam Speaker, I am confident Marisa will use the skills she gains from People to People community and my congressional district. I respectfully urge you to join me in commending Marisa on this monumental achievement.

HONORING SOUTH DAKOTANS FIGHTING WIDESPREAD FLOODING

HON. STEPHANIE HERSETH SANDLIN
OF SOUTH DAKOTA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Ms. HERSETH SANDLIN. Madam Speaker, I rise today to pay tribute to the many South Dakotans who have helped fight the effects of widespread flooding throughout the northeast and southeast portions of the state in recent weeks.

About one month ago, South Dakota faced the threat of significant damage and cost due to flooding. The northeast and southeast portions of the state had high water tables and the winter’s snow was beginning to melt. That meant rising water on our rivers and creeks and a danger of flooding that threatened our agricultural economy, roads and homes.

But South Dakotans didn’t flinch in the face of these developments. Instead they banded together as they always do and developed plans to mitigate the worst of the dangers and deal with the smaller inconveniences.

County emergency managers worked with state officials from the Department of Public Safety and Office of Emergency Management. Red Cross volunteers worked with mayors of small towns. The National Guard mobilized to help the city of Aberdeen, and the Civil Air Patrol scouted flood damage from the air. Local law enforcement officials and the South Dakota Department of Game, Fish and Parks, as well as the U.S. Fish and Wildlife Department, patrolled and offered assistance to those in danger. And neighbors worked with and for each other, filling sandbags to protect their homes and their communities.

Our federal partners did their share as well. The Federal Emergency Management Agency helped train state Office of Emergency Management staff in the weeks before the heaviest flood activities and has already begun assisting the state in planning for recovery operations. The U.S. Army Corps of Engineers stepped up to protect the city of Watertown, completing it on time and amidst concern over flooding.

Today, I am proud to report that, while the danger is not entirely past and there remains much recovery work to do, South Dakota once again has come together to successfully meet a challenge that has captured the attention of our nation.

We still have some roads closed, dozens of homes suffered some flooding damage and it may be some time until we can determine the extent of the damage. But we have, so far, avoided the kinds of catastrophic damage that was feared.

Madam Speaker, I remain proud as ever to represent the people of South Dakota and their enduring ability to rise to whatever challenge they must. I offer my sincere thanks to all who worked so hard to limit the effects of this flooding.

HONORING DELANEY NELSON
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Delaney Nelson, a very special young lady who has exemplified the finest qualities of citizenship and leadership. Delaney was recently invited to attend a People to People World Leadership Forum in Washington, DC, where she will participate in daily educational activities focused on leadership.

HONORING ALABAMA MEDICAID RECESSION ACT OF 2010
SPEECH OF
HON. JO BONNER
OF ALABAMA
IN THE HOUSE OF REPRESENTATIVES
Sunday, March 21, 2010

Mr. BONNER. Mr. Speaker, I rise in strong opposition to H.R. 3590, The Patient Protection and Affordable Care Act, and H.R. 4872, The Health Care and Education Affordability Reconciliation Act of 2010. These severely misguided bills authorize a $1.2 trillion in new mandatory spending over the next decade, impose costly unfunded mandates on States, increase taxes on small businesses and families by more than $500 billion over ten years, and provide a clear path for federal funding of abortions.

Both President Obama and Speaker Pelosi have talked about the “historic” nature of their health care legislation. While they claim to be acting upon the unrealized goals of a century of past Presidents and Congresses to expand health care access to all Americans, the real history that’s being made by the passage of the legislation is less inspiring. Rather than seeking a national consensus to forge a truly historic and badly needed reform of American health care, the President and the Speaker instead cynically crafted alone a one-sided, purely partisan bill that ignores the desires of the majority of the people.

Unlike the Social Security and Medicare Acts which enjoyed strong bipartisan support in their day, the President and the Speaker’s health care legislation, which will impact nearly one-sixth of the economy, did not see one single Republican vote in support of their effort. Furthermore, 34 members of their own party joined Republicans in opposing this blatant power grab, dressed up as health care reform.

The reason for this lopsided vote is clear. The Democrat health care plan facilitates a far higher rate of taxation by Americans and the President and the Speaker instead cynically crafted alone a one-sided, purely partisan bill that ignores the desires of the majority of the people.

But that’s not all. This bill will also, for the first time, levy Medicare taxes on investment income. It imposes a new tax of 3.8 percent on unrealized income.

Small businesses would also be forced to provide a government-approved level of coverage or face a $2,000 penalty per employee. Businesses already providing coverage would face additional penalties if the government deems the coverage “unaffordable.”

What’s more, individuals would also have to buy government-approved insurance—whether they want it or not—or face fines. The IRS will become the health care enforcement agency, hiring up to 16,000 new workers to ensure that everyone buys federally approved coverage.

The Democrat health care bill will also place an unfunded mandate on States to expand Medicaid rolls. In my State, it will move an additional 400,000 people into an already cash-strapped Alabama Medicaid program. Alabama will have to come up with an additional $61 million annually to sustain this mandatory expansion of Medicaid, which will cost State and Federal taxpayers a total of nearly $1.1 billion a year. As Governor Bob Riley recently said, “I am deeply concerned that sustaining this level of coverage would translate into a substantial tax increase on the people of Alabama.”

Equally troubling is this health care bill’s green light for the federal funding of abortions. Despite the President’s Executive Order barring the use of any Federal funds for abortion, there is no permanent prohibition over using Federal funds to pay for abortions. Whatever deal Rep. Bart Stupak and his group think they may have struck with the President, it does not carry the force of law. Executive orders are signed by the President and they can be revoked by the President—and frequently, they are.

Mr. Speaker, Republicans have been shut out of the President’s own health care bill from the beginning. We offered to sit down and start from scratch to write a bill the American people could actually support, including the ability to buy insurance across State lines, give small businesses the power to pool coverage, and address liability lawsuit abuse. The Congressional Budget Office said the Republican health care plan would increase access to care, lower premiums by up to ten percent and reduce the Federal deficit by $68 billion over ten years. Sadly, this kind of real reform was all but ignored by the administration and the Congress.

This is truly a sad day for this House and for our country. Americans wanted and deserve so much more than a cynical push for bigger government. I am committed to supporting efforts to fix this badly flawed legislation and replace it with real health care reform that Americans can support.
Delaney's academic excellence, community involvement and leadership potential make her a worthy participant. She should be proud to be a model citizen amongst the youth in her community and our congressional district.

Madam Speaker, I am confident Delaney will use the skills she gains from People to People International as tools for the betterment of her community and our Nation. I respectfully urge you to join me in commending Delaney on this monumental achievement.

RECOGNIZING AND CONGRATULATING ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH IN FORT WORTH, TEXAS ON THEIR 102ND ANNIVERSARY

HON. MICHAEL C. BURGESS
OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. BURGESS. Madam Speaker, I rise today to recognize and congratulate St. James African Methodist Episcopal Church in Fort Worth, Texas, as they celebrate 102 years of Christian Service.

St. James African Methodist Episcopal Church is the oldest black church in the Stop Six Area of Fort Worth. From its humble beginnings, where services were held in a tent, the church has served its community with passion. Their commitment to outreach has allowed them to influence not only those in their community, but throughout the country. As this congregation continues to grow under their dedicated leadership, there is no doubt it will maintain its long-standing reputation of service and devotion to those in Fort Worth's Stop Six Area.

To commemorate their 102 years of service, St. James African Methodist Episcopal Church is having a Church Anniversary Celebration. The celebration began on January 10th and will end on April 25th, the anniversary of the church's beginnings.

Madam Speaker, St. James African Methodist Episcopal Church is a shining light in Fort Worth, Texas. I am extremely proud to represent Reverend Damon Blakeley and the entire church congregation in the 26th Congressional District of Texas. Their service to the community is valued and appreciated, and I look forward to watching the church continue to grow, and observing the positive impact they will continue to have in North Texas.

