

What we will look at tomorrow is article I, section 8 of the Constitution. That is the article that specifically cites the powers that Congress—the Senate and the House—have. It is spelled out. In the course of spelling it out, it cites, among other things, that we have the power to tax, and we have the power related to provisions relating to commerce. It came to be viewed in the courts as interstate commerce—commerce between the States or between the United States and other nations.

Those who are arguing that the health care reform bill is unconstitutional first argue that the health care insurance industry is not commerce. If the health care insurance industry—which offers industry across State lines to millions of Americans—is not commerce, and it affects 18 percent of our economy, then I don't know what commerce might be. I think that position is particularly weak.

When it comes to the individual responsibility, or individual mandate system that is in the bill, the question is being asked of the court: Why is this necessary? Well, here is why it is necessary. If we say to insurance companies they don't have to insure anyone with a preexisting condition, then of course they are going to exclude people. But if we tell them they have to insure everybody, even those with preexisting conditions, then the obvious question is, when will a person buy insurance?

If we don't have a responsibility on individuals to buy insurance, two things will occur: They will wait until they are sick to buy insurance, which completely destroys the risk model that insurance companies use, or they will present themselves, as they do today, to many hospitals for coverage and care, the cost of which is passed on to other people. So the individual responsibility section says: If you don't have insurance coverage, then you have to pay a tax penalty. And that is what many are objecting to. You cannot eliminate exclusions for preexisting conditions and not move more and more people into the risk pool at an earlier stage. If people can wait until the last minute to get into the risk pool, then the insurance model is destroyed. That is why it is in there.

I think we will find, ultimately—and I hope we do—from the Supreme Court that what we have passed is entirely consistent with the regulations or powers given to Congress under article I, section 8 of the Constitution to deal with issues of commerce. Secondly, I think we will find that the imposition of a tax in this health care reform bill is clearly enumerated in the powers given to Congress to levy taxes, and what we have done is necessary and proper to reach the goal where we eliminate discrimination because of preexisting conditions in health insurance plans.

That debate is ahead of us, but it is a debate we need to take up. I am

happy to talk about the health care reform bill because I think it is moving in the right direction. It is not perfect—it can be improved—but if the Republicans want to repeal it, they are in for a fight because the important provisions we have to protect families and businesses need to be protected.

What we want to bring up as soon as we can—when we get beyond this debate on health care repeal—is the reauthorization of the Federal Aviation Administration. We have been struggling with this issue for a long time, and we believe this bill, which our majority leader HARRY REID has asked to bring to the floor, creates and protects more than 280,000 jobs by modernizing the air travel infrastructure and reducing costly delays. I think this is an important step forward not just to create jobs—and we need them very badly—but also to make certain our airplanes and airliners and all those who are serving us at the airports have a safer environment, establishing new standards for safety when it comes to the operation of our airlines.

I think this is a critical issue, and I hope we can move to it soon. I am sorry we are going to be diverted into a debate on health care reform. But as I said, I think it is a welcome debate. It is time we brought some of these facts before the American people so they understand health care reform has real value to families and businesses across the United States, making health care insurance more affordable and more accessible.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. BOXER. I ask unanimous consent that the order for the quorum call be rescinded.

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

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, at 12:32 p.m., the Senate recessed until 2:16 p.m. and reassembled when called to order by the Presiding Officer (Mr. DURBIN).

FAA AIR TRANSPORTATION MODERNIZATION AND SAFETY IMPROVEMENT ACT

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of S. 223, which the clerk will report by title.

The legislative clerk read as follows:

A bill (S. 223) to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide for modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant editor of the Daily Digest proceeded to call the roll.

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

The PRESIDING OFFICER (Ms. KLOBUCHAR). Without objection, it is so ordered.

Mr. ROCKEFELLER. Madam President, I ask unanimous consent that the Senate proceed to a period of debate only on the FAA authorization bill for the purposes of opening remarks from the chairman—that being me—and ranking member—that being Senator HUTCHISON—of the Commerce Committee.

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

Mr. ROCKEFELLER. Madam President, I wish to thank the majority leader for bringing this bill to the floor so promptly—the first bill of this year, the 112th Congress. The Air Transportation Modernization and Safety Improvement Act reauthorizes the Federal Aviation Administration. It has been postponed 17 times over the last 4 years, to the consternation of all of us who care about this subject. There are three Commerce Committee members in the Chamber right now, and we are all frustrated about getting it done. So it is the first piece of legislation.

The bill which I introduced and which we are considering is the text of the FAA reauthorization bill that was approved by the whole Senate last year by a vote of 93 to nothing. All of the matters of safety and air traffic control systems and all the rest of it that we talk about are all incorporated already in this bill. Although the Senate and the House of Representatives informally conferred, it was not productive, and we were unable to come to a final resolution, so here we are once again. I thought that beginning this year's consideration of the FAA reauthorization bill with the legislation that did pass unanimously last year would signal a commitment to bringing forward a bill that had broad bipartisan support—at least last year. It wasn't that long ago. There are some new Members, and some issues still stand out. We didn't resolve all of them.

I wish to say at the beginning that this is a monumentally important bill. I would also say that I recognize without rancor that there are a lot of Members of the Congress who don't really keep up with aviation because they kind of take it for granted. It is highly technical and not always interesting but always important—always important. It employs 11 million people, just for a start. It is a vastly important bill, and we are vastly behind where we should be, and this bill will help us move forward.

I wish to thank particularly Senator HUTCHISON, the ranking member of the Commerce Committee and my able partner, for her efforts on this bill last year. I look forward to working with her again this year in passing this bill, as I know she wants to have it happen, and get it enacted into law. She and I can't sign it into law, but we want to have a good bill signed into law. I believe this bill reflects a shared vision and our mutual goal of making sure the United States continues to have the safest, most efficient, and most modern aviation system possible.

Given the importance of the airline industry to our Nation's economy—again, many people take this for granted, but it is a vast industry—I can't think of a more important piece of legislation to our Nation's long-term economic competitiveness. It is the right bill to start with. We know this legislation will create and support good-paying American jobs. It already does—11 million is a lot of jobs. That is slightly more than the population of West Virginia. The bill improves the safety and efficiency of our Nation's aviation system by preventing something called runway incursions, which people often aren't aware of unless their plane runs into another on the tarmac, which happens infrequently but does happen. People would be shocked to know how often and how many times incursions are just about to happen until they are rescued by an understaffed control tower which says: Hey, head right, head left, stop—whatever. It also modernizes our air traffic control system. That is an easy phrase—"modernizes our air traffic control system." It is a vast, new concept. We are living in an age when everybody else is GPS and digitalized, and I include Mongolia. I would like to include Mongolia because it does have a GPS system, and the thought of Mongolia being ahead of us is deeply disturbing to me, and it is a way of making a point, I think one would agree. I wish to reduce delays that frustrate fliers, and we do that. It opens the door to better economic development, especially in rural and underserved areas. It makes a very big point of that, with essential air service, airport improvement programs, and other programs.

Simply put, this bill helps protect our position as the global leader in aviation. Now, I said "global leader." We are. We are. The aviation needs and goals of Texas and West Virginia are the same. People might not believe it, but they are. My good friend Senator HUTCHISON represents some of the largest airports in the country. I represent some of the finest smaller airports in the Nation. All of our airports are critical economic engines to their respective communities. Senator HUTCHISON may have more flights in and out of Texas than we have in West Virginia—in fact, I guarantee she does—but we both know the importance of air service to economic growth and global competitiveness.

Every one of our constituents wants the safest aviation system possible. Before assuming our current roles, Senator HUTCHISON and I rotated being chairman and ranking member of the aviation subcommittee. We did that for 10 years, so we are pretty heavily into the subject, and we agree on virtually everything—virtually everything. But we share a passion for aviation because we know how critical this industry is to our economy, to the comfort and mobility of our people, and to our Nation's future. We both share a strong desire to get this legislation enacted into law. I have already said that. It has been far too long—4 years—since the last FAA reauthorization bill was enacted. Our Nation cannot afford to wait one second longer.

Sadly, when many people think of flying, their first reaction is often negative, and that is usually what we hear—people complaining about TSA lines, about delays, about weather; airlines are meant to control weather. Actually, they don't, statutorily or otherwise. But people are not happy, so there is sort of a grumpiness about this subject, which we don't address, but we try to take away the causes of grumpiness.

I will be the first to admit from my own point of view that travel is not always enjoyable. That is a symptom of a number of expectations we have somehow developed over the years. Air travel has changed with deregulation. Oh, how well I remember regulation. American Airlines, big jets in Charleston, WV; United Airlines, big jets in Charleston, WV; Eastern Airlines, big jets in Charleston, WV; deregulation, and one month later, no more jets, and we now subsist basically on prop planes with two propellers. If you are my height, it takes an hour or so to restore your blood flow after you get out of one of those—if you are lucky enough to get an exit seat. If you are not, it may take 2 or 3 hours. Anyway, some of the changes with deregulation have been for the better. Not all of those changes have been for the best. There have been frustrating changes for travelers as the industry has adapted to this new reality. There have been many other benefits, primarily cheaper tickets to more places for the average flier.

We must also remember that aviation is more than just a commercial air travel service. Aviation accounts for \$1 trillion-plus worth of economic activity for the country and, again, supports more than 11 million jobs. It is a critical sector of our economy. Boeing is the Nation's largest exporter, and aerospace sales from large and small producers provide billions of dollars toward balanced trade for the United States with international buyers. This is a great success story, but we haven't been tending to it. That is why we are doing this bill now.

In 2010, the United States did not have a single commercial aviation fatality. That is a truly remarkable statistic. It is one we should not only be

thankful for but very proud of. Safety is the No. 1 priority of the Federal Aviation Administration, the airline industry, and the people who work for both, and it is the No. 1 priority of Senator HUTCHISON and myself, and well as the Commerce Committee as a whole. It always is and has to be. It is through the hard and dedicated work of the thousands of FAA and airline industry employees that we do, in fact, have the safest aviation system in the world. Improving the safety of our aviation system has been a huge priority for all of us. You can't rest on your laurels in aviation in any respect. The industry is always shaky. The public is always a little bit shaky. Times are shaky—bad times, fewer passengers; better times, more passengers. That sounds like good news—more passengers—but I am coping to that. It isn't necessarily good news that there will be more passengers in the future.

I strongly believe this bill is fundamentally about the future of aviation, and it is vastly important. This bill is about making sure we have the most technologically advanced satellite-based air traffic control system in the world. This bill is about catapulting our air traffic control system out of the 19th century and into the 21st century with every other industrialized country in the world. We do not share that with them now. More people drive rented cars with GPS systems than airplanes have. It sort of doesn't make sense, but that is a fact. Today, as I said, we are behind Europe and even Mongolia. We have to remedy that fact, and we have to do it quickly.

This bill is about making sure we continue to have the most dynamic aviation industry in the world. I will say it again. The U.S. civil aviation sector generates \$1 trillion a year in economic activity and employs 11 million people. All of that activity creates jobs in every sector of our economy, including airport construction jobs and building airplanes, from the smallest general aviation planes to Boeing's state-of-the-art 787 Dreamliner. All this activity creates jobs—jobs in airlines, jobs in general aviation, such as the small airports that dot both Senator HUTCHISON's State and mine, the rural parts thereof, as well as the Presiding Officer's. Airports and the aviation industry support millions of indirect jobs. That makes sense. One need only look—and this is sort of the most obvious presentation of it—at the growth around Dulles, Dallas/Fort Worth, and Denver International. Denver International was built out in the middle of the desert. Not anymore. I don't think Dallas/Fort Worth was ever out in the middle of the desert, but the growth is extraordinary. It attracts jobs. People don't want to bicycle to Dallas or Charleston or anywhere else; they want to go by air. Business decisions are made by air. So that point speaks for itself.

In Beckley, WV, which is not huge but has a wonderful airport, what is interesting is that it also has an enormously successful business park at that facility. Our major airports in Charleston and Huntington have direct flights to the major headquarters of chemical and energy companies that allow businesses to grow in West Virginia.

I believe the future of the U.S. aviation system has unlimited potential. We face serious challenges in making sure we reach that potential, but I know we are up to it. To make it work, we have to upgrade our 1950s-era, antiquated air traffic control system. Investing in technology and infrastructure is a very good place to start. It is embarrassing that some of our newer cars have more sophisticated global positioning systems than many of our aircraft in the skies. That has to change, and it costs money. It has everything to do with lives and safety. It is going to get much bigger, with many more passengers. We have about 750 million people flying every year now. In another decade it will be nearly 1 billion. So it is almost like a 50-percent increase in the number of people flying. Everything gets more complicated and crowded.

It is eye-opening to see the speed with which China and other developing nations are investing in their air traffic control systems and their airports. They know what they are doing. They take nothing for granted. Growth is on their minds. Again, we have to make the effort to get ahead or we will be left far behind. I am sorry, but that is the way it works. It is not a sentimental industry. It is one that needs to be treated well, nurtured, and supported.

If we don't act quickly, we are at risk for falling behind our global competitors. We will lose the cargo hubs, the aircraft manufacturing plants, and the economic development that aviation causes. I cannot understate the importance of a vibrant and strong aviation system. I have made no attempt to be shy on that account. I cannot be. It is fundamental to our Nation's long-term economic growth and to my State's ability to attract new investment.

When choosing to invest in an area, the quality of air service is the prime consideration. I say "the"; you could say "a." You can have a great quality of life, but it doesn't give you a factory. Quality of life is good, but it isn't preemptive. The ability to fly from West Virginia to almost any corner of the world, which we now have, is critical for our ability to attract new businesses and jobs.

Why do we have 20 Japanese companies in West Virginia? That is actually a cerebrally interesting question. The reason is, because we have good air service and good workers. But if we had good workers and no particularly good air service, we would not have them. You have a lot more of that in Texas, but for West Virginia that is a phe-

nomenal statistic. All of our futures are tied to modern aviation systems.

Over the last several years, we have focused more on the inconveniences of air travel, rather than trying to solve the underlying problems that make air travel so challenging.

Most Americans do not understand how fragile our air transportation system is. The economic downturn of the last several years masked this fragility because fewer people flew, so there was less pressure on the system.

As our economy recovers, I am afraid the inherent weakness of our system will loom larger than ever in years to come as we get to 1 billion passengers a year.

The possibility of a meltdown of the air traffic control system may become reality, unless we modernize it. This will create more than inconvenience; it will put passenger safety at a very substantial and unnecessary risk.

These are not the only troubling signs, as I noted. There were no commercial aviation fatalities in 2010, but that doesn't mean the system is working to perfection. We were lucky and people worked hard. Over the last few years, the FAA and the industry have faced serious questions over their commitment to safety. That commitment has been called into question.

The grounding of thousands of aircraft throughout the system in 2008 raised questions about the quality of airline maintenance practices and the FAA's ability to provide sufficient oversight of air carriers and their maintenance, not just domestic but also overseas, which is another subject.

The tragic accident, the downing of flight 3407 on that snowy night in Buffalo, exposed problems with pilot training, flight crew fatigue, particularly pilot fatigue, and the ability of the industry to assure the traveling public that there is one level of safety throughout the entire system. This bill addresses that through a number of stipulations, but we are making it a rule. We have to get this into law. The FAA is putting some of this into practice, but we have to make it into law. People have to get enough sleep. Above 10,000 feet, they can talk about something other than aviation, but below 10,000 feet, where the crowd gathers and aviation is being scrutinized by air-traffic control folks, you have to have what is called a sterile cockpit, where nobody talks about anything but landing. So I am deeply proud of the reforms we have put into place in the area of safety, and they offer even more incentive to pass the bill quickly.

Before I close, I wish to recognize the efforts of former Senator Byron Dorgan and I think Senator HUTCHISON would join me in saying this—for his hard work on behalf of the safety issue. I am pleased to say the FAA is currently working on implementing the two dozen provisions of the law that he helped, with others, to create.

I feel very strongly that improving our aviation system is a national pri-

ority. My passion comes from a deep belief that our future is tied to a healthy aviation industry. America is the cradle of aviation. I don't want to see that change.

Since 1988, I have worked diligently, as the chairman of the Aviation Subcommittee and now as chairman of the Commerce Committee, to support our aviation system and to address its challenges; to wit, inadequate funding for the FAA, a chronically unprofitable commercial aviation industry, and minimal investment in aerospace research.

Nobody moves forward in industry without doing research, and we will not pay for it. So a lot of it is not done.

In some areas, we have made progress. We have increased our investment in airport infrastructure, we have opened new markets for U.S. air carriers and, thanks to the Obama administration, we have finally begun to make serious investments in modernizing our air traffic control system. It is a multi-year process, highly expensive.

I know many of my colleagues will say we cannot afford to make those investments in aviation at this time. But now, it seems to me, it is the precise time to make them.

The recession has prevented widespread delays from occurring. So we were lulled into thinking everything was going well. Over the last decade, airlines dramatically cut capacity and parked hundreds of planes in the desert. We don't have them in West Virginia, and I don't know where they are parked—somewhere in the desert. They were taken offline because of a lack of passenger demand. Anyway, we cannot make shortsighted budget decisions. The cost of inaction will be far greater.

I ask my colleague from Texas, I am proceeding well, but I am not finished; is that acceptable?

Mrs. HUTCHISON. Yes.

Mr. ROCKEFELLER. I thank the Senator. Our economy has begun to slowly turn around, and the demand for air travel has slowly begun to grow. Airlines have cautiously increased capacity. If we act now, we can be prepared to meet the challenges of adding millions of passengers to the system in the next decade. If we fail to act, congestion will plague the system again, delays will be a fact of life, and today will look like the golden age of travel.