A TRIBUTE TO DEACON VICTOR M. BOWES

HON. ROBERT A. BRADY
OF PENNSYLVANIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. BRADY of Pennsylvania. Madam Speaker, I rise today to honor Deacon Victor M. Bowes. I congratulate Deacon Bowes on the occasion of his 100th birthday and thank him for his long history of service to his community.

Born March 10, 1910, Deacon Bowes was born and raised in North Carolina. He moved to Chester, Pennsylvania in 1942 to work as a welder building ships for the defense of his country. He joined the Bethany Baptist Church in Chester three years later, beginning his more than 60-year relationship with the Church.

After being ordained a deacon, Deacon Bowes was appointed Chairman of the Board of Deacons on March 7, 1957. He served in this capacity for over 42 years, overseeing incredible progress and developments within the church. In recognition of his service, he was honored in 1999 with the title of Chairman Emeritus for the Board of Deacons.

Throughout his tenure at Bethany Baptist Church, Deacon Bowes has worked tirelessly to better his community. He served as church school treasurer for 30 years, taught Sunday School classes, and was a regular teacher of Wednesday Night Bible Study for many years. Deacon Bowes was Chairman of the Building Committee Ministry that oversaw the construction of a new church building.

Madam Speaker, I ask that you and my other distinguished colleagues join me in congratulating Deacon Bowes on the occasion of his 100th birthday, and thank the Deacon for his long history of work and involvement in his community.

DANNY ADKINS

HON. SHELLEY MOORE CAPITO
OF WEST VIRGINIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mrs. CAPITO. Madam Speaker, I rise today to ask that we take a moment to honor Danny Adkins, who lost his life while giving rescue support to the flooded areas of Raleigh County, West Virginia.

In the early hours of March 13, 2010, Danny Adkins was part of a five-man crew of volunteer firefighters from Glasgow, West Virginia called upon to aid rescue crews in Raleigh County. Trained in swift water rescue, Danny's courageous efforts saved the lives of many before his boat capsized and he was swept away by the rapid floodwaters. After six days of searching by nearly a hundred volunteers, Danny's body was found Friday, March 19, 2010. Danny's courage and selflessness are known by all that knew him. He has been a hero to so many and will be missed dearly.

I take this time to remember Danny Adkins. He gave his life to save others. I want to thank all firefighters throughout West Virginia that sacrifice so much for their communities, with a special thank you to Glasgow Volunteer Fire Chief Marty Blankenship, Fire Captain Jay Slack, and the felllow firefighters of the Glasgow Volunteer Fire Department. My deepest thoughts and prayers are with his two sons, Devin and Ethan, his daughter, Allyssa, and his girlfriend, Bobbie Evans.

IN MEMORY OF BRENDAN BECK

HON. MICHAEL C. BURGESS
OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. BURGESS. Madam Speaker, on behalf of myself and Congresswoman Kay Granger, I rise today in memory of Brendan Beck, a casualty of the tragic earthquake that struck Port-au-Prince, Haiti on January 12, 2010. As a civil engineer, Brendan had traveled to Haiti to help the U.S. Agency for International Development to begin a project analyzing the infrastructure of Northern Haiti.

After studying engineering at the University of Florida, he went on to join the Peace Corps, where he served in the African nation of Mali. His adventurous spirit led him to travel the world, where he was able to utilize his knowledge of engineering to transform underprivileged nations. Brendan was always quick to lend a helping hand to those in need.

Brendan tragically lost his life in the collapse of the Hotel Montana. While helping study the infrastructure of Northern Haiti, Brendan was forced to make a stop in Port-au-Prince due to weather. He checked into the Hotel Montana hours before the earthquake struck.

After receiving the devastating news, Sally Baldwin, Brendan's mother, visited Washington, DC to share Brendan's story, and encouraged us to continue supporting the efforts of the recovery teams. She asked for search and rescue support to be specifically targeted at the site of the Hotel Montana.

Brendan's family was notified on February 15, 2010, 34 days after the earthquake struck Port-au-Prince, that Brendan had been found. Although his family was extremely grateful to have him returned, they were devastated they lost such an incredible son. His family and friends have expressed their grief in the loss of a son, brother and friend, whose fervor for life was indescribable.

Madam Speaker, it is with great honor that we rise today to honor the memory of Brendan Beck. Brendan exemplified the qualities of a model citizen, and I am proud to represent such an outstanding individual in the United States House of Representatives.

HONORING MR. CY GLUECK

HON. JO ANN EMERSON
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mrs. EMERSON. Madam Speaker, I rise today to pay tribute to a renowned member of my district, a great Missourian and a great American. Mr. Cy Glueck passed away on Monday, March 22, after a lifetime of service to Southern Missouri.

Mr. Glueck may be best known throughout the region as the inventor of the Original Bologna Burger at Schindler's Tavern in New Hamburg. If you haven't ever had one, they are well worth the trip. Mr. Glueck and his wife, Mrs. Mary Glueck leveraged their knowledge of engineering to transform underdeveloped areas of Mali. His adventurous spirit led him to travel the world, where he was able to utilize his knowledge of engineering to transform underprivileged nations. Brendan was always quick to lend a helping hand to those in need.

As part of his philanthropy, Mr. Glueck hosted the Kow Pasture Klassic golf tournament—played in a pasture with tennis balls hit by any instrument from golf clubs to baseball bats. The point was to have fun and celebrate, but also to benefit a local charity. No annual event in the community was more an-
member of St. Vincent de Paul Catholic Church, advanced in the Knights of Columbus Council, active in the Elk's Lodge, and on the board of the Kenny Rogers Children's Center. Mr. Glueck was a mainstay in the community, and he will be remembered well for his good humor, kind nature, and boundless energy.

I want to commend his life to the U.S. House of Representatives as a model of community service. Our thoughts and prayers are with Mr. Glueck’s wife, Dorothy, and the many family and friends who today mourn a great loss.

PERSONAL EXPLANATION
HON. GABRIELLE GIFFORDS
OF ARIZONA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010
Ms. GIFFORDS. Madam Speaker, yesterday I was absent and missed rollcall vote 175. Had I been present, I would have voted “aye” on rollcall 175.

IN MEMORY OF SPC. LAWRENCE ALDRICH
HON. MICHAEL C. BURGESS
OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010
Mr. BURGESS. Madam Speaker, I proudly rise today in memory of one of our nation’s bravest and finest men, who gave his life protecting our nation and its citizens—Army Specialist Lawrence Lee Aldrich of Fort Worth, Texas. Spc. Aldrich was killed on May 6, 1968, fighting in the Vietnam War, and after more than 40 years, he has finally been reunited with his family and loved ones.

Spc. Aldrich was a fearless young man who joined the Army in 1967. Those who served alongside him remember him as brave and selfless. He gave his life for this country and should be honored for upholding the high standards we have set for our Armed Forces.

On the day Spc. Aldrich was killed, he was serving as a member of a search-and-clear mission in Binh Dinh Province, in what was then South Vietnam. He was last seen with two other Americans engaged in a battle with enemy forces while manning an M–60 machine gun position. An air strike was called in, but one of the bombs inadvertently landed on Spc. Aldrich’s position, killing the three soldiers. Members of his unit later recovered the remains of the two other men, but Aldrich could not be found.

Spc. Aldrich is one of 58,000 soldiers’ names that appear on the Vietnam Memorial. His family’s greatest wish was to have his body returned. Although his parents have passed on, his siblings know that this would have made them extremely happy.

Madam Speaker, it is with great honor that I rise today to honor the memory of Spc. Lawrence Lee Aldrich for his bravery and courage while defending and protecting our nation during the Vietnam War. I am proud to represent such outstanding soldiers from my district, and the nation as a whole, in the United States House of Representatives.
people in border communities like mine are particularly susceptible to this disease. Community organizations in my district such as the Alliance of Border Collaboratives, the TB Program at the Mexican Consulate in El Paso, the Pan American Health Organization, the University of Texas at El Paso TB Photovoice Project and a number of cross-border partners, work hard every day to eliminate TB.

I encourage all Americans to participate in community events that raise awareness of this issue. As awareness of this disease increases, together we can work toward the elimination of the disease.

CELEBRATING THE 98TH BIRTHDAY OF DR. DOROTHY I. HEIGHT

HON. CHARLES B. RANGEL
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. RANGEL. Madam Speaker, I rise today to celebrate the life of a very special and extraordinary individual; a woman who embodies the best of mankind and who has dedicated her whole life to improving the lives of others. The woman of whom I speak is none other than Dr. Dorothy Height.

Today, Dr. Height celebrates her 98th birthday and I couldn’t be more proud and honored to call her my friend. This African-American administrator, teacher, and social activist, has been a leader in the struggle for equality and human rights for all people her whole life. Her life exemplifies her passionate commitment for a just society and her vision of a better world.

Born in Richmond, Virginia, Dr. Height moved with her parents to Ranklin, Pennsylvania at an early age and attended public schools. Winner of a scholarship for her exceptional oratorical skills, she entered New York University where she earned both a Bachelors and Masters Degree in four years. It was while she was working as a caseworker for the welfare department in New York that Dr. Height joined the National Council for Negro Women, NCNW. It was this single act that helped launch her career in civil rights.

In 1965, Dr. Height inaugurated the Center for Racial Justice, which is still a major initiative of the National YWCA. She served as the 10th National President of the Delta Sigma Theta Sorority, Inc., from 1946 to 1957, before becoming President of the NCNW in 1958. Working closely with civil rights giants such as Dr. Martin Luther King, Jr., Roy Wilkins, Whitney Young, and A. Philip Randolph, Dorothy Height participated in nearly all of the major civil and human rights events in the 1950s and 1960s. It was for her many tireless efforts on behalf of the less fortunate, that President Ronald Reagan presented her the Citizens Medal Award for distinguished service to the country in 1989.

Dr. Height is known for her work in international and developmental education. In three decades of national leadership, she has served on major policy-making bodies affecting women, social welfare, economic development, civil and human rights, and has received numerous appointments and awards.

Dr. Height continues to enjoy a lifetime of achievements. Her continuous devotion and work to advance the rights of women, and her efforts to empower the poor and the powerless, speak volumes for this is truly a woman whose life is the epitome of courage, vision, and deep faith—an inspiration to us all.

To my colleagues here in the House...please join me in extending to Dr. Height, congratulations and warmest wishes on this her “special day.”

Dr. Height, “Happy Birthday.”

HONORING THE RED PUMP PROJECT

HON. BOBBY L. RUSH
OF ILLINOIS
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. RUSH. Madam Speaker, I rise today to pay tribute to and recognize The Red Pump Project on the occasion of their one year anniversary. The Red Pump Project is an initiative of The Red Project Collaborative (RPC), a Chicago non-profit organization that seeks to raise awareness about the impact of HIV/AIDS on minority communities. Through its initiatives, The Red Pump Project and The Red Tie Project, RPC is doing work online, with over 135 bloggers and on the ground to motivate action and encourage dialogue about the effects of the disease.

Through their work, co-founders and noted bloggers Karyn Brianne Watkins and Lovette Ajayi have spent countless hours and endless energy to raise awareness of this life-altering disease. Their work has been so fruitful, Madam Speaker, that The Red Pump Project is now a national initiative, raising and donating funds to the Chicago Women’s AIDS Project, the AIDS Foundation of Chicago and Project VIDA. Currently The Red Pump Project features 40 ambassadors in 20 states around the country “Rocking the Red Pump” to raise awareness about this epidemic and is continuously moving toward its goal of having a presence in all 50 states.

As the Red Pump Project celebrates their 1 year anniversary in fashion and style on March 25, 2010, they will also be honoring Emmy Award-winning HIV/AIDS activist Rae Lewis-Thornton with the “Ultimate Red Pump Rocker” Award for being a living legacy. Ms. Lewis-Thornton has faced the disease with dignity, class and undeniable courage for over 20 years, and has been on an endless crusade to raise awareness about HIV/AIDS around the world.

Madam Speaker, as the Centers for Disease Control reports African-Americans account for 13% of the United States population but a staggering 49% of HIV/AIDS infections, it is through initiatives like The Red Pump Project that transmission can be reduced and ultimately this disease eventually eliminated. I am honored to recognize The Red Project Collective (RPC) and privileged to enter these words into the CONGRESSIONAL RECORD of the U.S. House of Representatives.
marriage and family therapist has served as an adjunct professor in the College of Biblical Studies while taking on various duties and privileges as First Lady of ACU. As education has played an invaluable role in their lives, Dr. and Mrs. Money want to provide other young, achieving men and women the same opportunities they had. The recently established Royce and Pam Money Fund for Excellence in Education provides scholarships for top-ranking students to continue their educational endeavors at ACU with a goal of $1.9 million in aid.

Royce and Pam are deeply involved in the university community. They frequently extend a personal invitation to students to share a meal together. It is not uncommon to find Dr. Money eating lunch in the Bean Cafeteria with students, getting their perspective. The Mon- eys are both committed members of the Church of Christ and attend University Church of Christ, which is directly across the street from the university.

Dr. Money has enriched the educational system across Texas and throughout the country through memberships, chairmanships and board positions. More importantly, lives have been influenced in a positive way because students crossed paths with this remarkable man—Royce Money.

Beyond his commitment to academia, Dr. Money is an esteemed author; an outstanding role model and community member. He has served as chair of Abilene Chamber of Commerce and as president of the Lone Star Conference, as well as in positions on countless other boards throughout the community. Dr. Money’s dedication to the community was honored when he was named Abilene’s Citizen of the Year in 2007.

I am humbled to have had the pleasure to know Royce and Pam during my time on the board at ACU. Dr. Money is a man of integrity, who lives by his principles and stands up for his beliefs. Dr. Money will always hold a place in the hearts and minds of everyone whose life he has touched.

We honor Dr. and Mrs. Money for their life-time service to this educational institution whose university goal is to “Change the life he has touched. in the hearts and minds of everyone whose lives have been influenced in a positive way—because students crossed paths with this remarkable man, Royce Money.”

Also in 2009, Commerce Bancshares, Inc. received J.D. Power and Associates Award “Highest Customer Satisfaction with Retail Banking in the Midwest Region Two Years in a Row,” which was in 2009.

Commerce is committed to environmental sustainability to reduce their environmental footprint. They encourage recycling, try to conserve less paper, encourage employee carpooling and public transportation and monitor and manage energy usage. In 2008, Commerce opened Missouri’s first LEED-certified bank branch in O’Fallon, Missouri. They are working hard to reduce their energy usage, minimize water use, and use outdoor lighting and general building comfort in new branch designs as well as remodeled facilities.

When the largest banks in America were trying to repay billions of dollars in TARP funds and to improve their balance sheets and to deal with the impact of severe economic problems in the states where they do business, Commerce was keeping to their business strategy, conservative with slow, steady growth. Their non-performing loans as a per cent to total loans was 1.6 percent, which ranked them 20th in this category in the country; reserves as a percentage of non-performing loans was 114 percent; and their Tier 1 capital ratio was 12.1 percent. Their stock trades at 1.8 times its book value. To be rated the third-best bank in America in 2006 by Forbes out of the 100 largest banks and thrifts in America is a great honor for everyone at Commerce Bank. Madam Speaker, again we offer Commerce Bank and all its employees, officers, directors and shareholders our heartfelt congratulations on a job well done.
Less than a year ago, Chairman TOWNS and his staff worked to convene an Oversight and Government Reform hearing that I requested about the dangers posed by inadvertent file-sharing over open-network peer-to-peer file sharing software. I think it’s safe to say we were all shocked by what we heard and saw at that hearing: information on the United States Secret Service safe house for first lady Michelle Obama; the names, addresses, and, in some cases, private information like Social Security numbers for men and women deploying to Afghanistan; as well as tax information for countless individuals. All of this information was on display for the world to see and all of it had been leaked as a result of inadvertent file sharing or theft over open-network peer-to-peer file sharing software.

Passing this bill is an important step in enacting common sense information security protections. This legislation will prohibit the software that has facilitated inadvertent file sharing and information theft from computers that have access to sensitive government information.