The benefits of investing in air traffic control modernization extend far beyond the ability to handle more passengers. Most important, the Next Generation Air Transportation System, what we call NextGen, will dramatically improve the safety of our air transportation system by providing pilots and air traffic controllers with better situational awareness. Now you can't tell if there is a mountain in front of you, you can't tell about the ground situation, and you can't tell very well about separation. It is inefficient. Planes land, but they could land

more quickly. You cannot read the distance and altitude between one plane flying in for a landing or one taking off. It is inefficient—dangerous, in fact. So we have to do this. We have to be able to see other aircraft and detailed weather maps in real time and to be able to go from one place to another in a straight shot. That is what NextGen will do for us. Now planes are going all over the place, avoiding this and that, as they go from one TRACON to another TRACON, a weather system or an unexpected flight. GPS NextGen will allow for straight flights. That saves a lot of fuel and a lot of time, and delays cost the American economy over \$30 billion a year.

So, again, we have to provide our pilots and air traffic controllers with better situational awareness. They will be able to see other aircraft and detailed weather maps, and that becomes important.

A new satellite-based ATC system will allow airplanes to move more efficiently by taking more direct routes, which saves our economy billions of dollars on an annual basis.

Greater operational efficiency will also create substantial environmental benefits. Drastic reductions in fuel consumption means not only that we will achieve lower carbon emissions—less of them will be spewed out—but almost every community near an airport will benefit greatly from this effort. Also, planes are becoming quieter. In all ways they are getting better. We still have to guide them correctly.

As I noted, the President clearly recognizes the value of investing in our air transportation system, and this was reflected in his budget request. The administration proposed a total of over \$1 billion in fiscal year 2011 for NextGen programs, which is more than a 30-percent increase from the fiscal year 2010 budget. Is that bad in this time and age of skepticism about budgets? I hope we can continue this level of budget, even in lean budget years.

Modernizing the ATC system will require a sustained focus and substantial resources. This legislation takes concrete steps to make sure the FAA accelerates and achieves key NextGen programs and that the agency implements modernization efforts in an effective and efficient manner in the long run. How many airports can be done by 2014 and by 2018? It is laid out in the bill.

Let me discuss a few key measures in S. 223 that further address modernization. To improve accountability, this bill establishes an air traffic modernization board, and it designates a chief NextGen officer to provide specific oversight of the FAA's modernization activities. Oversight is what Congress is for, and we don't do it well enough because we are all on too many committees and have too much work to do. Putting somebody in who is responsible for overseeing NextGen within the FAA is a good idea, not a silly one.

The bill also establishes specific deadlines for the implementation of

the key NextGen programs. It has fancy names for them. Area Navigation, or RNAV, and Required Navigation Performance, or RNP, procedures must be developed at the Nation's largest 30 airports by 2014. Where these technologies are already in place, we are seeing dramatic benefits in reduced fuel consumption and many other benefits.

All aircraft are required to be equipped with Automatic Dependent Surveillance-Broadcast. I will not bore you with what that is about. It is called ADS-B, and it is the cornerstone of the FAA's traffic control modernization effort. It provides controllers and pilots with an aircraft's immediate position. Pilots will be able to see the real-time position of other aircraft in their vicinity and receive the same information the controllers are seeing in their towers. They will see them in their cockpit.

The FAA estimates that NextGen will cost probably about \$20 billion through 2025 and the airlines another \$20 billion in aircraft equipage. In other words, they have to match—the airlines—to a certain extent what the Federal Government is doing. They will do that. Again, some will argue we cannot afford this investment. I say it is the other way around.

This bill is paid for. It makes a substantial commitment to providing the FAA with the resources it needs. I have worked with Senators INOUE and BAUCUS to reach an agreement that moves us in the right direction. S. 223 will create a new subaccount with the aviation trust fund to fund FAA's modernization efforts. This modernization subaccount will dedicate \$400 annually to NextGen efforts and to nothing else. So it is boxed right in. Our colleagues have worked hard on this issue.

A word on small community air service. That is another core challenge. Every part of my State of West Virginia is basically rural, and every State has some rural parts. Everybody thinks of LaGuardia and JFK, but try upstate New York, try around the Saranac or west of that into Buffalo. They deal with small aircraft. That is where the small aircraft crash took place, in Buffalo. The pilot was drowsy.

The continuing economic crisis has hit the U.S. airline industry very hard. Rural communities are at the end of the food chain. If something bad happens at the top of the food chain, there will be some suffering. But the real suffering takes place at the bottom of the food chain. That is where the flights get cut off, that is where they get limited, that is where some flights suddenly stop going to places. There is hope for better times, but we do not have them yet. We are in crisis.

The reduction or elimination of air service has a devastating effect on the economy of the community nearby. I stipulate that with the previous sentence. Having adequate air service is not just a matter of convenience but also a matter of economic survival.

Without access to reliable air service, no business is going to locate their operations there. I already talked about that issue. Small airlines and small airports are important.

When Congress deregulated the airline industry in 1978, we made a promise to small communities—an official promise—that they would continue to have access to the Nation's air transportation system. I believe that the Federal Government needs to provide additional resources and tools for small communities to help them attract adequate air service. This legislation does this by building on existing programs.

Authorized funding for the Essential Air Service program is increased to \$200 million annually. The EAS program is critical to dozens of communities throughout this country. I made that point. It is needed. It also provides a lot of flexibility to EAS, and what small airports can do with EAS. Someone may be phasing out being a commercial EAS airport and headed to being a general aviation airport. This allows that transition to move forward.

I am almost at the end. Consumer protection is key. We are about protecting lives, protecting people, protecting passengers. The bill strengthens passenger protections by incorporating elements of the passenger bill of rights which came right out of the Commerce Committee to deal with the most egregious flight delays and cancellations.

Talk about angry travelers. This is where you run into them. The industry would be required to take basic steps to improve the passenger experience. To wit, passengers must be provided with information regarding on-time arrivals and chronically delayed flights when they purchase tickets. Most of them will do that online so the airlines have to publish what is their record for on-time takeoffs or on-time landings, what is their delay, what is their cancellation. That has to be posted so that fliers who want to purchase tickets can compare and go elsewhere if they want.

Air carriers are also required to permit passengers to deplane after 3 hours have elapsed. We all heard about 9-hour waits on the tarmac. It is usually not as dramatic as that. If you are a mother and have three children, 3 hours not moving is a long time. Three hours moving is a long time, but not moving is a very long time. They would have, after 3 hours, the right to deplane. It is their right to deplane. Airlines cannot stop that unless the pilot has a certain belief that they are just about to take off. They have to be given water and medical attention, if they need it, bathroom facilities, and the rest of it.

The Department of Transportation has taken steps to improve customer protections, and I applaud their actions. But I for one believe statutory protections are better than when a government agency decides to do it.

In conclusion, when we began work on this bill, I at least had four simple goals: One, take steps to address critical safety concerns; two, establish a

roadmap for the implementation of NextGen and accelerate the FAA's key modernization programs; three, make sure we adequately invest in airport infrastructure; and four, continue to improve small communities' access to the Nation's aviation system. This bill takes those steps.

I feel very strongly about the bill. The Airport Improvement Program, which is part of this bill, is estimated to support 120,000 jobs annually. This bill authorizes a total of \$8.1 billion for this account. Moving forward with NextGen will certainly help us keep our position as a global leader. This is the culmination of more than 4 years of work with Senator HUTCHISON and myself and the hard-working members of the Commerce Committee.

Again, this language passed 93 to 0 less than 12 months ago. It is an important bill—important for the safety of the traveling public, important to our ability to create jobs, important to sustaining an aerospace industry, important to having healthy airlines, important to general aviation's future, and important to our future competitiveness.

I urge my colleagues to support this bill, and I welcome ideas on how we might improve it. I ask my colleagues to join me in our determination to complete our work and reauthorize FAA.

The PRESIDING OFFICER (Mr. FRANKEN). The Senator from Texas.

Mrs. HUTCHISON. Mr. President, as ranking member of the Committee on Commerce, Science and Transportation, I, too, wish to discuss the FAA reauthorization bill and agree with the chairman, Senator ROCKEFELLER, who has just spoken, that we have worked in a bipartisan way on this bill for 4 years.

I am glad he mentioned Senator Dorgan, who was the chairman of the subcommittee, who pushed so hard last year for us to come to a conclusion and try to pass a permanent bill.

The bill that is before us is the bill that passed last year. There are many good provisions in this bill. It passed unanimously in the Senate, and we were on our way to conference with the House. But the House bill was quite different. We never got to the point of being able to work out the differences.

I do think there was one part of the bill, which I will discuss more later, where we worked on a compromise to achieve a goal of easing the perimeter rule at Washington's Reagan Airport. We were able to come to an agreement among the leaders on the committee, but we were not able to get the full agreement of the Senate. That was a gentlemen's agreement, if you will, that we would work on putting that into the conference report, but that never came to pass.

The perimeter rule around National Airport has slot restrictions and mileage restrictions on how far a plane can go directly in and out of National Airport. The perimeter rule prohibits

flights traveling to or from points that are more than 1,250 miles from National Airport unless there is an exemption. Many Western States would like more of those exemptions, especially given that the airport can now handle additional capacity.

I want to be clear at the onset of this process, I cannot support a final bill that does not address this issue. We need to work out either a consensus majority or an agreement that addresses the issue rather than just leaving it out.

The FAA has operated under a series of short-term extensions since 2007; 18 short-term extensions have occurred. That is not providing the policy to keep us in the forefront of modernization of our air traffic system. We need to have a bipartisan, commonsense, multiyear FAA reauthorization to provide the stability that the FAA and its stakeholders—the airlines and passengers—need to make sound investment decisions for our future aviation system.

The current short-term extension expires March 31. If we address these issues in our Senate bill, I believe we can work with the House that has already begun to formulate the basis of its bill and have a true multiyear reauthorization bill that would be able to pass on March 31 instead of yet another short-term extension.

The House version last year was quite different from our bill. While a year now has almost elapsed, many of the bill's provisions need to be updated. The one we have before us would modernize the air traffic control system, NextGen, which was mentioned by Senator ROCKEFELLER. It would improve aviation and it would ensure passengers are treated well, especially if they are delayed and stuck in an aircraft for more than 3 hours. I call it the captive passenger rule that we need to enact.

First, modernization. Probably the most important area we address in this bill is expediting the FAA's air traffic control air modernization program, known as NextGen. The FAA operates the largest and safest air traffic control system in the world. In fact, the FAA's air traffic control system handles almost half of the world's air traffic activity. The United States has been a leader in developing and implementing new technologies to create a safer and more efficient airspace system.

However, today's air traffic control system is not much different from that which was started in the 1960s. The system is based on radar tracking and ground-based infrastructure. NextGen will move much of the air traffic infrastructure from ground based to satellite based by replacing antiquated, costly ground infrastructure with orbiting satellites and onboard automation. By doing this, the FAA will be able to make our aviation system more safe and efficient while increasing capacity at our Nation's busiest airports.

Some of the modernization provisions in the bill include establishing clear deadlines for the adoption of existing Global Positioning System navigation technology. It mandates 100 percent coverage at the top 35 airports by 2014, with the entire national airspace system to be required to be covered by 2018.

Aviation safety. As a former vice chairman of the National Transportation Safety Board, I understand well the critical and difficult mission the FAA has in overseeing our Nation's airlines and aviation system. Aviation safety and the public trust that goes along with it are the bedrock of our national aviation policy, and we simply cannot allow any degradation of safety for the flying public. This bill goes a long way to advance and promote the air travel system.

Last August, as part of one of the short-term extensions, several of the important safety provisions were enacted into law that were the direct result of weaknesses identified from the tragic crash and aftermath of Colgan flight 3407 in Buffalo, NY. While those provisions were of great importance and will have an impact on creating one level of safety through all sectors of aviation, we still have important work to do, and in this bill we do it, such as addressing inconsistent application of airworthiness directives by improving the voluntary disclosure reporting process to ensure adequate actions are taken in response to reports; limiting the ability of FAA inspectors to work with air carriers over which they had oversight.

The PRESIDING OFFICER. Will the Senator yield?

Mrs. HUTCHISON. I will be happy to yield if the leaders allow me to come in when they are finished and continue.

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

Mr. REID. Mr. President, I ask unanimous consent that Senator STABENOW be recognized to offer an amendment related to 1099 reporting forms; that she give her speech regarding this after Senator MCCONNELL offers an amendment relating to health care, and the amendments be debated concurrently.

Senator MCCONNELL can do whatever he feels appropriate, but he will speak before Senator STABENOW. How much more time does the Senator from Texas need?

Mrs. HUTCHISON. Probably about 5 or 6 minutes.

Mr. REID. So whatever she and Senator MCCONNELL decide on that is fine with me.

Mrs. HUTCHISON. So I will speak after Senator MCCONNELL, and before Senator STABENOW.

Mr. MCCONNELL. My statement is pretty brief, if the Senator from Texas would not mind. I think Senator STABENOW is willing to let me do my statement and lay down my amendment.

Mr. REID. Then Senator STABENOW will be willing to let the Senator from Texas finish her statement.

I ask unanimous consent that Senator STABENOW be recognized to offer her amendment and then Senator MCCONNELL would offer his.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

AMENDMENT NO. 9

Ms. STABENOW. Mr. President, I have an amendment at the desk, amendment No. 9, and I ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Michigan [Ms. STABENOW] proposes an amendment numbered 9.

Ms. STABENOW. 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 expansion of information reporting requirements for payments of \$600 or more to corporations, and for other purposes)

On page 335, after line 20, insert the following:

TITLE XI—REPEAL OF EXPANSION OF INFORMATION REPORTING REQUIREMENTS

SEC. 1101. REPEAL OF EXPANSION OF INFORMATION REPORTING REQUIREMENTS.

(a) IN GENERAL.—Section 9006 of the Patient Protection and Affordable Care Act, and the amendments made thereby, are hereby repealed; and the Internal Revenue Code of 1986 shall be applied as if such section, and amendments, had never been enacted.

(b) RESCISSION OF UNSPENT FEDERAL FUNDS TO OFFSET LOSS IN REVENUES.—

(1) IN GENERAL.—Notwithstanding any other provision of law, of all available unobligated funds, \$44,000,000,000 in appropriated discretionary funds are hereby rescinded.

(2) IMPLEMENTATION.—The Director of the Office of Management and Budget shall determine and identify from which appropriation accounts the rescission under paragraph (1) shall apply and the amount of such rescission that shall apply to each such account. Not later than 60 days after the date of the enactment of this Act, the Director of the Office of Management and Budget shall submit a report to the Secretary of the Treasury and Congress of the accounts and amounts determined and identified for rescission under the preceding sentence.

(3) EXCEPTION.—This subsection shall not apply to the unobligated funds of the Department of Defense, the Department of Veterans Affairs, or the Social Security Administration.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. MCCONNELL. Mr. President, I thank the Senator from Texas very much for letting me make a brief statement about the amendment I am about to offer, and apologize for interrupting her comments.

What we have today is an opportunity—an opportunity—for the majority to reevaluate what it has done on the issue of health care and to take another path. It is no secret the American people don't like the health care

bill that was passed last year. If you have talked with doctors or nurses or anybody else involved in health care over the last year, most of them will tell you they do not like it either. Employers, big and small, have been desperately trying to get the message across of how damaging this bill will be to their ability to create jobs. They tell us the impact of the bill is severe—higher taxes, penalties for hiring workers, new regulations that have already run to more than 6,000 pages, and mountains of new paperwork all at a time when businesses want to create jobs and millions of Americans are looking for one.

Don't take it from me. Here is how the National Federation of Independent Business puts it:

Small business owners everywhere are rightfully concerned that the unconstitutional new mandates, countless rules and new taxes in the health care law will devastate their businesses and their ability to create jobs.

Yesterday, a Federal court in Florida found the crux of the law to be unconstitutional. So we have an opportunity today—an opportunity for all those who supported the health law—to reevaluate your vote and to listen to your constituents, who are desperately trying to get your attention. You can say, perhaps, this was a mistake, we can do this better or you can continue to dismiss the majority of the people in this country as not knowing what they are talking about.

It is not every day that you get a second chance on a big decision after you know all the facts. Today is one of those days. For all of us who opposed the health care bill, today we reaffirm our commitment to work a little harder to get it right. We can't afford to get it wrong.

I urge my colleagues to move beyond party affiliation. Look at the facts before us. If everyone in this Chamber evaluated this bill for what it is, we would repeal it right now, and then we would begin to work on achieving our mutual goal of delivering health care at a higher quality for lower cost. Let us not miss this opportunity.

AMENDMENT NO. 13

Mr. President, I send an amendment to the desk, and I ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant bill clerk read as follows:

The Senator from Kentucky [Mr. MCCONNELL] proposes an amendment numbered 13.

The amendment is as follows:

(Purpose: To repeal the job-killing health care law and health care-related provisions in the Health Care and Education Reconciliation Act of 2010)

At the appropriate place, insert the following:

TITLE —REPEAL OF JOB-KILLING HEALTH CARE LAW

SEC. .01. SHORT TITLE.

This title may be cited as the "Repealing the Job-Killing Health Care Law Act".

SEC. .02. REPEAL OF THE JOB-KILLING HEALTH CARE LAW AND HEALTH CARE-RELATED PROVISIONS IN THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.

(a) JOB-KILLING HEALTH CARE LAW.—Effective as of the enactment of Public Law 111-148, such Act is repealed, and the provisions of law amended or repealed by such Act are restored or revived as if such Act had not been enacted.