Not only important, this legislation is also timely. Last month, the Federal Trade Commission released findings from their investigation into inadvertent file sharing. Their conclusion supports this legislation and reaffirms what many of us have learned as a result of the committee’s work: peer-to-peer file sharing software subjects millions of users to identity theft and other serious hazards.

The FTC is fulfilling its important role of protecting consumers by alerting consumers about stolen information, but I am concerned that their report does not pursue the one thing that all of the victims of inadvertent peer-to-peer file sharing have in common: the software itself. I urge the FTC to continue its work in this area and to look specifically at the providers of peer-to-peer software. The FTC has gone after those who use the software for harm, but they haven’t spent enough time addressing those who develop this software—replete with security risks—for material gain. I look forward to future FTC investigation and possible action to address this ongoing problem.

Chairman TOWNS, thank you for working so hard to address this issue.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference.

This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Thursday, March 25, 2010 may be found in the Daily Digest of today’s RECORD.

MEETINGS SCHEDULED  

MARCH 26  

9 a.m.  

Armed Services  

To hold hearings to examine U.S. Pacific Command, U.S. Strategic Command, and U.S. Forces Korea in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program; with the possibility of a closed session in SVC–217 following the open session.  

SD–106  

APRIL 13  

Time to be announced  

Homeland Security and Governmental Affairs  

Investigations Subcommittee  

To hold hearings to examine Wall Street and the financial crisis, focusing on high risk home loans.  

SH–216  

APRIL 14  

9:30 a.m.  

Judiciary  

To hold an oversight hearing to examine the Department of Justice.  

SD–226  

APRIL 15  

2:30 p.m.  

Homeland Security and Governmental Affairs  

Contracting Oversight Subcommittee  

To hold hearings to examine contracts for Afghan National Police training.  

SD–342  

APRIL 22  

10 a.m.  

Appropriations  

Commerce, Justice, Science, and Related Agencies Subcommittee  

To hold hearings to examine proposed budget estimates for fiscal year 2011 for the National Aeronautics and Space Administration.  

SD–192  

APRIL 28  

2 p.m.  

Health, Education, Labor, and Pensions  

To hold hearings to examine the Elementary and Secondary Education Act (ESEA) reauthorization, focusing on standards and assessments.  

SD–430
Chamber Action

Routine Proceedings, pages S1923–S2068

Measures Introduced: Five bills and one resolution were introduced, as follows: S. 3159–3163, and S. Res. 468.

Measures Considered:

Health Care and Education Affordability Reconciliation Act—Agreement: Senate continued consideration of H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), taking action on the following amendments proposed thereto:

Rejected:

Gregg/Coburn Modified Amendment No. 3567, to prevent Medicare from being used for new entitlements and to use Medicare savings to save Medicare. (By 56 yeas to 42 nays (Vote No. 64), Senate tabled the amendment.)

McCain Amendment No. 3570, to eliminate the sweetheart deals for Tennessee, Hawaii, Louisiana, Montana, Connecticut, and frontier States. (By 54 yeas to 43 nays (Vote No. 65), Senate tabled the amendment.)

Crapo Motion to commit the bill to the Committee on Finance, with instructions. (By 56 yeas to 43 nays (Vote No. 66), Senate tabled the motion.)

Enzi Motion to commit the bill to the Committee on Finance, with instructions. (By 58 yeas to 41 nays (Vote No. 67), Senate tabled the motion.)

Barrasso Amendment No. 3582, to ensure that Americans can keep the coverage they have by keeping premiums affordable. (By 57 yeas to 41 nays (Vote No. 68), Senate tabled the amendment.)

Alexander Motion to commit the bill to the Committee on Health, Education, Labor, and Pensions, with instructions. (By 58 yeas to 41 nays (Vote No. 70), Senate tabled the motion.)

Hatch Motion to commit the bill to the Committee on Finance, with instructions. (By 56 yeas to 42 nays (Vote No. 72), Senate tabled the motion.)

Coburn Amendment No. 3556, to reduce the cost of providing federally funded prescription drugs by eliminating fraudulent payments and prohibiting coverage of Viagra for child molesters and rapists and for drugs intended to induce abortion. (By 57 yeas to 42 nays (Vote No. 73), Senate tabled the amendment.)

Hutchison Amendment No. 3608, to protect the right of States to opt out of a Federal health care takeover. (By 58 yeas to 41 nays (Vote No. 74), Senate tabled the amendment.)

Collins Amendment No. 3638, to improve the bill by waiving the $40,000 penalty on hiring previously unemployed individuals. (By 58 yeas to 41 nays (Vote No. 75), Senate tabled the amendment.)

Thune Amendment No. 3639, to ensure that no State experiences a net job loss as a result of the enactment of the SAFRA Act. (By 55 yeas to 43 nays (Vote No. 76), Senate tabled the amendment.)

Cornyn Motion to commit the bill to the Committee on Finance, with instructions. (By 52 yeas to 46 nays (Vote No. 78), Senate tabled the motion.)

Roberts Amendment No. 3579, to strike the medical device tax. (By 56 yeas to 42 nays (Vote No. 79), Senate tabled the amendment.)

Inhofe Amendment No. 3588, to exclude pediatric devices and devices for persons with disabilities from the medical device tax. (By 57 yeas to 41 nays (Vote No. 80), Senate tabled the amendment.)

Hatch Amendment No. 3644, to protect access for America’s wounded warriors. (By 54 yeas to 44 nays (Vote No. 81), Senate tabled the amendment.)

Burr Amendment No. 3652, to protect the integrity of Department of Veterans Affairs and Department of Defense health care programs for veterans, active-duty service members, their families, widows
and widowers, and orphans who have sacrificed in defense of our Nation. (By 54 yeas to 44 nays (Vote No. 83), Senate tabled the amendment.)

Vitter Amendment No. 3553, to repeal the government takeover of health care. (By 58 yeas to 39 nays (Vote No. 84), Senate tabled the amendment.)

Roberts Motion to commit the bill to the Committee on Finance, with instructions. (By 59 yeas to 37 nays (Vote No. 86), Senate tabled the motion.)

Bunning Amendment No. 3681, to allow individuals to elect to opt out of the Medicare part A benefits. (By 61 yeas to 36 nays (Vote No. 87), Senate tabled the amendment.)

Risch/Crapo Amendment No. 3645, to repeal the limitation on itemized medical expense deductions. (By 55 yeas to 40 nays (Vote No. 90), Senate tabled the amendment.)

Vitter Amendment No. 3668, to increase women's access to breast cancer screenings. (By 56 yeas to 39 nays (Vote No. 92), Senate tabled the amendment.)

During consideration of this measure today, Senate also took the following action:

By 43 yeas to 55 nays (Vote No. 69), three-fifths of those Senators duly chosen and sworn not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 with respect to consideration of Grassley/Roberts Amendment No. 3564, to make sure the President, Cabinet Members, all White House Senior staff and Congressional Committee and Leadership Staff are purchasing health insurance through the health insurance exchanges established by the Patient Protection and Affordable Care Act. Subsequently, a point of order that the amendment violates section 313(b)(1)(C) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

By 43 yeas to 55 nays (Vote No. 77), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Thune Amendment No. 3640, to repeal the CLASS Act. Subsequently, the Chair sustained a point of order that the amendment violates section 310(d)(2) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

By 42 yeas to 56 nays (Vote No. 82), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Gregg Amendment No. 3651, to provide for a long-term fix to the Medicare sustainable growth rate formula in order to improve access for Medicare beneficiaries. Subsequently, the Chair sustained a point of order that the amendment violates section 310(d)(2) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

By 42 yeas to 56 nays (Vote No. 85), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Bunning Amendment No. 3681, to provide for a long-term fix to the Medicare sustainable growth rate formula in order to improve access for Medicare beneficiaries. Subsequently, the Chair sustained a point of order that the amendment violates section 310(d)(2) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

By 40 yeas to 59 nays (Vote No. 71), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Bunning Amendment No. 3668, to increase women's access to breast cancer screenings. Subsequently, the Chair sustained a point of order that the amendment violates section 313(b)(1)(C) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