(b) HEALTH CARE-RELATED PROVISIONS IN THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.—Effective as of the enactment of the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), title I and subtitle B of title II of such Act are repealed, and the provisions of law amended or repealed by such title or subtitle, respectively, are restored or revived as if such title and subtitle had not been enacted.

SEC. .03. BUDGETARY EFFECTS OF THIS TITLE.

The budgetary effects of this title, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this title, submitted for printing in the Congressional Record by the Chairman of the Committee on the Budget of the House of Representatives, as long as such statement has been submitted prior to the vote on passage of this title.

Mr. MCCONNELL. Mr. President, I thank the Senator from Texas, and I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, I am pleased we are starting on the FAA bill and having an open amendment process so everyone can be heard. I will finish my remarks, as the ranking member of the Commerce Committee, and then I know Senator STABENOW wants to speak on the first amendment that is going to be offered. It is probably unrelated to our FAA bill but nevertheless is very important for our country.

Let me go back to where I was on the part of the FAA reauthorization bill that addresses aviation safety. We do limit the ability of FAA inspectors to work for air carriers over which they have had oversight, and we will require the conducting of independent reviews of safety issues identified by employees.

We also need to require enhanced safety oversight of foreign repair stations, including a minimum of two FAA inspections annually, with exceptions for those that have comprehensive bilateral aviation safety maintenance agreements with the United States, and requiring alcohol and drug testing at any foreign facilities that perform maintenance on U.S. commercial aircraft.

Finally, the bill also provides infrastructure investment to our Nation's airports. As we all know, you can have the best planes and the best air traffic system but they mean nothing without the proper airport infrastructure in place.

This bill contains many important provisions and deserves the support of the Senate. We have been operating under short-term extensions for far too

long. It is also one of the reasons we need to finally address the DCA perimeter rule, which has impeded the passage of this bill on too many occasions. While I have been talking about what is in the bill, this is the one issue that is currently not included in the bill and must be addressed if we are to have a successful final passage.

After months of negotiation last year, the chairman, the subcommittee chairman, western Senators, and our ranking member on the subcommittee and I reached a compromise agreement that we hoped would finally resolve the issue, but we didn't have an opportunity to bring the consensus version to the floor before we adjourned. It is a very reasonable approach. Here are the provisions of the compromise:

It would add five new round-trip flights beyond the perimeter for new entrants or limited incumbents, which means airlines that have very small bases at National Airport now. This means we would add competition with the five new round-trip flights.

It allows for conversion of 16 round-trip flights from large hub airports inside the perimeter to any airport outside the perimeter phased in over 2 years.

The conversion concept seeks to address congestion concerns by replacing existing flights rather than creating more new flights. Since 2000, there have only been 12 new flights at National Airport. That is since the year 2000. Now we are asking for five more new flights, which would increase competition. The conversion flights would have no impact on congestion at the airport because they will not be new flights.

It prohibits the use of wide-body aircraft for converted flights to address any noise concerns from local residents. But in reality, the noise issue is so different today than it was when the first aviation authorization was passed. We have Stage 3 aircraft now, which are much quieter than the planes that have gone in and out in the past. And not to allow the use of bigger aircraft protects the residents who might live around the airport. In fact, I would argue it gives them an added convenience, because those residents would also have access to the long-haul flights at an airport convenient to them.

The DOT would evaluate the proposed flights and be able to disapprove of the conversions if they determined they are not in the public interest.

The air carriers could only convert flights currently used to operate flights to large hubs within the perimeter in an effort to protect small communities. So, in other words, you would not see conversions from very small airports to be able to take long-haul flights away. It would only be conversions from a big hub airport to another big hub airport. So our small communities should not feel threatened by this.

Carriers would be prohibited from selling, trading, leasing or otherwise

transferring the rights to fly beyond the perimeter.

It also eliminates financial restrictions in place between National and Dulles that would allow for revenue sharing between the two airports, which is comparable to other airport systems across the country to address any financial impact on the airport authority.

I lived through, dealt with, and negotiated the Wright amendment in Texas and the lifting of the Wright amendment that allowed an incremental easing of the Wright amendment restrictions at Dallas's Love Field. That was put in place to protect DFW Airport when it was first built. That was much of the reason for the restrictions at National Airport when Dulles Airport was built, to assure that Dulles would be financially secure. Dulles is financially secure. So it is time to deal with the issue of allowing National to have more service to the western half of America. The people out West deserve to have more access to National Airport if that is where they choose to fly.

I think Dulles has captured the international flights, and I think that has been a good way for Dulles to become one of our busiest airports and certainly one of our most successful. So I know these are difficult issues, because I dealt with them in my own State, but now I think this modest expansion of only five new flights out of Reagan National should be very doable. I think the western Senators have come up with a compromise, with the conversions, that will not affect the traffic or the congestion around National but will allow better access, which I think is a win-win for everyone.

So especially for you, Mr. President, with some humor, I find it a bit ironic that tomorrow is Groundhog Day—February 2. If ever there were a piece of legislation that fits the bill, this one is it. Since starting this legislation in 2007, 18 short-term extensions later, and this being the third consideration of the FAA bill on the floor, it does feel like Groundhog Day. And in a nod to that holiday—that esteemed important holiday in America—let us hope there are no shadows seen and winter will quickly end in a well-debated and bipartisan FAA bill.

Mr. President, I thank the Senator from Michigan, the majority leader, the Republican leader, and my chairman for allowing us to start the debate on this bill and finish our remarks. I know we will have many amendments, but I hope in the end we have a good bill that satisfies everyone's needs and that we can say permanently that winter is over.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, first, I want to congratulate Senator ROCKEFELLER and Senator HUTCHISON for their leadership in putting together what is such an important bill for 280,000 jobs that are saved or created as

a result of this bill, and focusing on our ability to out-innovate and out-build in a global economy. We can't do that without a 21st century FAA system—airports, air traffic control, and so on. So I join with Senator HUTCHISON in hoping that—and I am sure it will be true—at the end of the day we will have a strong bipartisan vote, because they are moving forward in the spirit in which we have all come together in saying we want to move forward; that is, working hard and focusing on jobs. That is what the American people want us to do, focus on jobs, and find common ground, working across the aisle. That is evident from this bill.

I am very appreciative of the fact they are focusing, and I want to thank our leader for making sure that the first bill we are bringing up is about jobs. We understand that too many families—certainly in my State—are still looking for work. They have worked hard all their lives, and they never thought in a million years they would find themselves in the situation they are now facing. They want us to be laser-focused on jobs and the economy and outcompeting in the global economy, as the President said. This bill is exactly the kind of policy on which we should be focused. What is concerning to me is that while we are doing that, we are now going to have a debate that is very divisive, really looking backward rather than looking forward.

One of the things the President talked about—again, which I agree with strongly—is that in the area of health care, what we passed last year, we know there are measures we can fix to make our system more competitive, to make it better for families, to put families back in control rather than insurance companies. We know we can make it better. Certainly no one has been more of a champion than our leader on this legislation, now the chairman of the Commerce Committee but one of the leaders, the No. 2 on the Finance Committee, who brought his passion to the issue of health care as well. We know this can be fixed, and we want to work together to make it better but not fight old fights, create old political fights and division, and certainly not roll back the clock where we put all the control in the insurance companies and we see our families losing the freedom and security to make sure their children, their families have the health care they need.

Let me first talk about my amendment and then why I believe we should be focused on this kind of amendment to fix the bill that passed last year, the new law, to make it better rather than rolling the clock back. Certainly we have heard now, if you follow the polls, that four out of five Americans are saying: Don't go back and just repeal what was done; fix it. So the majority of people are not supporting going back to old political fights or going back, frankly, to a system that is an uncontrolled system where insurance companies can raise rates 20, 30, 40 percent

every year without some plan, some focus to be able to lower costs, to be able to get people out of emergency rooms and into the doctors' offices, and, frankly, for people who have insurance not to be placed into a situation where they continually see their rates go up to pay for people who do not, which is what we have put in place.

There is a provision that has been a concern of mine and many others. We have debated it on the floor. We have attempted to get it fixed several different times. I hope today, I hope tomorrow—whenever we vote—that we will actually be able to get this fixed. This has been supported on both sides of the aisle, and it deals with eliminating redtape and burdensome IRS reporting requirements for our businesses, particularly small businesses.

We are particularly concerned about what this means for small businesses. The provision that was placed into the bill that now, as we look at how the IRS would implement it, is clearly too burdensome—my amendment would repeal that. It would allow business owners to spend their time growing their companies and creating jobs instead of filling out paperwork from the IRS. We want them creating jobs. It is a commonsense solution to an issue that has come up. Basically, it would make sure that the provision that would require a 1099 form for every vendor when a company has a purchase of \$600 or more for goods would no longer be in place. This is a provision that actually does not take effect until next year, but we want to send a very clear message to businesses that have expressed great concern about this, about what is coming for them at the end of the year. We want to let them know that we will not continue the new provision. We would allow small businesses that already create 64 percent of the jobs to be able to keep creating those jobs, and we would make sure we are not putting in place additional paperwork for them.

It is important to note that, according to the IRS, the provision we want to repeal if left unchecked would impact about 40 million American businesses and 26 million of them are sole proprietorships—our smallest businesses. They would be overwhelmed with the paperwork that is involved. It does not make any sense.

We passed a great small business jobs bill last fall that created eight different tax cuts and focused on making capital loans more available for small businesses. We don't want to now go in the other direction and see a mountain of paperwork added to the small businesses we have been very committed to fighting for and supporting. Unfortunately, if this provision were allowed to stand, it would require a 2000-percent increase in 1099 filings. Frankly, that does not make sense.

This particular provision would repeal what was placed into the new health care law. We pay for the repeal by cutting \$44 billion in unobligated

spending. We do make it clear that certainly this does not affect Medicare or Social Security benefits in any way. I would not support that. I know colleagues on the floor would not as well. It makes it clear that the Departments of Defense and Veterans Affairs and the Social Security Administration are not included. But it would give the Office of Management and Budget the ability to look at the possibility in areas for cuts, and they would then report back to us in 60 days after enactment—to the Secretary of Treasury and the Congress—concerning the amounts and the accounts they would be using in order to cut back, in order to save this particular provision.

This is an area where we can come together, where Democrats and Republicans—both sides of the aisle—who care passionately about small businesses can come together and eliminate redtape and burdensome IRS reporting provisions. We would get that off the table and make it clear to small businesses that there is no intent or actuality that this is going to happen. We can do that together.

But what we should not be doing is what the next amendment, the Republican leader's amendment, would do because his amendment would take us back to the time of uncontrolled insurance company increases, of no accountability, and it would put the control of health care coverage and costs back in the hands of insurance companies. What I support and what the new law allows is the freedom and security for families to make sure they can get the medical care they need when they need it.

I have two beautiful grandchildren, a granddaughter age 3 and a grandson age 1, and they are the most beautiful children in the world, just for the record. I want my son and daughter-in-law picking up the phone and calling the doctor when they get sick, not fighting with the insurance company. If this is repealed, they go back to fighting with the insurance company. I want to ensure that my children, as well as my grandchildren, my mom, everyone else in my family, as well as everyone in Michigan and the country, is getting the medical care they need, not fighting with the insurance companies, not worrying that because their child has juvenile diabetes or leukemia or some other disease or condition, the insurance company is going to say: Tough luck, we are not going to cover your child even though your child needs care or you suddenly get sick and they say: You know, there is some fine print over here, and we know you are sick, but we are going to cancel your coverage or we have 10 treatments we will provide even though the doctor says you need 20.

Right now, because of what we have done in the Patients' Bill of Rights that was put into place, we put those decisions in the hands of families and doctors instead of insurance companies. I certainly am not going to vote

to taking it back to putting it in the hands of insurance companies.

Frankly, I have had many families approach me to say "thank you" who now have the ability, the freedom, the security to put their child—this 22-, 23-, 25-year-old—on their insurance. They get that first job, and it doesn't have health insurance, but they can go out, get started, and know they have the peace of mind that they have health insurance. That would be taken away under what the Republican leader is proposing. We would see young people going back to no insurance as a result of that.

Right now, we have seniors who know they are going to have their freedom and security to be able to get the cancer screening they need, the wellness visits, even if they do not have the out-of-pocket—the copay and deductible they were used to being charged in the past because there is no co-pay and deductible now. They will be able to get what they need in preventive care.

They will have the peace of mind, the security to know that if they use a lot of medicine and they fall in a gap in coverage, the cost in that gap is going to be cut in half for any brand-named drugs—cut in half. What does that do? It means my mom, who is 84, has the security to know that her great-grandchildren are going to have her around longer—a lot longer, I hope—because she is going to be able to play with those kids. Every older person is going to know they have a better chance to be around for their grandkids because they are going to be able to afford the medicine that will help them get healthy. That is taken away with the Republican leader's amendment, the freedom and security for seniors to know they can stay healthy, they can stay in their homes, they can have the medicine they need or the doctors' visits they need to be able to stay healthy and live a long, healthier life. That is taken away.

There will be the freedom and security for women to know that we are not going to pay twice as much as men for insurance—which, by the way, in the majority of policies prior to passing this legislation, if women went out to buy an insurance policy, in over half the policies, women paid as much as twice as much. We changed that.

We have also said that things such as maternity care ought to be a basic part of a health insurance policy. Maybe we will not be 39th in the world in the number of babies who live through the first year in their lives if moms are able to get the prenatal care they need and babies are able to get it through the first year of their lives. This gives women the freedom and security of knowing they are going to get what they need to have healthy babies. Isn't that what we all want? That is taken away with the amendment of the Republican leader.

Among many other things, I will just mention two others. For the first time, we are putting accountability on the

insurance industry—again, our chairman of the Commerce Committee led this effort and the Finance Committee—to say that you know that if you pay a hard-earned dollar out of your pocket for health insurance, and it is tough and the rates are high—and unfortunately, until we get this implemented, they keep going up, they keep having it go up until they have to stop—the majority of that is going to go for medical care. So, depending upon the size of your policy, either 80 or 85 percent that you pay out has to go into medical care, not executive compensation or bureaucracy but medical care. What does that mean? It means it will limit the rate increases over time and put more accountability on the company. The amendment of the Republican leader rolls that back. We have companies now that spend 60 percent of every dollar you give on medical care or 70 percent. This would say that 80 or 85 percent, the majority of your hard-earned dollars—they are hard to come by in this economy—if it is for health care, then it should be used on health care. That is what is repealed in this—accountability on insurance companies.

Finally, what is also repealed is a major focus in this bill on supporting small businesses to be able to get a better deal on health insurance, and this takes away the freedom and security for a small business to get the leverage they need, like a big business, to get a better deal on rates. This was something that took effect. If we were going to change something, I wish we could speed that up. That needs to be faster, in my judgment, and not having to wait for the next 3 years because we have all kinds of small businesses that are going to be able to band together and be able to get a better rate like a big business through competition in the marketplace—not government control, private sector competition.

I had an opportunity to talk to a gentleman who runs a program for our automakers and other manufacturers for retirees. It is a health exchange, exactly like we passed in the new law. He said to me: I don't think, Senator, even you guys realize how good it is, in terms of what we have done in creating a marketplace and bringing rates down.

He said: We bring rates down about 30 percent for the auto companies, for retirees, about 30 percent, because of competition in this bill, leveraged for small businesses, and tax cuts to help small businesses pay for it in the new law, taken away by the McConnell amendment.

I hope in the spirit of the underlying bill, which is a great jobs bill, a great bill for innovation—it is about rebuilding our infrastructure; it is about competing in a global economy; it is about being the best we can be—I would hope in the spirit of the FAA bill, we would not succumb to this backward, divisive, political debate on repeal. If we want to join on something on health

care, I strongly urge a 100-percent vote on eliminating the burdensome provision for small businesses, eliminate the redtape, eliminate this IRS provision on 1099. Let's do something together that both sides agree should be done. Let's fix the things that need to be fixed, but let's not roll back the clock and put insurance companies in charge of everything, every medical decision, every rate increase as they were in the past.

I urge adoption of the Stabenow amendment.

We will have a number of colleagues in the process of joining. I don't have a whole list. We have a number of colleagues who will be cosponsors. I thank Senator BAUCUS for his leadership, his ongoing leadership on this amendment as well. I urge adoption of this amendment to fix what we know needs to be fixed, and then let us go on to jobs.

The PRESIDING OFFICER (Mrs. SHAHEEN). The Senator from West Virginia.

Mr. ROCKEFELLER. Madam President, I don't see any other folks who want to speak on the FAA bill for the moment or on much else for the moment. I will suggest the absence of a quorum but not yet. I am hoping Senator BAUCUS and Senator HATCH will come down to oversee the 1099 argument and repeal of the health care bill, which is about the worst idea I have ever heard. I think it will be voted down, and I believe the minority knows that. I don't know who they are trying to speak to. When I think of the health care bill and all the work that went into it—the work that went into it is not that important, it is the product that came out. When he says the American people are against it, that was actually quite true for a year and a half, maybe almost 2 years, because we were in the process of making the bill and it was kind of like making sausage, and people turned against it. But now it is going in quite the opposite direction. Now as people begin to get some of the benefits, they understand some of the conditions they will be unbonded from, that they won't be slaves anymore to costs determined by others who don't care about their health care, I think the momentum is swinging.

What we would be condemned to, if the amendment were to pass and health care were to be repealed, in that there aren't any particular ideas of note which were put forward by the other party about what we should do to make it better other than to repeal it, is another 2 or 3 years trying to write a bill and not having a bill. We would be in a situation as follows: I recall in the year 2008—and I just happen to recall this because we worked on this in the Commerce Committee—the five largest health insurance companies in America made profits of \$12.4 billion. I don't have a problem with that. What I do have a problem with is what they were doing and what will continue to happen if we repeal the health care bill; that is, while they were making all

that money, they were, through the process of rescission—and that means a unilateral decision that because somebody has acne or has been through a C-section or asthma or any number of things—they actually insured 3 million fewer people while they were making that \$12.4 billion by the sole act, which is their right under previous law, which we corrected, to do rescission. That is, by their own decision to simply remove health care from people who made an agreement with them, signed up, had been sending in premiums and all the rest of it.