By 40 yeas to 59 nays (Vote No. 71), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Grassley Amendment No. 3577, to protect Medicare beneficiary access to hospital care in rural areas from recommendations by the Independent Payment Advisory Board. Subsequently, the Chair sustained a point of order that the amendment violates section 313(d)(1)(D) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

By 40 yeas to 59 nays (Vote No. 71), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Bunning Amendment No. 3681, to provide for a long-term fix to the Medicare sustainable growth rate formula in order to improve access for Medicare beneficiaries. Subsequently, the Chair sustained a point of order that the amendment violates section 310(d)(2) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.
313(b)(1)(C) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

By 36 yeas to 59 nays (Vote No. 89), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Bennett Amendment No. 3568, to protect the democratic process and the right of the people of the District of Columbia to define marriage. Subsequently, the Chair sustained a point of order that the amendment violates section 313(b)(1)(C) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

By 40 yeas to 55 nays (Vote No. 91), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Hutchison Amendment No. 3635, to repeal the sunset on marriage penalty relief and to make the election to deduct State and local sales taxes permanent. Subsequently, the Chair sustained a point of order that the amendment violates section 313(b)(1)(c) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

A unanimous-consent agreement was reached providing for further consideration of the bill at 9:45 a.m., on Thursday, March 25, 2010, and that it be in order to offer amendments to and make points of order on the measure until 2 p.m.; provided further, that at 2 p.m., Senate vote on passage of the bill.

Nominations Received: Senate received the following nominations:

Carl Wieman, of Colorado, to be an Associate Director of the Office of Science and Technology Policy.

Rafael Moure-Eraso, of Massachusetts, to be Chairperson of the Chemical Safety and Hazard Investigation Board for a term of five years.

Rafael Moure-Eraso, of Massachusetts, to be a Member of the Chemical Safety and Hazard Investigation Board for a term of five years.

Mark A. Griffon, of New Hampshire, to be a Member of the Chemical Safety and Hazard Investigation Board for a term of five years.

Robert M. Orr, of Florida, to be United States Director of the Asian Development Bank, with the rank of Ambassador.

Nomination Discharged: The following nominations were discharged from further committee consideration and placed on the Executive Calendar:

Arthur Allen Elkins, Jr., of Maryland, to be Inspector General, Environmental Protection Agency, which was sent to the Senate on November 18, 2009, from the Senate Committee on Homeland Security and Governmental Affairs.

Messages from the House:

Measures Referred:

Measures Placed on the Calendar:

Executive Communications:

Executive Reports of Committees:

Additional Cosponsors:

Statements on Introduced Bills/Resolutions:

Additional Statements:

Amendments Submitted:

Privileges of the Floor:

Record Votes: Twenty-nine record votes were taken today. (Total—92)

Adjournment: Senate convened at 9 a.m. on Wednesday, March 24, 2010 and adjourned at 2:56 a.m. on Thursday, March 25, 2010, until 9:45 a.m. on the same day. (For Senate’s program, see the remarks of the Acting Majority Leader in today’s Record on pages S2067–68.)

Committee Meetings

(Committees not listed did not meet)

BUSINESS MEETING

Committee on Agriculture, Nutrition, and Forestry: Committee ordered favorably reported an original bill entitled, “Healthy, Hunger-Free Kids Act of 2010”, with amendments.

APPROPRIATIONS: GUARD AND RESERVE

Committee on Appropriations: Subcommittee on Defense concluded a hearing to examine proposed budget estimates for fiscal year 2011 for the Guard and Reserve, after receiving testimony from General Craig R. McKinley, Chief, National Guard Bureau, Major General Raymond W. Carpenter, Director, Army National Guard, Lieutenant General Harry M. Wyatt III, Director, Air National Guard, Lieutenant

**APPROPRIATIONS: OFFICE OF PERSONNEL MANAGEMENT**

Committee on Appropriations: Subcommittee on Financial Services and General Government concluded a hearing to examine proposed budget estimates for fiscal year 2011 for the Office of Personnel Management, after receiving testimony from John Berry, Director, Office of Personnel Management.

**MILITARY HEALTH SYSTEM PROGRAMS**

Committee on Armed Services: Subcommittee on Personnel concluded a hearing to examine Military Health System programs, policies, and initiatives in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program, after receiving testimony from Senator Cardin; and Charles L. Rice, President, Uniformed Services University of the Health Sciences, Performing the duties of the Assistant Secretary for Health Affairs, and Acting Director, and Rear Admiral C.S. Hunter, USN, Deputy Director, both of TRICARE Management Activity, Lieutenant General Eric B. Schoomaker, Surgeon General of the United States Army, and Commander, U.S. Army Medical Command, Vice Admiral Adam M. Robinson, Jr., MC, USN, Surgeon General of the Navy, Lieutenant General Charles B. Green, Surgeon General of the Air Force, and Rear Admiral Richard R. Jeffries, USN, Medical Officer of the United States Marine Corps, all of the Department of Defense.

**BUSINESS MEETING**

Committee on Commerce, Science, and Transportation: Committee ordered favorably reported the following business items:

- S. 773, to ensure the continued free flow of commerce within the United States and with its global trading partners through secure cyber communications, to provide for the continued development and exploitation of the Internet and intranet communications for such purposes, to provide for the development of a cadre of information technology specialists to improve and maintain effective cybersecurity defenses against disruption, with an amendment in the nature of a substitute;
- S. 2881, to provide greater technical resources to FCC Commissioners, with an amendment in the nature of a substitute;
- S. 1252, to promote ocean and human health and for other purposes, with an amendment in the nature of a substitute;
- S. 2870, to establish uniform administrative and enforcement procedures and penalties for the enforcement of the High Seas Driftnet Fishing Moratorium Protection Act and similar statutes;
- S. 2871, to make technical corrections to the Western and Central Pacific Fisheries Convention Implementation Act; and

The nominations of Robert J. Papp, Jr., to be Commandant of the U.S. Coast Guard, Department of Homeland Security, Larry Robinson, of Florida, to be Assistant Secretary of Commerce for Oceans and Atmosphere, Earl F. Weener, of Oregon, to be a Member of the National Transportation Safety Board, Michael F. Tillman, of California, and Daryl J. Boness, of Maine, both to be a Member of the Marine Mammal Commission, and Jeffrey R. Moreland, of Texas, to be a Director of the Amtrak Board of Directors, and a promotion list in the National Oceanic and Atmospheric Administration Commissioned Corps and the U.S. Coast Guard.

**TRANSPORTATION POLICY**

Committee on Environment and Public Works: Committee concluded a hearing to examine opportunities to improve energy security and the environment through transportation policy, after receiving testimony from John D. Porcari, Deputy Secretary of Transportation; Regina A. McCarthy, Assistant Administrator, Office of Air and Radiation, Environmental Protection Agency; Larry F. Greene, Sacramento Metropolitan Air Quality Management District, Sacramento, California; and Deron Lovaas, Natural Resources Defense Council (NRDC), Douglas V. Siglin, Chesapeake Bay Foundation, and Richard Kolodziej, Natural Gas Vehicles for America (NVGAmerica), all of Washington, D.C.

**NOMINATION**

Committee on Homeland Security and Governmental Affairs: Committee concluded a hearing to examine the nomination of Major General Robert A. Harding, United States Army (Retired), of Virginia, to be Assistant Secretary of Homeland Security, after the nominee testified and answered questions in his own behalf.

**HOMELESSNESS AMONG VETERANS**

Committee on Veterans’ Affairs: Committee concluded an oversight hearing to examine Veterans’ Affairs plan for ending homelessness among veterans, after receiving testimony from Pete Dougherty, Director, Homeless Programs, and Lisa Pape, Acting Director, Mental Health Homeless and Residential Rehabilitation Treatment Programs, both of the Department of
Veterans Affairs; Raymond Jefferson, Assistant Secretary of Labor for Veterans’ Employment and Training Service; Mark Johnston, Assistant Secretary of Housing and Urban Development for Community Planning and Development; Sandra A. Miller, The Philadelphia Veterans Multi-Service & Education Center, Inc., Philadelphia, Pennsylvania; Sam Tsemberis, Pathways to Housing, Inc., New York, New York; and Arnold Shipman, Baltimore, Maryland.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 19 public bills, H.R. 4919–4937; and 7 resolutions, H. Con. Res. 257; and H. Res. 1213–1218 were introduced.