I also think about a young 8-year-old I met in Charleston at a town meeting. He had had leukemia for a while. Without this health care bill, there are lifetime limits and annual limits on what one can get in the way of health insurance. And when you have leukemia, the lid is lifted off. The boy died. He died because he couldn't get insurance. His family obviously couldn't afford to pay for it, and he couldn't get it so he died. People say that is kind of an extra dramatic example. Unfortunately, it is not. It is very common.

Something else that would disappear, if the health care bill were repealed, is something which nobody ever talks about but which is sort of the philosophical basis for a lot of this, and it is called the fee-for-service system which we now have in America on medical care, particularly with Medicare, but generally. That is the person who provides the service or the medical equipment person who provides the medical equipment or the hospital which provides the service, they provide the service, and they bill Medicare. Medicare doesn't ask any questions. Medicare just pays the bill. That is one of the reasons, of many, if the bill is repealed, we will go into hock \$1.3 trillion more on our deficit, because our bill saves that kind of money. Their bill would vitiate that savings. Fee-for-service is not the way health care ought to work. The way it ought to work is that like anything else, this very bill, there is no tree on this bill. What happened in the Senate? It was an epiphany of some sort. We decided to be transparent and accountable. So anybody can offer amendments on anything. And indeed, they are and will. But accountability causes efficiency and makes better results. Under the bill that has been passed, people are held accountable for what they do. Hospitals, for example, or doctors or medical equipment people, are measured by their outcomes. In other words, it is evidence-based outcomes. What are the results of what you have been doing in health care? Are they better? Are they worse? Did fewer people die? MRSA is a reason hundreds of thousands of people in this country die. Basically that comes from relatively unclean bathrooms in hospitals that don't pay attention to that and accreditation folks who don't pay enough attention to that either. That is a disease which is easily cured, one, by cleaning up

bathrooms and, secondly, it is just automatically a part of the expense part of health care and it should not be. Evidence-based outcomes, you prove to me that you are doing a better job this year than you were in the last 2 or 3 years, or whatever the range might be. So it is not fee-for-service. It is fee after the explanation of the efficacy and the lifesaving quality of the service.

That is the direction health care has to go. That isn't discussed but if this whole bill is repealed, that is exactly what will happen. Everybody is held accountable. We are being held more accountable. The big three automobile companies were held more accountable. They were embarrassed, but they have come back pretty nicely. The way we make our progress in America now is to make sure that people do what they are meant to be doing, and they do it well, and they can show it. Actually some of the paperwork is you have to convince the folks from Medicaid and Medicare, whatever else it is, that you are doing a better job. If half of all Medicare is spent, as it is, in the last 6 months of life, that bears analysis. Why is that so? What are we doing? What are we not doing? Don't just pay the bill because it is sent to you. You look at it and you ask questions. That is the direction of the new health care. I think it is a fair direction. It is one which I am sure the Mayo Clinic does routinely. But it is not a good idea.

I will speak on this more later. I am now waiting for Senators BAUCUS and HATCH to handle both matters since it is within their jurisdiction. I am on the Finance Committee. I am close to Senator BAUCUS, but I am not Senator BAUCUS. He needs to be down here to do that. I hope he will be down shortly.

Pending that situation, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. CORNYN. Madam President, I wish to speak briefly on the amendment that has been offered by the Republican leader, Senator MCCONNELL, that would, in effect, repeal the health care bill that was passed on Christmas Eve at 7 a.m. in the morning about 1 year ago—1 year ago this last Christmas Eve.

Since the time the bill was passed, strictly along party lines, with 60 votes—all our colleagues on the Democratic side voted for it; all the folks on our side voted against it—we predicted this bill would lead to an increase in premiums for those who have health insurance, it would raise taxes on everyone in order to fund this huge expansion of the Federal Government—some \$2.7 trillion worth of extra spending—and it would also take a $\frac{1}{2}$ tril-

lion from Medicare—which, as you know, is one of our troubled entitlement programs that is sorely in need of reform—it takes $\frac{1}{2}$ trillion from Medicare to fund yet a new entitlement program, this health care bill.

We also know that on at least two occasions now a Federal judge has found that this bill violates the Constitution of the United States because both these judges have said Congress has overreached its authority under the Constitution.

The arguments were made that this was within Congress's power, but actually I agree with a law professor, Jonathan Turley, whose comments I saw today, who said that if the Supreme Court of the United States upholds this health care bill as being within Congress's power, federalism is dead.

There is no limit to the Federal Government's authority if the Federal Government can compel you or me or anyone else to buy a government-approved product. There are no limitations. The 10th amendment of the U.S. Constitution that says all powers not delegated to the Federal Government are reserved to the States and to the people might as well be written out of the Constitution.

So that is why I think these decisions are very important—the one in Florida and the earlier one in Virginia—because they reveal a defect in this bill over and above the others I have already mentioned: raising taxes, taking from Medicare to create a new entitlement program, and, of course, imposing this onerous mandate.

But the real problem with this bill is more nuanced than my remarks would suggest. What it does is, by imposing a mandate on employers to provide government-approved health insurance or pay a penalty—what many employers are going to find out is, it will cost them less to pay the penalty than it will to provide health insurance for their employees. Thus, many Americans who have health coverage they like, which the President promised them time and time again they would be able to keep if they liked it, will find that is not the case because employers will—making a rational business decision, where it costs less to pay the penalty than it does to provide the government-mandated health insurance—they will simply choose to drop their employees and, thus, they will have to go into the exchanges which are supposed to be created by 2014 under this bill.

What is wrong with that? Well, we know this bill was gamed in all sorts of ways to try to provide a Congressional Budget Office score which actually only reflects a fraction of its true cost, implemented over 10 years. The most accurate estimate I have seen is this bill actually will cost some \$2.7 trillion over 10 years as opposed to the roughly \$1 trillion pricetag the Congressional Budget Office has given, in part, because it was scored over a 10-year period of time but with only 6 years of

implementation and through various other ways. As I say, that score—the true cost of this bill—was gamed.

But one of the things the bill provides is that individuals who go to the State-based exchanges to buy their health insurance because they do not have it available from their employer will be subsidized by the Federal taxpayers up to, I believe, \$88,000 for a family of four. What happens if a whole lot more people drop their coverage or their employers drop their coverage and they are forced to go to the State-based exchanges in order to buy their health care, which is subsidized to this degree? Well, it is going to explode the costs of this health care bill in ways the Congressional Budget Office score does not adequately reflect.

I am not quibbling with the Congressional Budget Office. They take the assumptions they are asked to take and they do the best they can to try to predict what the costs will be. But, again, it is possible and, indeed, this is an example to game the Congressional Budget Office scoring process to make it look much cheaper than it will actually be, once fully and finally implemented.

So at a time when we are going to be asked to raise the debt limit—our credit card is maxed out, nearly maxed out at \$14 trillion-plus—at a time when our deficits are \$1.5 trillion—that is just for this current, last fiscal year—we are left with the question, everything else aside about this health care bill: Can we and can the American people afford it? I would say the answer to that is absolutely not. Because we can do so much better by making sure the government does not get between patients and their doctor and by leaving the flexibility and the choices in the hands of consumers to make decisions that are in their best interests.

We could, if we tried—and I hope we will—come up with a better way of delivering health care because, unfortunately, this bill did not—well, we squandered an opportunity to try to help bend that cost curve down. Indeed, all the evidence is, it bends the cost curve up and makes it more expensive.

Let me conclude on this thought. At a time when the President's own fiscal commission says our fiscal situation is dire and is unsustainable, at a time when the President—I had hoped during his State of the Union Message he would say: This fiscal commission I appointed has come up with a report. We need to take this seriously and need to work, on a bipartisan basis, to try to fix what is broken about our Federal Government's finances. The President did not do that. He talked about investment, which we all know when the Federal Government invests money, it is code for more spending, and we have been on a spending binge the last 2 years, with 42 cents of every dollar borrowed from the next generation and beyond, and we know we cannot keep it up.

So beyond the fundamental problems with this bill—No. 1, that it is unconstitutional, so held by two Federal judges; that it continues to make health care more expensive rather than more affordable; that it denies people the opportunity to keep what they have because of the incentives it puts on employers to dump their employees into the exchanges and that they will get the subsidies that Congress voted on, which will make this bill even more expensive than it was originally thought to be—this bill is one that should be repealed. We can, working together on a bipartisan basis, do better.

This is what happens when one side or the other overreaches. They think the victory is worth it when, in fact, what we find out is, there is a tremendous backlash by the American people, reflected in the November 2 election. The more they learn about this bill, they do not like it more, they like it less. Now that two Federal judges have held that this bill is unconstitutional, it is time for us to take up this matter again—once we repeal this bill—and do a better job, which we should have done in the first place.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Madam President, I wish to commend my colleague from Texas, a former Texas Supreme Court justice, for analyzing the legal issues, as he has just done. It is yet another indication of why it is time for us to start over. I join him in urging repeal and replacement of this health care bill.

I would like to speak briefly about yet another reason why this needs to be done, and it is a very specific example. It concerns my home State of Arizona. There are other States that are in the same position, but I can speak to the specifics with respect to my own State. It has to do with just one of the many burdensome new mandates.

In this bill, as we know, there are mandates on individuals to purchase insurance, for example, as my colleague was just saying. There are mandates on families and companies and mandates on States as well. I wish to talk about the mandate on States, with respect to the Medicaid provisions of the bill, which is called the maintenance of effort mandate or MOE mandate.

Let me describe what that is. The maintenance of effort requirement forces an unfunded Medicaid mandate on States by denying them the full ability to manage their Medicaid Programs to fit their own budgets and their own unique Medicaid populations.

This is a huge problem because Arizona, along with most other States, is experiencing a dire budget crisis. Our State has lost over 300,000 jobs in the last few years, and revenue collections are down by 34 percent since the start of the recession. In the 2010 fiscal year, Arizona collected about \$3 billion less in gross revenues than it did just 3 years prior in 2007.

During this same period, enrollment in Arizona's Medicaid Program has increased by 44 percent. Think of that. More than 1.3 million Arizonans are now covered by Medicaid. That is more than 20 percent of the entire population of our State.

Ordinarily, the State would be able to dial back that coverage in order to fit within its budget. But believe it or not, the ObamaCare law that was passed prevents a State from managing its own Medicaid Program by determining who is going to be covered by that program.

Right now, the Arizona Medicaid Program consumes almost 30 percent of the State's general fund spending. That is an increase of 17 percent over 4 years ago. So Arizona could, as I said, dial this back, except for one thing; that is, ObamaCare.

As our Governor, Jan Brewer, noted in a recent letter to Speaker BOEHNER:

The growth in Arizona Medicaid spending is a key cause of our state budget crisis and is unsustainable. . . . We cannot afford this increase without gutting every other state priority such as education and public safety.

So the Arizona legislature has taken steps to address this. They have now cut \$2.2 billion in spending from a \$10 billion budget, but that does not go far enough to address the rest of their budget problems. Despite these cuts, the budget shortfall is projected to be \$1.2 billion in the next fiscal year.

So let me describe how this maintenance of effort requirement or mandate affects Arizona's budget. In 2009, the Federal Government imposed a mandate on States by which States could not change their Medicaid eligibility standards or methodologies and procedures in place on July 1, 2008.

This sounds identical to the maintenance of effort requirement in ObamaCare, but there is one crucial difference: The Federal Government's maintenance of effort stimulus requirement—the requirement I am talking about that was in the stimulus bill—was funded by the Federal Government. So the State was not adversely affected from a budget standpoint. Under the stimulus, the States received an enhanced Federal share of their Medicaid costs. But under ObamaCare, the maintenance of effort requirement is still there, except that the States have to pick it up. They are stuck with an unfunded mandate.

So even though States such as Arizona cannot afford their current Medicaid obligations, ObamaCare has forced an extension of the maintenance of effort requirement until 2014 but without providing any assistance to pay the exorbitant costs. In June of 2011, when stimulus funds expire, Arizona's share of its Medicaid Program will increase by an astounding \$700 million. The annual cost of the mandate is almost \$1 billion, which is simply unaffordable. This problem is especially acute for Arizona and a handful of other States because we actually expanded Medicaid eligibility for child-

less adults beyond Federal requirements. So Arizona, in an effort to cover more people, by law, included additional people in the Medicaid coverage—adults without children. Rather than allow States such as Arizona to cut back to the level of other States—for example, to forgo that coverage at least for now—the health care law, ObamaCare, freezes in all of the existing disparities. So there are big differences between or among the States, depending upon how liberal, in effect, their coverage is.

We have tried to do our best to find ways to ameliorate the problem. We have devoted more resources toward Medicaid fraud prevention. There have been some very difficult decisions made, for example, including reimbursing health care providers with less money. As my colleagues can imagine, that hasn't gone over well. Even more controversial and very sad: Arizona has stopped Medicaid funding for several kinds of transplant surgeries effective October 1. This is actually a kind of rationing that is required by ObamaCare. The State cannot afford to provide the most expensive procedures and, therefore, it has to cut them back, all because they are prevented by law from dialing back the coverage of these adults without children. So the one place where they can cut is transplants—a very sad day, as I said. There is nothing good to say about it. Nobody is pleased with the outcome, but there is no other option.

But even that option obviously doesn't save enough money to forestall this budget crisis. Many of those who have been critics of the decision with respect to transplants have failed to tell the whole story which is that the Governor had to make that difficult decision because the health care reform bill eliminated a key option that she otherwise would have had to dial back the coverage to the level of other States.

Before enactment of the President's health care bill, the Federal Government and States were partners in health care delivery. Now States are merely a financing mechanism for the Federal Government's demands. What States need is permanent reduced Medicaid demand by way of authority to reduce eligibility standards for their Medicaid programs. As I am suggesting, all Arizona wants the authority to do is dial it back to where other States are.

Governor Brewer recently made a formal request to HHS Secretary Sebelius for a waiver from the maintenance-of-effort provision. Since the administration has granted over 700 waivers to companies and labor unions, one can only hope that the same fairness will be provided to States that are much more crucial partners to the Federal Government in the delivery of health care. Under the terms of the waiver request, Arizona would preserve

Medicaid coverage for 1 million Arizonans who represent the core of Medicaid's mission—the aged, disabled, the blind, pregnant women, and children.

I support the Governor's request and I urge the administration to grant the waiver. But ultimately, only repeal of this law will provide permanent relief to all of the States such as Arizona and all of the other States similarly situated. So I am strongly in support of the amendment that provides for repeal and replacement with something that will work and will not punish our families, our residents, and our States.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Madam President, I have come to address two amendments that are before us. First, I wish to salute my colleagues Senator ROCKEFELLER and Senator HUTCHISON and all of those on both sides of the aisle who have brought this FAA bill before us. It is something that is needed. It is something that is long overdue. It is sad that in America we don't have a GPS system—and just about every western country does—even Mongolia does; Tibet does not—to move forward and modernize our airports. It is important for jobs. It is important for travelers' convenience, but I would say most of all it is important for America's productivity. When people sit and wait on a runway, when planes are delayed or flights canceled, the amount of output that our country loses is enormous. We are losing much more than France or Germany or England because they have these systems. It is about time we put them in.

I will make one more point about it. There are some who say, Let's go back to the 2006 level of spending. In 2006, the budget did not have a GPS system. Certainly we have to cut where there is waste, but just an across-the-board, roll-the-clock-back approach doesn't make much sense. Technology advances, the world advances, and we cannot march backward. There are certain things we need to keep this country strong, and the President talked about some of those in his address. Investments—and transportation has always been one since the days of the Erie Canal, which caused my city, New York City, to become the largest city in the country and it still is, praise God.

But I came to talk about the two amendments that are here before us. It is sort of a "do and don't," in my opinion. We had a long debate on the health care bill. We all know how long it was. The American people decided—the majority did not want to repeal the bill. In fact, 80 percent don't. Even those who want to change it, the majority say, Don't repeal it, just change it. That is the point here.

Senator STABENOW is offering an amendment to change something in the bill that very much needs changing. The change in the reporting requirements to 1099 put an onerous obligation on small business people. My dad was a

small businessman, and I know how small business people struggle. To ask them to file paperwork every time they bought something new, even at low cost, is a bit over the top. So I am glad we are repealing that. No one is claiming ownership. It is going to pass in a bipartisan way.

None of us on this side of the aisle is saying the health care bill can't be improved, but just repealing it without putting anything in place creates a number of problems. One problem, which we will see tomorrow when the actual vote is called, is it would increase the deficit by \$260 billion in the first decade and \$1 trillion in the second, because the health care bill actually does cut some costs, and we know there is a tremendous amount of duplication, inefficiency, waste in our health care system. It is the best in the world. It is also probably the least efficient in the world. Our goal and our job is to keep that quality of care for people but at the same time reduce the inefficiencies that cost the government and cost businesses. So it does reduce the deficit.

When our colleagues are calling for repeal, when Senator MCCONNELL, the Republican leader, calls for its repeal, he is going to increase the deficit. So we have all this talk: "We have to reduce the deficit," and then the first move the other side makes, whether you like the health care bill or not, is to increase the deficit. Why wouldn't they propose \$260 billion in other cuts to at least keep the bill deficit neutral?