Additional Cosponsors:

Report Filed: A report was filed today as follows:

H. Res. 1212, providing for consideration of the Senate amendments to the bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients (H. Rept. 111–456).

Speaker: Read a letter from the Speaker wherein she appointed Representative Speier to act as Speaker pro tempore for today.

Suspensions: The House agreed to suspend the rules and pass the following measure:

Federal Aviation Administration Extension Act of 2010: H.R. 4915, to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund and to amend title 49, United States Code, to extend authorizations for the airport improvement program.

Suspension—Proceedings Postponed: The House debated the following measure under suspension of the rules. Further proceedings were postponed:

Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center Designation Act: H.R. 4360, to designate the Department of Veterans Affairs blind rehabilitation center in Long Beach, California, as the “Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center”.

Adjournment Resolution: The House agreed to H. Con. Res. 257, providing for an adjournment or recess of the two Houses, by a yea-and-nay vote of 236 yeas to 175 nays, Roll No. 178.

Suspensions—Proceedings Resumed: The House agreed to suspend the rules and pass the following measures which were debated on Tuesday, March 23rd:

Recognizing the Florida Keys Scenic Highway: H. Res. 917, amended, to recognize the Florida Keys Scenic Highway on the occasion of its designation as an All-American Road by the U.S. Department of Transportation, by a ⅔ yea-and-nay vote of 420 yeas to 2 nays, Roll No. 180;

Secure Federal File Sharing Act: H.R. 4098, amended, to require the Director of the Office of Management and Budget to issue guidance on the use of peer-to-peer file sharing software to prohibit the personal use of such software by Government employees, by a ⅔ yea-and-nay vote of 408 yeas to 13 nays, with 1 voting “present”, Roll No. 183; and

Chaney, Goodman, Schwerner Federal Building Designation Act: H.R. 3562, amended, to designate the Federal building under construction at 1220 Echelon Parkway in Jackson, Mississippi, as the “Chaney, Goodman, Schwerner Federal Building.”.

Agreed to amend the title so as to read: “To designate the federally occupied building located at 1220 Echelon Parkway in Jackson, Mississippi, as the ‘James Chaney, Andrew Goodman, and Michael Schwerner Federal Building’.”.

National Guard Employment Protection Act: H.R. 1879, amended, to amend title 38, United States Code, to provide for employment and reemployment rights for certain individuals ordered to full-time National Guard duty, by a ⅔ yea-and-nay vote of 416 yeas with 1 voting “nay”, Roll No. 184.

Small Business and Infrastructure Jobs Tax Act of 2010: The House passed H.R. 4849, to amend the Internal Revenue Code of 1986 to provide tax incentives for small business job creation, extend the
Build America Bonds program, and provide other infrastructure job creation tax incentives, by a recorded vote of 246 ayes to 178 noes, Roll No. 182.

Rejected the Camp motion to recommit the bill to the Committee on Ways and Means with instructions to report the same back to the House forthwith with an amendment, by a yea-and-nay vote of 184 yeas to 239 nays, Roll No. 181.

Pursuant to the rule, the amendment in the nature of a substitute recommended by the Committee on Ways and Means now printed in the bill, modified by the amendment printed in H. Rept. 111–455, shall be considered as adopted. Page H2281

H. Res. 1205, the rule providing for consideration of the bill, was agreed to on Tuesday, March 23rd.

Disaster Relief and Summer Jobs Act of 2010: The House passed H.R. 4899, making emergency supplemental appropriations for disaster relief and summer jobs for the fiscal year ending September 30, 2010, by a yea-and-nay vote of 239 yeas to 175 nays with 1 voting "present", Roll No. 186.

Agreed to table the appeal of the ruling of the chair on a point of order sustained against the Lewis (CA) motion to recommit the bill to the Committee on Appropriations with instructions to report the same back to the House forthwith with amendments, by a yea-and-nay vote of 239 yeas to 176 nays, Roll No. 185.

H. Res. 1204, the rule providing for consideration of the bill, was agreed to by a yea-and-nay vote of 233 yeas to 191 nays, Roll No. 179, after the previous question was ordered without objection.


Adjournment: The House met at 10 a.m. and adjourned at 6:14 p.m.

Program for Thursday: Consideration of the Senate amendments to H.R. 1586—Aviation Safety and Investment Act of 2010 (Subject to a Rule).

**Committee Meetings**

**COMMERCe, JUSTICE, SCIENCE APPROPRIATIONS**

Committee on Appropriations: Subcommittee on Commerce, Justice, Science, and Related Agencies, on NSF FY 2011 Budget Overview. Testimony was heard from Arden L. Bement, Jr., Director, NSF.

**DEFENSE APPROPRIATIONS**

Committee on Appropriations: Subcommittee on Defense held a hearing on the Department of Defense Budget Overview. Testimony was heard from the following officials of the Department of Defense: Robert Gates, Secretary; ADM Michael Mullen, USN, Chairman, Joint Chiefs of Staff, and Robert Hales, Under Secretary (Comptroller).

**ENERGY AND WATER DEVELOPMENT APPROPRIATIONS**

Committee on Appropriations: Subcommittee on Energy and Water Development, and Related Agencies, on Department of Energy Fiscal Year 2011 Budget. Testimony was heard from Steven Chu, Secretary of Energy.

**HOMELAND SECURITY APPROPRIATIONS**

Committee on Appropriations: Subcommittee on Homeland Security held a hearing on CBP—Balancing Security with Legitimate Trade and Travel. Testimony was heard from David Aguilar, Acting Deputy Commissioner, U.S. Customs and Border Protection, Department of Homeland Security.

**LEGISLATIVE BRANCH APPROPRIATIONS**

Committee on Appropriations: Subcommittee on Legislative Branch, on FY 2011 Budget of the U.S. Capitol Police. Testimony was heard from the following officials of the U.S. Capitol Police: Philip D. Morse, Sr., Chief of Police; and Gloria Jarmon, Chief Administrative Officer.

**MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS**

Committee on Appropriations: Subcommittee on Military Construction, Veterans Affairs, and Related Agencies held a hearing on the Pacific Command. Testimony was heard from the following officials of the Department of Defense: ADM Robert F. Willard, USN, Commander, U.S. Pacific Command; and GEN Walter Sharp, USA, Commander, Republic of Korea-United States Combined Forces Command, and Commander, U.S. Forces Korea.

The Subcommittee also held a hearing on the Army Budget. Testimony was heard from GEN George W. Casey, USA, Chief of Staff, U.S. Army.

**TRANSPORTATION, HUD, AND RELATED AGENCY APPROPRIATIONS**

Committee on Appropriations: Subcommittee on Transportation, Housing and Urban Development, and Related Agencies held a hearing on Housing and Transportation Challenges within Native American Communities and the FY 2011 Budget Request. Testimony was heard from the following officials of
the Department of Housing and Urban Development: Sandra B. Henriquez, Assistant Secretary, Public and Indian Housing; and Rodger J. Boyd, Deputy Assistant Secretary, Native American Programs; the following officials of the Department of Transportation: Gregory G. Nadeau, Deputy Administrator, Federal Highway Administration; and John R. Baxter, Associate Administrator, Federal Lands Highway Programs, and Jefferson Keel, President, National Congress of the American Indian.

NAVY AND AIR FORCE COMBAT AVIATION PROGRAMS

Committee on Armed Services: Subcommittee on Air and Land Forces, and the Subcommittee on Seapower and Expeditionary Forces held a joint hearing on Department of the Navy and Air Force combat aviation programs. Testimony was heard from the following officials of the Department of Defense: Ashton Carter, Under Secretary, Acquisition, Technology and Logistics; Christine H. Fox, Director, Cost, Assessment and Program Evaluation; J. Michael Gilmore, Director, Operational Test and Evaluation, Office of the Secretary; Sean Stackley, Assistant Secretary of the Navy, Research, Development and Acquisition; LTG George Trautman, USMC, Deputy Commandant of the Marine Corps, Aviation; RADM Deke Philman, USN, Director, Air Warfare Division, U.S. Navy; David Van Buren, Acting Assistant Secretary of the Air Force, Acquisition; and LTG Philip M. Breedlove, USAF, Deputy Chief of Staff, Operations, Plans and Requirements; and Michael J. Sullivan, Director, Acquisition and Sourcing, GAO.

MISCELLANEOUS MEASURES

Committee on Energy and Commerce: Subcommittee on Commerce, Trade, and Consumer Protection approved for full Committee action, as amended, the following bills: H.R. 3993, Calling Card Consumer Protection Act; and H.R. 3655, Bereaved Consumer’s Bill of Rights Act of 2009.

MISCELLANEOUS MEASURES

Committee on Energy and Commerce: Subcommittee on Energy and Environment approved for full Committee action the following: as amended, the Home Star Energy Retrofit Act of 2010, as amended, the Grid Reliability and Infrastructure Defense (Grid) Act; and H.R. 4451, Collinsville Renewable Energy Promotion Act.

CREDIT SCORES, CREDIT REPORTS AND THEIR IMPACT ON CONSUMERS

Committee on Financial Services: Subcommittee on Financial Institutions and Consumer Credit held a hearing entitled “Keeping Score on Credit Scores: An Overview of Credit Scores, Credit Reports and their Impact on Consumers.” Testimony was heard from Sandra Braunstein, Director, Division of Consumer and Community Affairs, Federal Reserve Board of Governors, Federal Reserve System; David Vladeck, Director, Bureau of Consumer Protection, FTC; and public witnesses.

HOUSING AND TENANT PROTECTION ACT

Committee on Financial Services: Subcommittee on Housing and Community Opportunity, hearing entitled “H.R. 4868, Housing and Tenant Protection Act of 2010.” Testimony was heard from Carol Galante, Deputy Assistant Secretary, Multi-Family Housing, Department of Housing and Urban Development; Tammye Trevino, Administrator, Rural Housing Service, USDA; and public witnesses.

OVERVIEW—U.S. POLICY IN AFRICA

Committee on Foreign Affairs: Subcommittee on Africa and Global Health held a hearing on An Overview of U.S. Policy in Africa. Testimony was heard from the following officials of the Department of State: Johnnie Carson, Assistant Secretary, Bureau of African Affairs; and Earl Gast, Senior Deputy Assistant Administrator, Bureau of Africa, U.S. Agency for International Development; Princeton N. Lyman, former U.S. Ambassador to South Africa and Nigeria; and public witnesses.

SHARING AND ANALYZING INFORMATION TO PREVENT TERRORISM

Committee on the Judiciary: Held a hearing on Sharing and Analyzing Information to Prevent Terrorism. Testimony was heard from Russ Travers, Deputy Director, Information Sharing and Knowledge Development, National Counterterrorism Center; Timothy Healy, Director, Terrorism Screening Center, FBI, Department of Justice; Patrick Kennedy, Under Secretary, Management, Department of State; and Patricia Cogswell, Acting Deputy Assistant Secretary, Office of Policy, Department of Homeland Security.

MISCELLANEOUS MEASURES

Committee on Oversight and Government Reform: Subcommittee on Federal Workforce, Postal Service, and the District of Columbia approved for full Committee action the following bills: H.R. 1722, amended, Telework Improvements Act of 2009; H.R. 3913, amended, To direct the Mayor of the District of Columbia to establish a District of Columbia National Guard Educational Assistance Program to encourage the enlistment and retention of persons in the District of Columbia National Guard by providing financial assistance to enable members of the National Guard of the District of Columbia to attend undergraduate, vocational, or technical courses; H.R. 4489, amended, To amend chapter 89
of title 5, United States Code, to ensure program integrity, transparency, and cost savings in the pricing and contracting of prescription drug benefits under the Federal Employees Health Benefits Program; and H.R. 4865, Federal Employees and Uniformed Services Retirement Equity Act of 2010.

FEDERAL INFORMATION SECURITY

Committee on Oversight and Government Reform: Subcommittee on Government Management, Organization, and Procurement held a hearing entitled “Federal Information Security: Current Challenges and Future Policy Considerations.” Testimony was heard from Vivek Kundra, Chief Information Officer, OMB; Gary Guissanie, Acting Deputy Assistant Secretary, Cyber, Identity, and Information Assurance, Department of Defense; John Streufert, Deputy Chief Information Officer, Information Security, Bureau of Information Resource Management, Department of State; Gregory Wilshusen, Director, Information Security Issues, GAO; and public witnesses.

SENATE AMENDMENTS TO AVIATION SAFETY AND INVESTMENT

Committee on Rules: Granted, by voice vote, a rule providing for consideration of the Senate amendments to H.R. 1586, the “Aviation Safety and Investment Act of 2010.” The rule makes in order a single motion by the chair of the Committee on Transportation and Infrastructure that the House concur in the Senate amendment to the title and that the House concur in the Senate amendment to the text with the amendment printed in the report of the Committee on Rules. The previous question shall be considered as ordered without intervening motion or demand for division of the question. The rule provides one hour of debate on the motion equally divided and controlled by the chair and ranking minority member of the Committee on Transportation and Infrastructure. The rule waives all points of order against consideration of the motion except those arising under clause 10 of rule XXI. The rule provides that the Senate amendments and the motion shall be considered as read.

The rule authorizes the Speaker to entertain motions that the House suspend the rules at any time through the calendar day of March 28, 2010. The Speaker or her designee shall consult with the Minority Leader or his designee on the designation of any matter for consideration pursuant to this authority. The resolution waives clause 6(a) of rule XIII (requiring a two-thirds vote to consider a rule on the same day it is reported from the Rules Committee) against any resolution reported from the Rules Committee through the legislative day of March 29, 2010. The rule provides that on any legislative day specified, the Speaker may at any time declare the House adjourned. When the House adjourns on a motion pursuant to this subsection or a declaration of the Speaker on the legislative day of (1) Thursday, March 25, 2010, it shall stand adjourned until 10:30 a.m. on Monday, March 29, 2010; (2) Monday, March 29, 2010, it shall stand adjourned until 10 a.m. on Thursday, April 1, 2010; (3) Thursday, April 1, 2010, it shall stand adjourned until 4 p.m. on Monday, April 5, 2010; (4) Monday, April 5, 2010, it shall stand adjourned until 9 a.m. on Thursday, April 8, 2010; (5) Thursday, April 8, 2010, it shall stand adjourned until noon on Monday, April 12, 2010.

If, during any adjournment addressed above, the House has received a message from the Senate transmitting its concurrence in an applicable concurrent resolution of adjournment, the House shall stand adjourned pursuant to such concurrent resolution. The Speaker may appoint Members to perform the duties of the Chair for the duration of the period addressed. Testimony was heard from Chairman Oberstar and Representatives Mica and Petri.

NASA’S EXPLORATION PROGRAM

Committee on Science: Subcommittee on Space and Aeronautics held a hearing on Proposed Changes to NASA’s Exploration Program: What’s Known, What’s Not, and What are the Issues for Congress? Testimony was heard from Douglas Cooke, Associate Administrator, Exploration Systems Mission Directorate, NASA; and a public witness.

SUPPORTING INNOVATION IN THE 21ST CENTURY ECONOMY

Committee on Science: Subcommittee on Technology and Innovation held a hearing on Supporting Innovation in the 21st Century Economy. Testimony was heard from Aneesh Chopra, Chief Technology Officer, Office of Science and Technology Policy; and public witnesses.

SMALL BUSINESS PARTICIPATION IN THE FEDERAL PROCUREMENT MARKETPLACE

Committee on Small Business: Held a hearing entitled “Small Business Participation in the Federal Procurement Marketplace.” Testimony was heard from public witnesses.