The second point I would make is this: Repeal says get rid of everything. It is simple, it is easy, it is quick. It is wrong. There are many good things in this bill supported not only by the majority of Americans—the vast majority—many of which are supported by the majority of Republican voters who were polled, but even supported by many Members on the other side of the aisle. I have heard them speak. Even the new freshman class that is coming into the House—very militant—says, But I am not for repealing this, or I am not for repealing that. So why can't our colleagues on the other side of the aisle at least acknowledge there are very good things people like?

When they say repeal, do they want to repeal the provision that makes it easier for senior citizens to pay for prescription drugs? That is the so-called doughnut hole that says after you—and this comes from the Medicare bill that George Bush put forth, not from this health care bill, but they didn't have enough money to pay for it. So they said that after \$2,500, seniors would have to pay prescription drug costs on their own. Any of us who buy prescription drugs—I do; I am taking one for my back because my back went out yesterday—knows how expensive they are. You get up to \$2,500 when you are a senior citizen and need eight medications—one to lower your blood pressure, one for diabetes, one for cholesterol, you name it. When you get up to

that number, our seniors in my State and I am sure in the Presiding Officer's State and in any one of the other 48 States, are having real trouble paying for prescription drugs once they reach that doughnut hole, once they reach the level after which Medicare no longer pays. Well, in the health care bill, we deal with that. We reduce their costs 50 percent in the first year. That saves the average senior citizen—and this is not chicken feed—\$550. By the time it is fully implemented, we save them \$2,400 a year. They want to repeal that? Well, when they vote for repeal, they are voting to repeal it.

How about this one: There are countless American families who have kids in their early 20s. They get out of college, they get a job, let's hope. It is hard to get a job these days. By the way, we should be focusing on job creation, not on repealing this bill, and the FAA bill does that, as I mentioned. They have a dilemma. These jobs are new, they are not paying top dollar, most of them, and they don't come with health care. What are these young people to do? They can't afford health care themselves—\$800, \$900, \$1,000 a month. They are not making that much money, but they know, God forbid, if they get into a car accident or they get a serious disease, how can they be without health care? It is a dilemma that has plagued American families from coast to coast, from North to South and East to West. The health care bill corrects it. Here is what it says, very simply: Any young person 21 to 26 can stay on their family's health care plan. It is a great idea. It is very popular. I wish to ask my colleagues on the other side of the aisle who are going to vote for repeal, are they for taking away the benefit of young people 21 to 26 to stay on their family's health care plan if they wish? I doubt it.

How about this one: We all know preventive medicine saves billions, so in the health care bill every senior citizen on Medicare gets a wellness checkup free once a year to encourage them to go in. Why? Not because we want some giveaway, but the statistics show overwhelmingly and without doubt conclusively that when senior citizens get a preventive care checkup, not only are they healthier, but it saves the Medicare system billions and billions of dollars. God forbid someone has a melanoma. Before the melanoma gets into the lymph nodes, it is a simple operation rather than thousands and thousands of dollars and months and months of agony and illness. Do they want to stop those checkups? When people get a colonoscopy or any of these other preventive exams, including mammography, it saves the taxpayers much money. The recipient is healthier. That is why we put it in the bill. Do they want to repeal those? Do they want to tell every senior citizen, You don't get that wellness checkup which will save billions? I can't believe they would want to do that, I say to

my colleagues on the other side of the aisle.

How about this one: Small businesses. Small businesses are not required to have health care now, and under our bill, if they have under 50 employees, they won't be required to. But some of them provide health care for their employees. Some do it because it is a good way to retain a good, young employee, or a good middle-aged or a good older employee. Some do it because the employer is just a good guy or gal. Well, what we tell them is, if you have a business that makes less than \$1.2 million and has fewer than 25 workers, we will give you a 35-percent tax credit for that health care. It is a great thing. Hundreds of thousands of businesses in my State of New York will benefit. It started January 1. What does it mean? It means, A, more people get health care; B, it means businesses have more money to spend on job creation, small businesses, because some of their health care costs are being defrayed; and C, it may mean a small business that wasn't going to provide health care for its workers can now. Do my colleagues on the other side want to get rid of that tax credit for small businesses, the mainstay of America? I don't think they do.

How about this one: We all have heard of people calling their insurance company and saying my wife, my husband, my daughter, or my son has gotten this terrible illness and it requires an operation that costs a whole lot of money. Then you get a call back from the insurance company and they say, You know what, your policy doesn't quite cover this. Or when you signed it, you were supposed to check this little box and you didn't. You are out. If you don't dot every I and cross every T—they usually let you get away with it because they are collecting your money, but not when somebody has a serious illness that might cost them thousands and thousands and thousands of dollars. Now the insurance company calls you and it is basically, Tough rocks, Jack. Under our bill, that can't happen anymore. And when the insurance companies decide to raise their rates dramatically, there is an insurance commissioner in the State and Federal authorities who can say, You have to show us that you needed to raise the rates as much as you did. Do my colleagues want to get rid of that and let insurance companies rule the roost? I don't think so.

There is so much in this bill that is good, that is supported by the overwhelming majority of Democrats, Independents, and Republicans.

There is so much in this bill that moves us forward. If you think there are things that should not be in the bill, come talk to us. Madam President, 1099 is a bipartisan effort. Senator STABENOW has been out front. Senators KLOBUCHAR, CANTWELL, and NELSON sent a letter to Speaker BOEHNER saying: Please get us a 1099 bill. Senator JOHANNIS has done a good job. It is bipartisan.

We are not saying everything is perfect in this bill and that it can't be improved. We are saying: Let's work together in a bipartisan manner to make it better. But the other side is saying: Just repeal it—repeal the good things, the things they don't like, create a huge hole in our deficit, and leave us with nothing. The slogan was going to be "repeal and replace," but we have only heard the first part of that. Where is the "replace"? I will tell you why there is no replace. It is hard to take this huge, unwieldy, inefficient health care system and shape it up. That is why it took us so long, and that is why it created a great deal of controversy. I will be the first to admit that. But I don't see a substitute.

If you wanted to be fair and you were being straight with the American people about actually improving people's health care, you would have a replacement on the floor, and then we could compare the repeal of what you want to what you propose. We will wait. Maybe we should have a clock—the first day without repeal and replace, the second day, and so forth. I have a feeling we are not going to see a replacement. Do you know what that would say? That this is just political, throwing out some red meat, but don't dare show a replacement because, guess what, to replace is hard, and you really don't have a solution for replacement.

I urge that we vote strongly against the McConnell amendment. I urge my colleagues on the other side to rethink it.

I look forward to hearing the remarks of not only the chairman of the Commerce Committee, who is head of the FAA bill, but also the No. 2 person, the ranking Democrat on the Finance Committee on which I serve, who has made so many invaluable contributions to the bill, on the cost-cutting side, in terms of the 80 and 85 percent rule and all the other things we have done.

With that, I will be happy to yield the floor so that we might hear my distinguished colleague, the senior Senator from West Virginia, speak for a few minutes.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Madam President, after that last sentence, I had to drink a little water to sort of balance myself out. To be praised at such length by Senator SCHUMER—one can't take it lightly.

I wish to make a few comments on the health care bill, which, in and of itself, interests me because we are here doing FAA. If I remember correctly, I stood here at excessive length and gave a speech about the importance of the FAA bill. KAY BAILEY HUTCHISON did the same. Then, all of a sudden, here we are on health. That is very interesting because we have sort of made ourselves entirely transparent. Anybody can offer amendments. The leader doesn't fill up the tree, so it is open. And what happens is, immediately everybody pops in with their favorite

amendment. I don't resent that; I just say it is an interesting phenomenon which is showing itself on the very first day. Whether that will last, I don't know.

In any event, I think they are still working—Senators BAUCUS and HATCH and others—on the FAA stuff and the 1099 matter, so I wish to talk about a couple of things on health care.

I think it is very important—and I mentioned this in my earlier comments—when you say the American people don't want this bill, there was a period of time when that was correct because the bill was made in front of everybody on C-SPAN—whenever watches it, but enough people did because a lot of people were interested in what was happening—and it wasn't a very pretty process.

The public option, for example—AL FRANKEN and I put a public option bill on the floor and thought it would save the world. Then all the talk shows took it up, either blasting it or loving it—in excess in both cases. There was one problem with the public option: It didn't have any votes in the Finance Committee, which means it couldn't have gotten far. That was based on a \$50 billion Medicare benchmark. So it was a real cost saver and a very good—obviously, to get a nonprofit option as you buy your health care is very appealing—all of which is true but all of which was unpersuasive because it sounded like too much government. Maybe if we had called it the freedom option, it would have been different. That doesn't matter. It didn't get the votes. My version got 10 votes, and CHUCK SCHUMER got 8 votes on his—or maybe it was the opposite. We then came up with a medical loss ratio, which nobody understood because of the ridiculous wording, except that it works.

I want to talk about a couple of things like that until somebody comes, and then I will humbly and gladly yield the floor.

Does the Senator wish to speak?

Mr. BARRASSO. After the Senator finishes.

Mr. ROCKEFELLER. I will not be too long.

As it happens, on the poll, over a period of months and months, people saw this thing happening, and they didn't like it. People lined up on one side or the other—mostly one side—and they didn't like it. It turns out that the New York Times and CBS did a poll—I don't necessarily have to trust them because they took a poll; I don't trust polls—that says 80 percent of Americans oppose repeal. I found that in the cloakroom. I don't live by polls. But that is based on January 20 of this year. Let's suppose it is off by 10 percent or 15 percent. One thing that becomes clear from the generalization of that number—certainly it could go lower—is that people don't want repeal.

Then that takes you to, well, what if we do have repeal? Does the repeal then lead you to a thought-out process

that would then be substituted for what we created and the President signed? And then very quickly one comes to the realization that there isn't an alternative from the other side. There never has been. From that, it quickly follows that the deduction is what they want is the present system. If that is not true, then they can come down and tell me about that. That is what I have to believe because I haven't heard the new ideas or the alternatives to what it was we worked on and accomplished over a very difficult period of many months and much angst, agony, and screaming at town-halls and all the rest of it, which was worth it.

The bill, although not perfect, was a real step forward. It looks at the fee-for-service system, which has always been a fallacy in the American health care system, that you automatically get paid for whatever you do if you are a doctor, a hospital, or you sell medical equipment, no questions asked. You don't save money, you don't improve health care by doing that. Productivity, efficiency, and excellence are done by oversight, by accountability, by asking questions, asking people to show, through the evidence of what they have done for a particular service, that it is better than it was the year before.

I will mention—unpleasant probably and not fit for this floor—that one of the biggest problems we have in health care today is something called MRSA. MRSA is in almost every hospital in the country. Unfortunately, it emanates from bathrooms that are not kept that clean. So if we don't do our bill and it is repealed and hospitals then are not judged on MRSA and many other things, such as too many MRIs in one hospital, too many MRIs in one town that can only support two but has seven because you have to make money off of them but they are not used very much—all of these have to be checked and looked at carefully before people are paid. That is the way you save money, and that is the reason the health care bill that was finally signed saves \$1.3 trillion over 20 years and \$240 million or \$280 million in the very first year. It is a cost saver.

So, by definition, if we went back to the present system, you would have to start with the fact that we would be losing those savings and therefore adding it onto our deficit. So we would have \$1.3 trillion more in deficit over 20 years, et cetera, et cetera. It is unwise. But then cost isn't absolutely everything. We understand that. The Senator from New Hampshire understands that. We have to use good judgment.

Then you look at the public option, which didn't work, and then you look at the medical loss ratio. Folks don't know what that is—even some in this body. It is a simple system where you simply say—and it will disappear if Senator MCCONNELL's amendment passes—that health insurance companies are required to spend 80 percent of

all—85 percent if it is a large institution or, if it is a small business or an individual, 80 percent—they have to spend that percentage of their premiums they collect on health care, and then they have to show to HHS that it is being spent on health care that makes Americans better or at least keeps them where they are. The bathrooms get cleaner, to be crude about it but actually quite accurate about it.

That is a very good system because it is not sort of mandating; it is called oversight. The American people should want to do oversight over their health care dollars because it is so much of their income they have to spend on health care. The medical loss ratio—a strange name but a sound principle—is where 85 or 80 percent of all premium dollars have to be spent on health care, and health care cannot just be health care but better than it was in the previous year or 2 or 3 years. Obviously, we are not into that system entirely yet and won't be until 2014.

Is it possible for me to explain that I am very disturbed that this bill we are now wanting to repeal will insure 32 million people who don't have health insurance, and then I am saying to myself that there are a lot more than that who are uninsured in this country, but that is all we could afford to do because we didn't have enough money. So let's say it is really 45 million and then decide there are many millions more than that who are underinsured. You may be dealing with 50 million people, and all of a sudden, their prospects for getting health insurance disappear. They simply disappear because we repeal the bill.

Now, truth in telling, the 32 million people—we weren't going to be able to get that all done until 2020 because of the lack of funds. We had to do as much as we could as soon as we could, but we couldn't do more than that because we didn't have the money. Everything was scored by CBO, which is very tough. But I am astounded by the prospect of the excellent people who are on that side of the aisle—they are like us; a different party, but so what—saying that 32 million would lose their health insurance—or they were going to get health insurance, but now they will not, so they are on their own.

What happens then? Well, they take up the practice, which I saw first when I was chairman of the Children's Commission for 4 years in the early 1980s or the late 1980s—we went out to Chicago in one visit, to Cabrini-Green, and Chicago was a robust health care city, and the folks out there told me that in that particular year, eight emergency rooms in hospitals had closed down. Why? Because they were being overwhelmed even then.

Secondly, they are by far the most expensive part of the hospital. They cost the most. They drain health care because of all the emergency service. People wait 5, 6 hours—we have all been through it—and they get their health care, maybe. It is so inefficient,

so brutal, such an awful system where more attention, because of health insurance, would allow more cautious, attentive, logical work to be done on patients. That is gone. That is simply gone.

Emergency rooms are important, but a lot of them are going out of business because they still cannot afford to stay open. They are too expensive for the hospital corporation that makes that decision. I do not blame them for that.

I know my colleague wants to speak. I think of when I was a VISTA volunteer—I sometimes talk about that on the floor—a long time ago. There were no jobs, no health care. Nobody went to school because the schoolbus did not come to pick up any of the kids because we were considered too far away. It was kind of a bad community. I latched on to that community. It is the reason I went to West Virginia and then stayed in West Virginia.

They depended on a rural community center. It was right next door, the Lincoln County Community Health Center. It was not a hospital so they did not have to worry about going up in an elevator because many of them in very rural parts of the State have not been in an elevator before, have not crossed a traffic light, red or green. That is new to them. They live in rural places. They deal with it that way. I suspect it is true in parts of New Hampshire, although New Hampshire has gotten sophisticated.

People trust rural health centers. Why? Because they are not hospitals. They are on the first floor. They are an old Kroger store, an old Safeway store, an old hardware store. But inside are doctors, nurses, and now health IT, which is in this bill and heavily promoted, which may be coming on its own, but I doubt it.

This bill is really important to health IT. They could communicate with any university, any medical center, not just in West Virginia but in the world. They can get experts to look at, let's say, a mole on a 14-year-old's arm. Is that just a mole or is that cancer? I have seen that done. A doctor at West Virginia University—this was 20 years ago—I can't believe that—looking at a kid in Moscow with a physician assistant attending. They put the then-technology on that mole. The doctor in West Virginia was able to analyze it and say it is not cancerous. That was a wonderful event.

People gravitate to community centers. Poor people gravitate to them. Rural people gravitate to them. They are easily accessible. They have very good doctors. There is a lot in the bill to help with those kinds of doctors, those kinds of nurses, the staff, those kinds of places and the whole health IT issue which makes the work they do there checkable, accessible anywhere else in the State, the country, or in the world. Those would be gone.

We have \$10 billion in our bill for 1,000 new community health centers all across America. I am excited about

that. I think that is great for rural America, and a lot of America is rural. Most of America is rural. That goes.

Then I think about subsidies for small business. I spoke to a Chamber of Commerce in a rural part of West Virginia, a conservative part of West Virginia. They did not like the bill. That is why I went there. They were all small business people. There are no big businesses down there. I spent 3 hours with them. I went through the whole health care bill.

What was unusual to them is I stayed around and answered all their questions. That was interesting. In other words, you do not just say this is good, this is bad, here I am. You say: Have at me and I will answer you as best as I can. Where you do not agree with me, you tell me that.

They had no idea that they get a 35-percent tax reduction, a tax credit for giving health insurance. They cannot afford to give health insurance. Maybe 35 percent is not enough, but they get that, and they get that until 2014. And then after 2014, it goes up to 50 percent. They did not know that. All of a sudden the possibility of keeping their employees and doing the right thing by their employees—people in New Hampshire, people in Wyoming, and people in West Virginia care about each other. That is one of the beauties of small States. People really care. They want to do the right thing because they all live together. They do not commute out to the suburbs. There are not a lot of suburbs around. That was impressive to me.

When I left, I got a standing ovation. I am going to put that aside because I cannot believe that standing ovation, but what I do believe is that they were interested. They at that point did not know it was in the bill and there is no reason they should have known it was in the bill. Then someone who had been a major part in writing that bill talks to them and answers all their questions, the end point of which is 3 hours, and I get up and leave. That perplexes me.

If the minority leader's amendment prevails in that I do not think there is an alternative coming, we go back to the present system. That all goes. The Senator from Wyoming, when he speaks, may say, yes, there is an alternative, and we will have to listen to that. If we do an alternative, that whole negotiation may be 2 to 3 more years. I do not think people can wait that long.

In any event, I worry about the doughnut hole. Madam President, you know that. It is so unfair that seniors pay up to a certain amount, they get their prescription drugs, and they keep paying the premiums. But then from \$2,000 something to \$5,000 something, they have to keep paying their premiums but they do not get any prescription drugs. That is the doughnut hole which we close, again not until the year 2020, but they know it is going to close. That is gone. They have to

work the system as best they can, pay their premiums if they can, and if they cannot they are out of luck. They will get cut off.

To me it would be brutally devastating if preexisting conditions, for children in particular, which starts right away, which is in effect now, disappears. I was speaking about a 9-year-old kid who had cancer. He was killed by the fact that he could not get any treatment because of annual limits. That is in effect now, and no lifetime limits is in effect now. Annual comes into effect in 2014. He died. I was a friend of that kid. I met with that kid. I met with his parents. I keep in touch with them. He died. He could not get health care under the present system. Under our bill, he would have gotten health care. One can say maybe it was too late, but that does not matter in the sense that he is just an example of somebody who is sick, who could get health care, and who otherwise could not get health care and he died.

I am haunted by that because I remember his face. His name was Sam. He was a lovely kid. He is not around any longer because of the old health care system.

Health care is a very hard subject. It uses all kinds of words and acronyms. It is true in the Federal aviation bill, too, if we ever get back to that. Acronyms are not bad, they are just not friendly. They still mean something, and because something is complicated it does not mean it is bad or wrong, it means it is complicated.

Health care by definition has to be complicated. People have to understand how the parts work together. It is very hard to do. I plead with my colleagues to be cautious about repealing something which is in place which appears people do not want to see repealed. They certainly want to give it a chance. They certainly are seeing the benefits from it. We are already reading about those things, and it has just literally started. It is a month-and-a-half old or a month old. We need to be cautious about that, particularly on repeal if it means going back to our present system or any substantial part of our present system. That would be a tragedy.

I thank the Presiding Officer and yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Madam President, I ask unanimous consent that when I am finished with my remarks, the junior Senator from South Dakota be allowed to speak.

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

Mr. BARRASSO. Madam President, I come to support Senator MCCONNELL's amendment to repeal this health care law. I listen very carefully. I listen to the people in Wyoming. The University of Wyoming conducted a survey. Sixty-eight percent of people in my home State want this law repealed. The people of Wyoming have great concerns

about the unfairness of the law. Our seniors who rely on Medicare are concerned with the unfairness of a law that takes over \$500 billion from them, from our seniors on Medicare, not to help Medicare, not to save Medicare, not to secure Medicare, but to start a whole new government entitlement program for someone else.

Let's look at the specific cuts to Medicare: \$155 billion from hospitals; \$202 billion from the 11 million seniors on Medicare Advantage, and there is an advantage to Medicare Advantage. That is why so many seniors have signed up for it. Nearly \$15 billion from nursing homes; another \$40 billion from home health agencies; and \$7 billion from hospice.

The President the other night, in his State of the Union Address, said: If you have some ideas on ways to get down the cost of care and improve care, I want to listen. Republicans have been bringing ideas to the floor during the entire year-long debate, and those ideas have been ignored and rejected. I suggest the President listen to his own Debt Commission. He appointed the Commission. They had a lengthy discussion. What the members of the Debt Commission said is that if you cut Medicare, a program designed for seniors, do not do what you did, do not do what you suggested, Mr. President, do not do what the Democrats in the Senate have suggested, do not do what NANCY PELOSI wanted. If you cut that kind of money from Medicare, the Commission says, you should use that to help and save Medicare, not start a new government entitlement.

The Commission also said that we should repeal the CLASS Act. That is a part of this health care law. It is called the CLASS Act. It has been described by Democrats as a Ponzi scheme that would make Bernie Madoff proud because of the fact they use trickery, gimmicks to say: We will bring in money now and the big costs will not show up until 10 years from now.

I heard my distinguished colleague from West Virginia talking about small business and the tax credits. The small business owners in Wyoming looked to that. What they found is if they want to hire an additional worker, if they are at 10 or 11 workers and want to go to 12, they lose part of the credits. Do you know how much low-paying jobs have to be to get the tax credits? The average income has to be \$25,000. It cannot be higher than \$25,000 a year. If you want to give someone a raise, you are going to lose your tax credits.

Small business owners across the country who looked closely at this issue have said this does not help me at all. They are saying we need to make it cheaper and easier to create private sector jobs, and this health care law, with its expensive mandates and obligations, makes it more expensive and tougher to create private-sector jobs. We want this law repealed.

Just yesterday, a court in Florida ruled that this entire health care law

was unconstitutional. There has been a separate ruling in Virginia prior to the beginning of this year. I will tell you that ruling in Florida yesterday is a second stake in the heart of this health care law.

This government, this Senate, the House does not have a right to go into the homes of the people of my State of Wyoming or anywhere around the country and say to them: You must buy a product. You must purchase something. If the government can tell people they have to buy health insurance, where does it stop? That is why I am encouraged, as are Americans all across this country, when I see the ruling coming out of Florida. People inherently understand this is unconstitutional. The health care law even fails to meet the President's own promise. In Wyoming, we have a code of the West that says: If you give your word, keep it. The President promised this health care law would actually bring down the cost of care, he said by \$2,500 a family. What are we seeing with insurance costs? The costs continue to go up and up and up. The President said: If you like what you have, you can keep it. That hasn't been true either. In terms of the insurance people have, they are losing what they have, if they like it. And even though several pages of the health care law may have implied that, when the Secretary of Health and Human Services came out with over 100 pages of regulations, it was clear that if you get your insurance through work—big company, small company—the majority of Americans will not be able to keep the health insurance they have and that they like.

A recent poll, released today, said that 58 percent of Americans would like to have this health care law repealed. The interesting thing about this was that this recent polling went further to say that when you poll people who have actually talked to a nurse or talked to a doctor or talked to a physician's assistant or an EMT or people involved in the health care area, even more of those people who have talked to a health care provider want this health care law repealed.

As NANCY PELOSI said, first you have to pass it to find out what is in it. And as more and more people become aware of what is in it, more and more people want this health care law repealed. The mandates are excessive and they are expensive, and States—with Governors of both parties—are being impacted by these huge expenses.

It is interesting. There was an article in Saturday's New York Times entitled: "For Governors, Medicaid Looks Ripe for Slashing." That is Governors of both parties. Well, what is Medicaid? They are going to slash Medicaid. The article states:

Hamstrung by Federal prohibitions against lowering Medicaid eligibility, governors from both parties are exercising their remaining options in proposing bone-deep cuts to the program.

I have just heard other colleagues on the Senate floor talk about this huge expansion of Medicaid. That is the solution; that is the President's solution; that is the Democrats' solution; to cram more people onto Medicaid, a program initially designed for the poor, with low reimbursements rates and where over half of the doctors in the country won't see Medicaid patients. That is their solution.

I listened to my colleagues on the other side of the aisle talk about coverage and talk about care and they use the words interchangeably. That is misleading to the American people. You can get a Medicaid card but that doesn't mean you can get in to see a doctor in the way that you might think. Half of the doctors don't want to see patients. Why? Because the reimbursement is so low.

The New York Times article of Saturday speaks to U.S. aid running dry and States proposing Medicaid cuts, and the first person they cite is Governor Jerry Brown of California, a Democrat, and under him, Andrew Cuomo, a Democrat of New York. What does it say? It says:

The shrinking of Medicaid programs, if approved by the state legislatures, would come at a tenuous moment for the Obama administration. Starting in 2014, the health care law calls for an enormous expansion of Medicaid eligibility that is expected to add 16 million beneficiaries by 2019.

The health care law puts in place a program that will hire IRS agents to make sure people buy health insurance, but it doesn't pay to train the doctors and the nurses needed to take care of those patients. As the article goes on, it says:

States have already cut payments to health care providers and scaled back benefits over the last few years, so these new proposed cuts are much more painful.

I will tell you, the people of Wyoming want this law repealed. The chairman of our health committee in our State Senate—and I served under him for 5 years when I was a member of the Wyoming State Senate—whose name is Charles Scott, has been in the State Senate over two decades and has studied this extensively. He had an article in the Caspar Star Tribune on January 30 speaking to this.

Mr. President, I ask unanimous consent to have printed in the RECORD this article.

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

REPEAL OF "OBAMACARE" WOULD HELP
WYOMING

(By Charles Scott)

Contrary to the assertions made in Barb Rea's and Jan Drury's Jan. 22 Star-Tribune guest column, "Repealing health care law doesn't help Wyoming," repeal of Obamacare would help Wyoming because that law is a disaster for our country and especially for Wyoming.

We need health care reform. Our American health care system costs too much. There are too many uninsured. On average, Americans die earlier than citizens of any other de-

veloped country. Unfortunately the Obama reform makes these problems worse. The Obama strategy for controlling costs is to attack the health insurance companies. There is much to dislike about insurance companies. Too often their strategy's to make money by not insuring anyone who might get sick and not paying for it when they do. However what they are telling us with their high prices is that our health care system is out of control. We pay for too many medical tests and procedures that do us little good. The Obamacare strategy amounts to shooting the messenger and doesn't solve the underlying cost problem.

The Centerpiece of the Obama effort to insure the uninsured is to expand the Medicaid program, the existing program for poor people. This is the most expensive way available to insure the uninsured. The Medicaid program is designed to be a high-cost program. The federal government has required a set of Medicaid benefits that are richer than any insurance the rest of us can buy. The feds forbid most of the effective cost controls the rest of us face. One consequence is that Medicaid clients are free to use the hospital emergency room for things most of us take care of at home. The health care costs for an adult in Medicaid are one and a half times larger than for a comparable adult insurance by our largest private insurer and a child costs two and a half times as much. The federal government cannot afford the Medicaid expansion without a massive tax increase and neither can the state government once the law is changed so we have to pay our normal share.

So what is the Legislature doing to deal with the problem?

Last year, three weeks before Obamacare passed, we passed the Healthy Frontiers pilot project. It is an effort to insure the working uninsured using incentives for cost control. It has an expanded prevention package and a health savings account. The individual pays part of the cost on a sliding scale according to income. The strategy is to spend more up-front on everyone to save by reducing the need for very expensive care later. Right now it is funded for only about 200 people and only through June 30. We have legislation this time to expand the numbers to 3,000 so we can find out if it really will save money. Our computer models say it will, but there is no substitute for trying it with real people. If Obamacare is not repealed this will give us an alternative to the expensive Medicaid expansion. If it is repealed, then Healthy Frontiers is an alternative way to solve the problem of the uninsured and could be imitated by private insurance to reduce costs for everyone.

Obamacare will make our existing shortage of doctors, particularly primary care doctors, even worse. To help solve this problem my committee is proposing expanding the community health centers. They can recruit doctors better than anyone else in the state because they are not subject to our tort liability system. They are under the federal tort claims act so their doctors are not bothered by our malpractice problems. Our failure to reform our tort liability system makes it too hard to recruit enough doctors to the state otherwise.

Obamacare mandates organizations called insurance exchanges which can either be ways to improve competition among private insurance companies (the Utah model) or pass out government subsidies (the Massachusetts model). To work effectively these may require more people to spread the costs of running the exchanges than Wyoming has. We are examining this concept and the federal requirements to see if they can work in Wyoming.

Obamacare requires federal agencies to write several hundred sets of new federal regulations. We fully expect some of these rules to be impractical for a small state like Wyoming or to go beyond what the federal law allows in very expensive ways. My committee has proposed a litigation fund so we can fight these regulations in court when need to. I have also proposed a constitutional amendment to keep the state from participating in any attempts to explicitly ration care which I expect to eventually be part of the effort to have the government take over our health care system.

Mr. BARRASSO. Mr. President, the headline of the article is: "Repeal of 'Obamacare' Would Help Wyoming." I want to cite a few excerpts:

Repeal of Obamacare would help Wyoming because that law is a disaster for our country. Our American health care system costs too much. There are too many uninsured. Obama reform makes these problems worse. The centerpiece of the Obama effort to insure the uninsured is to expand the Medicaid program, the existing program for poor people. This is the most expensive way available to insure the uninsured.

This is from someone who has studied this for 20 years. He goes on to say:

The Medicaid program is designed to be a high-cost program. The Federal Government has required a set of Medicaid benefits that are richer than any insurance the rest of us can buy. The Feds forbid most of the effective cost controls the rest of us face. One consequence is that Medicaid clients are free to use the hospital emergency room for things most of us take care of at home. The health care costs for an adult in Medicaid are one and a half times larger than for a comparable adult insurance by our largest private insurer and a child costs two and a half times as much.

Those are the things we are dealing with. That is the solution the Democrats have presented to the country. That is what has been passed. This solution is not a solution. What we need to do is repeal and replace this health care law.

The American people notice when month after month the Secretary of Health and Human Services rolls out more waivers for people under this health care law. Last week, she granted 500 new waivers. We now have 2.2 million Americans to whom this law does not apply. They have gotten their waivers, so it doesn't apply to them.

You might say: Who are these people? Well, they are people with friends in high places, because 166 of these are union benefit funds—166 entities covering 860,000 Americans. These are some of the same union members who lobbied Congress, who contributed in ways to say we need this health care law. Yet they say: Oh, once we have looked at it—followed NANCY PELOSI's idea and actually read the bill to see what was in it after it got passed—we don't want it to apply to us.

So 40 percent of all the waivers have gone to unions, even though union workers only account for 7 percent of the private workforce in this country. Well, if this health care law is so great for the country, why should companies and unions need waivers? And why can't the rest of America receive a waiver and get the same treatment?

That is why I come to the floor today, to tell my colleagues this health care law is bad for patients, it is bad for providers—the nurses and the doctors who take care of those patients—and it is bad for the taxpayers. By voting to repeal this health care law, we will give these waivers to every American and give them the opportunity and the freedom they request, and the flexibility they need to get the health care that works best for them, not a one-size-fits-all approach that comes out of Washington loaded with Washington wasteful spending.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. CASEY). The Senator from South Dakota.

Mr. THUNE. Mr. President, I wish to add to the comments made by my colleague from Wyoming, who in his former life was a physician, and so he understands this issue probably better than any of us here in the Chamber. I think he very eloquently pointed out why this amendment we are hopefully going to be voting on, which will repeal the health care law, is so important.

Obviously, there is a big debate that has been raging in the country over the past year about this legislation as it was being considered here in the Congress, and I think the one thing that is clear about the public's view of this is that they think it was a bad idea. And that hasn't changed. That was true a year ago, that was true 6 months ago, and that is still true today.

I think the administration had tried to argue they had merely done a poor job of communicating to the American people how great this health care reform idea was. But that excuse misses the point entirely. The American people are not clueless. They know a bad idea when they see one, and they understand that the Democratic health care plan was a bad idea. So despite the administration's full court PR press in trying to reverse the public opinion, the health spending law remains unpopular in the polls.

In fact, as was quoted by my colleague from Wyoming, there was a poll that came out today where 58 percent of likely voters in a recent Rasmussen poll favor repeal. In fact, if you drill down a little further into that survey, it says 47 percent strongly favor repeal, 38 percent oppose repeal, and 29 percent strongly oppose repeal. But you have a decisive majority in this country—58 percent of the population—saying they wish to see this repealed, and nearly half are strongly committed to that position.

So notwithstanding efforts by the administration to reverse the public's view, the American people still get it. I think the administration had hoped this would get behind them, that people would, once they were educated about the benefits, come to a different conclusion, but I think they see clearly now that hasn't happened. That hasn't been the case.

This whole health care law has failed the test of being something the Amer-

ican people think is important and something they want to see done. I don't doubt for a minute they want to see the issue of health care addressed in this country—health care reform. Unfortunately, this particular proposal didn't do anything to reform health care. It expanded health care dramatically and expanded the cost most people are going to bear when it comes to paying for their health insurance premiums. So it failed the test of public support of the people in this country who have been following this debate very carefully, because it affects them in a very personal and profound way. Health care is something every American understands. It is something they get, and it is regrettable we passed it. I think the American people have turned a thumbs down on it, and that should speak to the importance of this amendment and our trying to go back and do this the right way.

The other test it failed—which everybody here talks about, and there is a great deal of lip service and a great deal of rhetoric paid to it—is the issue of jobs. Honestly, I think if there was a message coming out of November's election it was this: The American people want us focused on three things. They want us focused on jobs, they want us focused on spending, and they want us focused on the debt.

On the issue of jobs, this also fails the test. Why? Because it raises taxes so dramatically. If you look at the tax increases in the bill—\$569 billion in taxes on virtually every sector of the American economy. For instance, the measure penalizes employers for hiring more workers by raising the Medicare payroll tax by \$210 billion, levying new taxes on many small businesses that will serve as the engine of economic growth and job creation.

If we want to get this economy recovering again and creating jobs, the one thing you don't want to do is to impose new mandates, new burdens, new taxes, new regulations on the economic engine, the job creators in America today, and that is our small businesses. So if we are serious about the issue of jobs, this certainly didn't do anything to create jobs.

I think the American people made it plain, and it is clear, they want us focused on jobs. They want us exclusively focused on getting this economy back on track, creating jobs and getting the American people back to work. So it failed on that test.

How about on the test of spending? I think the American people understand that very basic sort of adage—if you want to call it that—which says when you are in a hole, you don't keep digging. What we have done is we have dramatically expanded the size of government at a time when we are running year-over-year trillion-dollar deficits. So what did this do? When it is fully implemented, it will increase spending by \$2.6 trillion. That is the 10-year score between 2014 and 2023. That is a massive expansion—the most dramatic

expansion we have seen in government, literally, since the 1960s.

So this doesn't do anything to address the issue that the American people spoke loudly about, and that is getting Washington spending under control.