CAPITAL ASSETS CRISIS

EXAMINATION OF VA REGIONAL OFFICE DISABILITY CLAIMS

Committee on Veterans' Affairs: Subcommittee on Disability Assistance and Memorial Affairs held a hearing on Examination of VA Regional Office Disability Claims Quality Review Methods—Is VBA's Systematic Technical Accuracy Review (STAR) Making the Grade? Testimony was heard from the following officials of the Department of Veterans Affairs: Belinda J. Finn, Assistant Inspector General, Audits and Evaluations, Office of Inspector General; and Bradley G. Mayes, Director, Compensation and Pension Service, Veterans Benefits Administration; Daniel Bertoni, Director, Education, Workforce, and Security Issues, GAO; and representatives of veterans organizations.

EXCHANGE RATE OF CHINA AND ITS IMPACT ON U.S. AND GLOBAL ECONOMIES

Committee on Ways and Means: Held a hearing on the exchange rate policy of the Government of the People's Republic of China and its impact on the U.S. and global economies. Testimony was heard from C. Fred Bergsten, former Assistant Secretary, International Affairs, and former Under Secretary for Monetary Affairs, Department of the Treasury; and public witnesses.

FBI AND DEA INTELLIGENCE BUDGET FY2011

Permanent Select Committee on Intelligence: Met in executive session to hold a hearing on FBI and DEA Intelligence Budgets for Fiscal Year 2011. Testimony was heard from the following officials of the Department of Justice: Art Cummings, Executive Assistant Director, National Security Branch; and Anthony Placido, Assistant Administrator and Chief of Intelligence, Drug Enforcement Administration.

Joint Meetings

No joint committee meetings were held.

NEW PUBLIC LAWS

(For last listing of Public Laws, see DAILY DIGEST, p. D283)


COMMITTEE MEETINGS FOR THURSDAY, MARCH 25, 2010

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Appropriations: to hold hearings to examine the President's fiscal year 2010 War Supplemental Request, 2 p.m., S–127, Capitol.

Committee on Finance: Subcommittee on International Trade, Customs, and Global Competitiveness, to hold hearings to examine doubling United States exports, focusing on United States seaports, 1 p.m., SD–215.

Committee on Indian Affairs: to hold an oversight hearing to examine youth suicides and the need for mental health care resources in Indian country, 9:30 a.m., SD–628.

Committee on the Judiciary: business meeting to consider S. 2960, to exempt aliens who are admitted as refugees or granted asylum and are employed overseas by the Federal Government from the 1-year physical presence requirement for adjustment of status to that of aliens lawfully admitted for permanent residence, S. 2974, to establish the Return of Talent Program to allow aliens who are legally present in the United States to return temporarily to the country of citizenship of the alien if that country is engaged in post-conflict or natural disaster reconstruction, S. 1624, to amend title 11 of the United States Code, to provide protection for medical debt homeowners, to restore bankruptcy protections for individuals experiencing economic distress as caregivers to ill, injured, or disabled family members, and to exempt from means testing debtors whose financial problems were caused by serious medical problems, S. 3111, to establish the Commission on Freedom of Information Act Processing Delays, S. 3031, to authorize Drug Free Communities enhancement grants to address major emerging drug issues or local drug crises, and the nominations of Sharon Johnson Coleman, and Gary Scott Feinerman, both to be United States District Judge for the Northern District of Illinois, William Joseph Martinez, to be United States District Judge for the District of Colorado, and David A. Capp, to be United States Attorney for the Northern District of Indiana, Anne M. Thompkins, to be United States Marshal for the Western District of North Carolina, Peter Christopher Munoz, to be United States Marshal for the Western District of Michigan, and Kelly McDade Nesbit, to be United States Marshal for the Western District of North Carolina, all of the Department of Justice, 10 a.m., SD–226.

House

Committee on Appropriations, Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies, on FY 2011 Budget for Farm and Foreign Agricultural Services, 10 a.m., 2362A Rayburn.

Subcommittee on Defense, on Army and Marine Corps Ground Equipment, 1:30 p.m., H–140 Capitol.
Subcommittee on Financial Services, General Government, on FY 2011 Budget for the SBA, 10 a.m., 2226 Rayburn.
Subcommittee on Homeland Security, on Homeland Security Headquarters Facilities: St. Elizabeths and Beyond, 10 a.m., B–318 Rayburn.
Subcommittee on Interior, Environment, and Related Agencies, on Issues from the Field: Members of Congress and public witnesses, 9:30 a.m., B–308 Rayburn.
Subcommittee on Labor, Health and Human Services, and Related Agencies, on FY 2011 Budget Overview: Jobs, Training and Education, 10 a.m., 2358–C Rayburn.
Subcommittee on State, Foreign Operations, and Related Programs, on U.S. Department of the Treasury International Programs, 1:30 p.m., 2359 Rayburn.
Committee on Armed Services, hearing on FY 2011 National Defense Authorization Budget Request from the U.S. Pacific Command and U.S. Forces Korea, 10 a.m., 2118 Rayburn.
Subcommittee on Strategic Forces, hearing on FY 2011 National Defense Authorization Budget Request for Department of Energy atomic energy defense activities, 1:30 p.m., 2118 Rayburn.
Committee on Financial Services, hearing entitled “Unwinding Emergency Federal Reserve Liquidity Programs and Implications for Economic Recovery,” 10 a.m., 2128 Rayburn.
Committee on Homeland Security, hearing entitled “Visa Overstays: Can They Be Eliminated?” 10 a.m., 311 Cannon.
Committee on Natural Resources, Subcommittee on Energy and Minerals Resources, oversight hearing on the President’s Fiscal Year 2011 budget requests for the Minerals Management Service, the Bureau of Land Management, the Office of Surface Mining Reclamation and Enforcement, the United States Geological Survey (excluding the water resources program) and the USDA Forest Service, 10 a.m., 1324 Longworth.
Committee on Oversight and Government Reform, hearing entitled “Foreclosure Prevention: Is the Home Affordable Modification Program Preserving Homeownership?” 10 a.m., 2154 Rayburn.
Committee on Veterans’ Affairs, Subcommittee on Health, hearing on the following measures: H.R. 949, To amend title 38, United States Code, to improve the collective bargaining rights and procedures for review of adverse actions of certain employees of the Department of Veterans Affairs, H.R. 1075, RECOVER Act (Restoring Essential Care for Our Veterans for Effective Recovery); H.R. 2698, Veterans and Survivors Behavioral Health Awareness Act; H.R. 2699, Armed Forces Behavioral Health Awareness Act; H.R. 2879, Rural Veterans Health Care Improvement Act of 2009; H.R. 3926, Armed Forces Breast Cancer Research Act; H.R. 4006, Rural American Indian Veterans Health Care Improvement Act of 2009; H.R. 84, Veterans Timely Access to Health Care Act, and 3 Discussion Drafts, 10 a.m., 334 Cannon.
Committee on Ways and Means, Subcommittee on Oversight, hearing on Internal Revenue Service operations and the 2010 tax return filing season, and FY 2011 budget proposals, 10 a.m., 1100 Longworth.
Permanent Select Committee on Intelligence, executive, hearing on National Security Agency Budget for Fiscal Year 2011, 9:30 a.m., 304–HVC.
Next Meeting of the SENATE
9:45 a.m., Thursday, March 25

Program for Thursday: Senate will continue consideration of H.R. 4872, Health Care and Education Affordability Reconciliation Act, with a series of roll call votes on or in relation to amendments and motions, and complete action thereon around 2 p.m.

Extensions of Remarks, as inserted in this issue

Graves, Sam, Mo., E465, E466, E471, E472, E473, E474, E474, E475
Giffords, Gabrielle, Ariz., E477
Capito, Shelley Moore, W.Va., E476
McCollum, Betty, Minn., E479
Burgess, Michael C., Tex., E476, E477, E477, E479
Brady, Robert A., Pa., E476
Bonner, Jo, Ala., E475
Emerson, Jo Ann, Mo., E476, E479
Capps, Lois, Calif., E477
Johnson, Eddie Bernice, Tex., E470
Capito, Shelley Moore, W.Va., E476
Giffords, Gabrielle, Ariz., E477

Congressional Record

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