Arguably, as I said before, I think they care deeply about the issue of health care and getting health care costs under control. As I will get to in a minute, this does little, if anything, to address health care costs. But it certainly increases Federal spending and increases the role and the size of government at a time when most Americans are saying we want the government reined in. We want less government. We want the government to start living within its means. Instead, we have increased and expanded the size of government dramatically.

How about the issue of debt? A lot has been made by our colleagues on the other side that if we were to repeal this, it is going to add to the deficit. Let's go back to the reason why they can make that argument. The reason they can make that argument is because of all the gimmicks, all the phony accounting that was included when this bill was passed in the first place.

We have all referenced and talked about the double counting of Medicare savings, to the tune of about \$400 billion, new payroll taxes, savings that are supposed to be achieved by reductions in Medicare spending double counted, counted both as a "paid for," an offset to pay for the new health care entitlement program, and as a credit to the Medicare trust fund. You cannot double count. You cannot score these things in a way that dips into the same revenues twice. That was one of the great ironies of this legislation, when it was being debated here, that issue did not become more fully discussed, the way this thing was accounted for and the way in which the trust funds were credited with saving or extending the lifespan of Medicare at the same time the same dollars were being used to pay for this new health care entitlement. You cannot spend the same money twice and that is exactly what happened.

The American people get that. I cannot feature any other place in America where you could get away with what happened here during the health care debate. So you had the \$400 billion—\$398 billion, to be exact—that was double counted on Medicare. You also had \$29 billion in Social Security revenues that was double counted as well. The Social Security trust fund was credited with \$29 billion at the same time the revenue that was coming in from higher Social Security payroll taxes because some changes that were made in the legislation were counted to pay for the new health care entitlement. So you had Social Security and Medicare payroll taxes that were double counted, that were essentially scored twice, to credit the Social Security trust fund

and the Medicare trust fund, at the same time they were being used to finance the new health care entitlement.

Add in the \$70 billion that was listed as revenues to pay for this from yet another new entitlement program called the CLASS Act, which is a long-term care entitlement program. As was described by my colleague from Wyoming, even the Senate Budget Committee chairman, the Senator from North Dakota, described the CLASS Act as a Ponzi scheme of the highest order, something Bernie Madoff would be proud of. Yet \$70 billion was scored as being a revenue raiser to pay for the new health care entitlement program, knowing that full well, at some point in the future, the people who paid premiums into this new program were going to demand some sort of payment when it came time to stake a claim against that, against that trust fund, those benefits were going to have to be paid out. So in the outyears it dramatically expands and explodes the deficit, even though in the near term it was counted as revenue that was used to shield the true cost of the health care bill.

If you add in the cost of implementation, which turned out to be \$115 billion, something that was not discussed nor included in the debate nor was it included in the initial CBO score, you have about a \$208 billion cost to do the doctors fix, to take care of the physician fee issue, which will be coming to us, which was left out of this bill to understate the true cost of this bill to put it into balance, my point simply is, by any objective measure, if you look at the games that were played, the gimmicks that were used, the phony accounting that was used to claim that somehow this was going to be a positive impact on the deficit, it does not pass the smell test. No rational American would look at this and say this makes any sense at all.

In fact, if you add up everything I just said, if you take all these accounting gimmicks, all the phony accounting that was used, and you offset that against what is claimed as a budget savings, you actually get not a \$143 billion savings, you get about a \$700 billion deficit. That is what we would be looking at over the 10 years.

Remember also that you have the 6 years of spending in this bill in the first 10-year window, which is what the CBO used to score this, and about 10 years of revenues. So the tax increases start right away, the revenues are counted immediately, but the spending doesn't come until later. You front-load the revenue, you back-end load the spending in that decade and try to claim that somehow this thing balances out. Again, the American people see through this. They get it, which is why they have taken the position they have on the health care bill in the first place. On the test of debt, on the test of how does this impact the deficit, how does this impact America's long-term fiscal standing, this bill is a failure.

One other point I would like to make—I wanted to come back to it earlier—I think a lot of Americans were hoping that when Congress took on this issue of health care, it actually would be with an eye toward reducing the cost of health care insurance premiums for most Americans. What we are seeing is the contrary. Actually, what we predicted would happen is coming true. Many of us who were involved in that debate said, at the time, this was going to lead to higher health care costs for most Americans, and it is actually true. Actually, the CBO said the same thing. They said the individual health insurance premiums would increase by about \$2,100 per family as a result of the new law and that some consumers would face total premium increases of more than 20 percent. Those are things we are seeing come to fruition now. A lot of people are seeing their health insurance premiums go up. That is a fact. It is a reality. It is a complete contradiction of what was promised when this bill was being debated.

You have not only higher taxes on small businesses that are costing us jobs, that are destroying jobs, you have this massive expansion of spending, you have the debt and the deficit which, in the outyears, are going to explode because of all these accounting gimmicks, and then when all is said and done, you still have not done anything that lowers health care costs for most Americans. I believe, for most Americans, that is what they wanted to see come out of the health care debate in the Congress. They wanted to see reforms passed that put downward pressure on health care costs to them and their families rather than increase it. In fact, what we have seen is the opposite. It has not decreased cost; it has increased costs. I think we are going to continue to see costs go up because as these tax increases kick in, a lot of businesses around the country obviously are going to pass these costs on to the American consumer. So it fails the test of doing anything to lower costs for most Americans.

Finally, it is also now failing the legality test, as we are seeing these courts coming out and determining that this whole exercise was unconstitutional. That triggers a whole other debate in this country, a debate that I think we are going to watch probably for a while, but I hope, as this moves through the courts, it does engage the American public about what is the role of the government and how intrusive should it be and what kind of mandates can it impose on the American people. There was a very well-reasoned decision that came out of the Florida court yesterday which says this legislation is unconstitutional. Again, that makes the argument that many of us were making as this was being debated last year.

The bottom line is, we are in a position to do something about it. This is not the end. This should not be the end

of the debate. We should look at this as an opportunity. If the amendment that was offered by the Senator from Kentucky, Mr. MCCONNELL, actually were to pass and we were to repeal this, we could start over. We could go about this in a way that actually does reform health care in this country in a way that lowers costs rather than raises costs for most Americans. I think that would be a welcome thing for the American people.

The other side is going to argue we do not need to do this. We do not need to repeal this. We just need to “repair” it. We can make these little modifications to it. But the fundamental fact is, this was a mistake in the first place and we should acknowledge it. I think, again, the fact that it passed last year on a total party-line vote, a total partisan vote—there was not a single Republican in the Senate who voted for this. Usually, when you are doing big, bold things, when you look historically in the country, it is done in a bipartisan way. It is done in a way that incorporates the best thoughts, best ideas, best inputs from both sides, and you generally get a bipartisan vote in support of something such as that. This was passed on a party-line vote. It is now facing a challenge—and I think a very direct challenge—in the courts, which is going to play out in the course of the next several months. But we in the Senate could do something by repealing this law and starting over and going about this the right way. That is not to say for a moment there are not issues that need to be addressed with regard to health care in this country. Many of them have been touched upon by speakers who have come down here before me. But there is a better way to do it. There is a way to do this that does not dramatically expand, increase the size of our Federal Government, that does not add and explode the debt in the outyears, that does not raise taxes on our small businesses when we are asking them to create jobs, that actually does lower the cost of health care insurance for most people in this country rather than increasing it and is done in a way consistent with what our Framers intended, in terms of the basic parameters that are allowed by our Constitution.

I hope the McConnell amendment will be voted on. I think it is important for all of us, obviously, to be on record. But I hope my colleagues on the other side may reconsider the position they took when this was voted last year and conclude with many of us that this was a failure and that starting over is the very best solution for the American people, if we are serious about giving them a health care system in this country that is affordable, that delivers the high quality they expect, and enables them to have the maximum amount of choice and decisionmaking authority when it comes to something that is so personal and so important to them; that is, their health.

I yield the remainder of my time.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, I listened to my friend from South Dakota. I was thinking about how long we have been debating health care reform. If we were to repeal the bill we enacted last year, how long would it be before we would be able to get back to serious health care changes?

It took us 1 year to debate and pass the bill that was ultimately signed by the President, but it took us 30 years to get to this subject and several administrations, both Democratic and Republican, that offered proposals where we could bring down the cost of health care and make it more available to the people of this country.

We brag, and rightly so, that we have the highest quality, most technologically advanced health care in the world in the United States. I look at my own State of Maryland, and I know people come from all over the world to get their health care needs met and get their doctors trained, whether it is at Johns Hopkins University or the University of Maryland Medical Center or what is happening at NIH. I know the Presiding Officer can tell us about the great institutions in the State of Pennsylvania, and that is true.

The problem is, it is out of the reach for too many Americans. It is too expensive. We don't have access to care in too many communities in America. The Congress last year did something about that. We took major steps forward to help the people of our Nation.

I have gotten hundreds of letters and phone calls from people in Maryland who told me their stories about fighting health insurance companies or their stories about trying to get access to preventive health care and how they were denied under our current system. I have talked to seniors in Maryland. I know how expensive health care is to them.

Seniors are very fortunate in that they have Medicare. But seniors, as an age group, have the highest out-of-pocket costs of any group of Americans. There are too many gaps in the system. We have to improve the system.

The problem I have with the amendment of Senator MCCONNELL is, if we repeal what we did last year, we have to understand what consequences that will mean. We are not sure when Congress will be able to deal with this subject again. It might be 30 years from now. If we just repeal the bill, as suggested by Senator MCCONNELL, the consequences of that action will be very damaging to the seniors in Maryland and around the Nation.

Let me tell you why. The bill we enacted last year started to deal with the gap in coverage for prescription drugs. Seniors last year received \$250. This gap—after you spend a couple thousand dollars on prescription medicines, you then have to pay 100 percent of the costs of your prescription medicines under current law, until you spend an-

other couple thousand. For many seniors, they cannot afford that. That means doing without prescriptions, cutting pills in half, compromising their own health care.

I have received many letters from seniors in Maryland telling me: I had to leave a prescription on the counter because I couldn't afford it and I have Medicare and I have coverage under Medicare D, but I could not afford it because I fell within the coverage gap. Do something about it.

It is not fair. Taking medicine to keep me healthier—I should be able to get that coverage here in the wealthiest Nation in the world. We did something about it last year, and repeal would eliminate that protection. We are going to close totally that coverage gap, that so-called doughnut hole. This year, the benefits are going to be worth about \$500 to seniors who fall within that coverage gap. That would be lost if the McConnell amendment were adopted and became law. We can't let that happen. Next year, it will even be a better benefit because it gets up to about \$2,400. That would be lost if we were to repeal the legislation.

It goes beyond that. We are now providing a wellness exam every year to seniors. They will be able to get covered for their preventive health care. They don't have that today. We expand their benefits. We guarantee their benefits will be provided, but we go beyond that. We eliminate a lot of the copayments on preventive health care. We make the program stronger, increasing the benefits for seniors.

At the same time, we do something which is extremely important: We make the program safer for tomorrow. We extend the solvency of the Medicare trust fund for a decade. That is what we did last year.

If we repeal the bill, if the McConnell amendment becomes law, the Medicare system will be on much weaker ground, making it much more vulnerable to the types of attacks some of my Republican colleagues have been talking about, much more likely that would become a reality. That is what this bill means for the seniors of Maryland and the seniors of West Virginia and the seniors of Pennsylvania.

That is what we did. We strengthened the program. That would be lost if the McConnell amendment were to become law.

It goes beyond seniors. It goes to all families. I can't tell my colleagues how many families I have run into who have said to me: Senator CARDIN, we want to cover our children, but under the old law, once they became 21 or 22, they lost coverage, even though they still needed insurance coverage.

We changed that to the age of 26. Under this law, one is allowed to be on their parents' policy until age 26. That is the law of the land right now. The McConnell amendment will repeal that. It will tell these young people who perhaps have graduated from college, who may be in their first job but

they don't have insurance available, that they will not have an affordable option for health coverage. They can't be on their parents' policy. Do we want to do that? That doesn't help American families. That moves us in the wrong direction.

We have told the private insurance marketplace that your premium that you pay, whether you do it through work and your employer and your own contributions or the premium you pay, that most of that premium should go for health benefits. It should not go for bonuses for insurance company executives. It should not go for nonmedical expenses. Most of it should go for benefits. The bill we passed last year says that now 80 to 85 percent of the premium you pay for your health insurance must go for benefits. If it doesn't, you will get a rebate. The money will actually come back to you in your pocket. That is taking on the private insurance companies, telling them they have to work within at least acceptable ranges. That is going to provide real benefits, improved coverage for the people. If the McConnell amendment were to become law, that would be lost. We would be at the mercy of private insurance companies.

How many constituents have we heard from who have told us examples of insurance companies using pre-existing conditions to block their coverage? I could tell you about a family in Montgomery County. A husband and wife with two children had to take out two insurance policies because the insurance company said that one of their children had a preexisting condition. They had to take out two insurance plans, paying two premiums and two deductibles. That is outrageous. We have done away with preexisting conditions for children.

We are going to do away with pre-existing conditions for all Americans, as we should. You buy insurance to protect you. I was surprised to learn how many Americans, if they try to buy insurance today without government protection, would run into an insurance company that tells them they have a preexisting condition. If you have high blood pressure, even if it is under control—preexisting condition. God forbid you should need to see a cardiologist—not covered. If you have high cholesterol, take a pill, it is under control. You think you are in good shape. Your cholesterol numbers are still good. Not for the insurance company; that has been considered a pre-existing condition. If you are a victim of domestic violence, that is considered a preexisting condition. Quite frankly, some insurance companies consider women to be a preexisting condition, the way they write their policies. We do away with that. If the McConnell amendment were to become law, all that protection is gone.

If you think we will be able to pass it again quickly in this Congress, come down here and watch the way Congress works. Thirty years it took us to bring

this bill up and get it passed. These are protections that are critically important to families. We need to make sure these are protected.

Caps. You buy an insurance plan and find out you have annual caps and lifetime caps which you thought you were buying protection against in a catastrophe. It is not there. We have done away with the caps to protect American families. That would be gone if the McConnell amendment were to become law.

I have heard a lot of discussion about small businesses. One of the reasons I worked so hard for passage of the Affordable Care Act is to help small businesses. They are discriminated against. It costs a small business owner more for the same coverage for its employees than a large company. On average, it is about 20 percent higher for smaller companies to insure their employees. That is just wrong. We take steps to correct that immediately by giving small businesses a credit. We help them by making it more affordable for them to cover their employees.

I heard my colleagues complain that premiums are going up. Yes, they are, because of the current system, the one we have changed or are in the process of changing. It is going to take some time for us to get full implementation of that law. That is understandable. It is wrong. I wish we could do more to bring it down quicker. But for this bill the premiums would be even higher. We know that.

This bill helps us to start to get a handle on helping small businesses have affordable coverage for their employees. Once again, if the McConnell amendment were adopted and became law, that protection, that help for small businesses would be lost.

Let me talk about taxpayers for a moment. There is a lot of discussion on both sides of the aisle—and I hope we are able to reach agreement—about bringing down the deficit. We need to do that for the sake of our economy and for our children and grandchildren. It is wrong for us to pass on our debt to future generations. We need to be serious about deficit reduction. I hope we do come up with a game plan in order to bring that about, but you don't do that by repealing the health reform bill.

Our own Congressional Budget Office, our independent evaluators, tells us that repealing this bill will add about \$1.5 trillion to the national deficit over the next 20 years. I know people who are listening to me may not believe what I say. I understand that. I understand there has been a lot of misinformation given out. My colleagues on both sides of the aisle have tried to oversell this.

The Congressional Budget Office is our independent evaluator.

I remember when Senator ROCKEFELLER was working on this bill, and we thought we had a pretty good understanding on how to bring the bill out. But, unfortunately, the CBO said:

We can't give you all the savings you think you are going to get by keeping people healthy. Senator ROCKEFELLER and the Finance Committee had to go back and find some additional savings in order to meet the CBO's requirement so that we made sure we didn't add to the deficit. In fact, we reduced the deficit with this bill.

So what do my colleagues in the House do? They say the CBO doesn't mean anything. If we do that with every bill we pass here, we will never attack the deficit. We have to have objective rules for evaluating what we do and its impact on the deficit.

One thing is clear by the objective scorekeepers: The McConnell amendment will add \$1.5 trillion to the national debt because of what we were able to do in the Affordable Care Act.

We could argue this from many different sides. I am always amazed that my friends on the other side of the aisle say this is what the American people want us to do. I have looked at the polls. They go back and forth. Americans are divided on this issue, but most Americans want us to move forward. They want us to deal with job creation and job growth.

The bill my friend from West Virginia has brought forward, the FAA bill, is a very important bill for the American people. It is going to make our air traffic safer, but it will also create more jobs in communities—the exact type of bill we should be bringing forward. We should be working today to create more jobs and keep more jobs. That is what this underlying bill does, not the McConnell amendment. That won't help us create jobs. That will add to the deficit and make it more difficult for Americans to keep and get affordable health care. That is not what we should be doing.

I invite my Republican friends, we should be working together on this bill. We should be looking at ways to improve health care. We never said, when we completed our work last year, that we know there is no more work to be done. We know there are ways we can improve health care. Let's work today to do that, but let's not go backward. Let's move forward for the American people. Let's create the jobs we need for our economy. Let's continue to make health care accessible to more and more Americans and affordable to more and more Americans. Let's provide the quality of care that is befitting of this great Nation to all of our citizens.

In my State of Maryland, we have a person whom we will never forget—Diamante Driver, a 12-year-old who lived in Prince George's County. In the wealthiest Nation in the world, in 2007, he needed to see a dentist but had no health insurance. So his mom tried to get him to a dentist. No dentist would treat him because he had no money. So he went to a social worker. His mom took him there. They made a lot of calls. No one would treat him. His condition got worse. He went to an emergency room, which is what happens

with a lot of people who have no health insurance. Talk about saving money. One of the ways we save money under the Affordable Care Act is to bring people out of the emergency rooms and into our clinics and get them the health care they need. Diamante Driver went to an emergency room months after he should have seen the dentist. Because his tooth had become abscessed and had gone into his brain, he had severe headaches. He went to the emergency room because of his headaches. They found that the only way they had a chance to save his life was through emergency surgery.

Two surgeries later, \$¼ million spent, where it would have cost \$80 to take care of his need, Diamante Driver lost his life in 2007 in the wealthiest Nation in the world.

I understand that health care is personal to every person. Everyone looks at how they are going to be taken care of in this health care bill. That is what they should do. We think the overwhelming majority of Americans benefit by the bill we passed last year. But I would hope every American wants to make sure we have no more Diamante Drivers, that every person has access to affordable quality care. That was the signature accomplishment in the last Congress. We did it in a way that helped seniors, that helped families, that helped small businesses, that helped taxpayers and helped America to become at long last a Nation that said health care is a right, not a privilege. All that is lost if the McConnell amendment were to become law.

I urge my colleagues to think before they vote on this amendment as to whether they want to be on the right side of an issue that has helped define the Nation. I urge my colleagues to reject the McConnell amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, that was a magnificent speech.

For the information of all Senators, there will be no rollcall votes this evening. I will continue to work with my ranking member, Senator HUTCHISON, and the leadership on both sides of the aisle on an agreement to dispose of the pending amendments tomorrow. Actually, it is on the FAA bill. Remember that? We sort of started out the day doing that. That is a very important bill, as the Senator from Maryland pointed out.

I ask unanimous consent that there be debate only on the FAA authorization bill for the remainder of the evening.

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

Mr. ROCKEFELLER. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

Mr. COBURN. Mr. President, I have come to the floor today to talk about the amendment Senator MCCONNELL brought forward in terms of repealing the health care bill. I am probably going to approach this differently than a lot of my colleagues have. I do not doubt that the intent of what was passed a year ago last December was well intentioned, with the thought of solving health care problems in this country.

My experiences, as a physician for 25 years, and as a manufacturer in the medical device field for the 10 years before that, gives me a little bit different take on what the consequences are associated with this bill.

During that hardy debate we all had, I made some claims that people doubted in this Chamber which have become absolutely apparent and true. Costs are going through the roof, faster than we thought; portions of people cannot tolerate the plans, so we are giving them exemptions because it will not work in the business model to keep people covered but, most importantly, what is getting ready to happen is what happens between a patient and their access and their care and their provider. As well meaning as the bill was, the destruction of that aspect of health care will cause us to rue the day we put into motion what we are putting into motion.

Let me explain. Most of the doctors in this country became very interested in this health care bill, and rightly so. They are the ones who are going to be impacted, along with their patients, because they are the ones delivering the care. When you poll those doctors, what do you find, now that they actually know what this bill is going to do?

Well, some pretty significant statistics have come out—one by Thomson Reuters—where two-thirds of the doctors in this country absolutely believe the care of their patients is going to suffer as a consequence of this legislation.

Think for a minute if you are an individual needing to access care and we are in 2014, 2015, and the Advisory Payment Board of Medicare is intact. We also know what the Medicare trustees have said about that, that when this is fully impacted, the payment under Medicare—this is a very important point—the payment under Medicare will be less than the reimbursement for Medicaid.

So all of a sudden who was your family physician or who was your surgeon is no longer there. You see, this bill is about whether you can walk in and have the attention and care of somebody dedicated to you, who has your best interests at heart in terms of your health. What we are moving to is somebody who is going to have their best interests of survival at heart and your interests second.

That is the real tragedy of what is happening with this bill and the imple-

mentation of it. Not only are we going to have payments reduced in Medicare—that is the only way the bill works, by the way; it is the only way we can ever get out of the jam until we address fixing Medicare—but 55 percent of the specialists in this country today will not see Medicaid patients at the reimbursement rate we have, and we are going to have a reimbursement rate for Medicare lower than Medicaid.

Let me give you another example. What we know on Medicaid is, if you have no insurance and you go to an emergency room with a significant illness versus if you have Medicaid and you go to an emergency room with the same illness, the outcome for you with no insurance is better than the outcome for you with Medicaid. That has been repeated in four different studies now, and we are putting 18 million people into a system who are not going to have access to the best doctors because the payment is so low that there is a loss every time you see a patient.

So describe to yourself for a minute what happens to the mother who has three young children and has their 4-year-old all of a sudden sick with a fever, and there is no primary care doctor available under the 18 million new people who are going into Medicaid, and this child does not get seen for 72 hours. The mother thinks: Well, I will wait the fever out. I don't have a doctor I can call. I will wait the fever out.

When the child gets to the emergency room, because there was not a primary care doctor for that Medicaid patient to call, what do they find? They find the 4-year-old not with otitis media any longer, but with the early stages of meningitis. What was a simple, treatable disease—because access, even though guaranteed, was denied because there are not the available resources to care for that child—the child ends up with a very complicated hospital stay and potentially the loss of hearing or brain damage. Those are the real consequences of what we are talking about as we put 18 million people into a Medicaid system.

We have had several Senators today talk about the cost and the gimmicks. I am not going to do that. But I want to talk about the real issues. The one place we failed in health care is we did not fix the real problem. The real problem is, everybody's health care costs too much. We did not ask the right question: How do you drive costs down? Even when you go through all the numbers that have been given by CBO, Medicare trustees, Medicaid trustees, and outside studies, what we know is, what we did not do is drive any costs down. In fact, in the short term we have actually driven costs up.

So how do we do that? The way we do that is put some responsibility on both the physician and the purchaser of health care for the cost. It is human nature. If I gave you an insurance card for your groceries, and once your deductible was met all you had to pay was 20 percent of that cost from then

on out, your diet would significantly improve in terms of the quality and price of the products you buy. That is all in our human nature.

What we have failed to do is to address the real cost drivers. That cost driver is: There is no connection with my purchasing of health care with the actual payment of health care. How do we know if we connect it, it works?

Go to any place in the country that has Amish folks. They do not have health insurance—none of them. They do not buy health insurance. What do they do? They are grand consumers and very discretionary consumers of health care because they come forward and they want to know what they are getting and what it costs before they buy it, every time. I have delivered over 500 Amish babies, and there was not one time I wasn't asked at the time the patient came to see me: What is the price for this? Will you take a cash payment up front so I can buy for cheaper? Are there some other places where I can get the tests done? Every test I ordered, I would be questioned on whether they absolutely needed the test. They were discretionary purchasers and very sharp in their discretion on how they wanted to pay for health care. Consequently, their cost for the same thing was 40 percent less than anybody who walked in with insurance.

So we have totally missed this connection of market forces allocating scarce resources by making discerning consumers out of the purchasers of health care. We have gone exactly the other way. We have taken people who are at 133 percent of poverty and said: You are going into Medicaid, and by the way, you can't buy private insurance even if you want to. You have to be in Medicaid—a far substandard health care system. All the studies show the outcomes are poor, even after you equate for social disparities. We are going to put 18 million into that program, and we are going to have a shortage of over 100,000 primary care doctors in this country in the next 10 years. So who is going to see them?

Let me give another example. It happened this weekend. A patient—90 years of age—severely bent over from kyphoscoliosis, bad aging and kyphoscoliosis, is running a fever and can't breathe well. She goes to the ER. She had seen a physician on Friday. She had a chest x ray, and no pneumonia showed. She goes to the ER that night. She has a pulse ox of 81 percent. Normal is 93, 94 percent. They put her on oxygen, change her antibiotics, and send her home.

Well, what happened? Had we not interceded—I personally as a physician making a call to another physician—she would be dead by now because what she had was a full-blown, raging pneumonia and restrictive lung disease, but she was sent home from the ER because a physician—not a doctor—a physician did not see her. So consequently she goes back to the ER the same night and is admitted to the hos-

pital. They take a chest x ray, and all of a sudden they see this full-blown pneumonia. She had all the symptoms, but the person seeing her in the ER didn't have the experience to make the judgment. So is that really what we want? We want substandard care, so somebody can go home and die versus coming to the hospital? Today, she is 200 percent better. She is eating. Her pulse ox, now on room air, is 91 percent.

We actually saved her life because a real physician put hands on a patient and made the right diagnosis. But we are going to put people into a system where that doesn't happen because we are going to use physician extenders. That doesn't mean they are bad; they just don't have the same experience, and people die when they don't have the same experience. But we are going to inflate the utilization of less than a physician to care for the vast majority of these people who are going into Medicaid.

These are real examples of what the consequences are of what we have done.

As I started, I said I don't doubt the intent of my colleagues in terms of what they were trying to get to, but the biggest disease Washington has is fixing the wrong problem. We have expanded health care access under this bill, but access doesn't mean you are going to get care. And when you add 18 million people to the Medicaid rolls, let alone what is going to happen to the States, ultimately, with the cost on the maintenance of effort where they have Medicaid now and we are going to go to 133 percent, what you have done is put the States in a pinch, and they are in a pinch already.

So my question to my colleagues is, Where are the things that drive the costs down? Where is the discerning consumerism that allocates scarce resources in the most effective way? In this bill, it is not there. Nowhere is it there.

Now, what is there? What is there is a tremendous amount of new taxes. There is \$52 billion over 10 years on employers who fail to comply with the insurance mandate; 40 percent excise tax on high-cost health plans, \$32 billion; ban on purchase of over-the-counter drugs from somebody's health savings account, \$5 billion; increased Medicare tax on wages of small businesses, nine-tenths of 1 percent; a 3.8-percent surtax on investment income, and that is \$210 billion; increase from 7.5 percent to 10 percent of income the threshold after which you can make a medical deduction; \$2,500 annual cap on flexible spending account contributions—and I could go through this and through this. The point is, we are increasing spending on health care by \$2.6 trillion after this is truly in play. Also, the gimmickry in terms of accounting and the problems associated with that have been discussed on the floor.

One of the things that is there that concerns me as a physician, getting back to talking about patients, is cost

comparative effectiveness. It was really cheap to send that 90-year-old person home. There was an ER visit, a little bit of oxygen, a change in antibiotics. That was really cheap. Comparative effectiveness would have said: Oh, that is OK—except she would have been dead in 24 hours.

Every physician who is maintaining their license or their specialty certification studies comparative effectiveness every day. They read it in the journals. They do it to get recertified. They know the comparative effectiveness. What they don't know is that we are going to mandate what they will do, what is the cheapest—not what is the best, what is the cheapest.

Well, I will tell my colleagues, if you look at heart disease in our country, if you look at cancer cure rates in our country, if you look at recovery rates from massively serious illnesses in our country from both trauma and otherwise, what you will see is the highest rate of recovery in the world. We have the highest 5-year survival rate on almost every cancer by 20 or 30 percent over every other system in the world. Do we really want to take that away?

In 2003, I was diagnosed with colon cancer. I had metastatic colon cancer. I am so thankful for the health care system we had that generated new devices, that incentivized great care, and after a major surgery where half of my colon was taken out, radical lymphadenectomy was carried out, and 6 months of chemotherapy, I stand before you today, 7 years after that. I want to tell you, had I been in England or Canada, my cure rate would have been about 35 percent. Do we know what it is in this country for somebody with metastatic colon cancer? It is nearly 70 percent. Now, what created that? What gave us the technology to do that? It is because we looked at the best clinical effectiveness, not the best price. We said: How do we best and most effectively get an outcome of cure?

This bill goes the other way. This bill is going to be a mandate from Washington on what your doctor can do for you, and it is also going to mandate from Washington what price should be paid. There is no question that, according to the trustees for Medicare, for us to maintain what has been put in this bill, Medicare reimbursement rates will fall below Medicaid rates. Do we really want that to happen? I will tell my colleagues, for those in my condition, those people who are diagnosed today with colon cancer, you don't want that to happen.

Now, how do we get the cost down? There is no question that there is tons of waste in our health care system. We have not attacked in the way we should attack—and I can say as a practicing physician that I wasted money caring for people because I didn't concentrate on that individual because that individual wasn't paying the bill. Some nebulous insurance company was paying the bill. Some government program was paying the bill. But when

somebody such as an Amish patient looks you in the face and you know that what you spend of their hard-earned money is going to come directly out of their pocket, all of a sudden the other obligation of a physician jumps up: How do I do this in the most efficient and effective way that still gives the best outcome? And we have totally missed that.

The most personal of all interchanges between humans besides those within a family are between patients and their physicians, and we are going to interrupt that. We are going to undermine it, and we are going to undermine it because somebody from Washington is going to be looking and saying: Did you do it the way we said to do it, Doctor?

Now, what is the doctor's oath? Is it to do what Medicare says or is it to do what is in the best interests of the patient? So that is the rub. That is where we are going with this program. So what we are going to have is, first of all, we are going to have tens of thousands of physicians retire over age 55—our best, most experienced physicians. They are leaving. They are not going to play this game. And then we are going to give physician extenders the role as primary care. They are very good in what their limited knowledge will give them but not anywhere compared to a full 8 years of medical training, including residency. They have 2 years. And then we are going to treat all of these people. What do we think the cost of that is going to be in terms of lost lives, in terms of delayed diagnosis? Delayed care is denied care. What good is it if I have Medicaid and I can't see a doctor?

So the problems are very real with this bill, and I don't say that as a fiscal hawk. I want to fix health care, and I want to drive the costs down. And we can drive the costs down \$300 billion or \$400 billion a year.

Thomson Reuters did a study. I talked about it in our debate last year. The fact is, we know that over \$580 billion a year is blown in health care. That is enough to cut everybody's health care costs 20 percent. But we didn't address any of those issues. Not one of the issues that Thomson Reuters has brought up that said, here is what is wrong, here is why health care is more expensive—we didn't address those in the health care bill that was passed. Yet we wonder why we are out here wanting to change this bill. It is not so we can say: You did it wrong; it is because we really care, as you do, that we have to fix the real problem, and this bill didn't fix the real problem.

So I hope my colleagues will take in the spirit that it is intended—that we don't believe we have done anything except expand coverage under a very broken system that is highly inefficient, that tells people they are going to have care, but they are not going to have care, and those who have a doctor are going to be told by the Federal

Government what care they are going to have. It is exactly the opposite of what we should have done, and we did it in haste.

We know there are 1,600 new sets of rules coming, of which about 100 are through. We have another 1,500 to go.

CBO says that is \$100 billion in costs just to implement all this, which was never even considered in the cost of this bill. That doesn't consider the cost of complying with all of the new rules and regulations.

My time is up. I will be back to talk on this again. My hope is that—now we have three physicians in the Senate and we have all seen the same thing. I am a primary care OB, one is an ophthalmologist, and one is an orthopedist. We pretty well have it covered.

What we have done is not going to work. We are going to be sorry we did it. But do you know who will be the most unfortunate receivers? It is the people who think they have care but don't, the people who get seen by less than qualified individuals for the care they need, and we are going to pay twice what it should cost.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama is recognized.

Mr. SHELBY. I ask unanimous consent that I may proceed as in morning business for 10 minutes.

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

(The remarks of Mr. SHELBY and Mr. UDALL pertaining to the introduction of S.J. Res. 4 are located in today's RECORD under "Statements of Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, I have the opportunity to speak on the floor of the Senate for the first time as part of the work of the Senate. I am pleased to be here on a day when the Senate is addressing the topic of health care because clearly it was a major topic on the minds of Missourians and all Americans last year.

I support the amendment the Senator from Kentucky has offered that would repeal the health care bill and make us start again looking at how we make the health care system work better.

This is my first speech to the Senate, so let me say a couple things about that.

As I look in the desk drawer, I understand the tradition of the Senate is that people who have used this desk, the desk I get to use on the Senate floor—and coming from the House where nobody had a desk, it is quite an accomplishment just to get a desk—but the desk I will use on the Senate floor has names carved in it by other Missourians who have used that desk before: Senator Truman, Senator Eagleton, Senator Danforth, and Senator Bond.

I am honored and humbled to get to sit at the same desk those individuals used as they served our State, and they all served our State in a dedicated way.

In fact, the collective service of those Senators, in various jobs working for Missourians, probably totals about two centuries of collective service, where they worked hard for Missourians and worked hard to advance the views they believed were so important.

Senator Bond, whose place I am taking on the Senate floor this year, for 24 years in the Senate, I think, showed an unmatched understanding of our State and in recent years a real understanding of the national security issues we face and what is necessary to protect the country. He was a great competitor on the Senate floor and in all other ways a great friend of mine, and certainly my wife Abby and I value the friendship we have had with Senator Bond and his wife Linda.

In fact, as I campaigned last year all over our State in 931 events, I never had a single person tell me they thought I would be a better Senator than Kit Bond and for good reason.

I am here today thinking about those events all over our State last year. At first, I was surprised, having campaigned in Missouri before, at the level of engagement on the domestic issues the country was facing. I truthfully had never seen anything like it, where people were ready to talk about the specifics of the issues about which the country was talking.

As I thought more and more about it, it occurred to me why wouldn't they be engaged. This is not like we are trying to decide what your family's position is going to be on the missile defense system. This is not like we are trying to decide your family's position about foreign policy toward the Middle East. This was an election about jobs and health care and taxes and, in our State, whether your utility bill might double in 10 years. Why wouldn't people be engaged in ways that were extraordinary? They were.

They said they want government to move over and allow them the chance to get the economy back on the right track. They understood that government jobs, while some of them are necessary—and I am glad to have one—do not pay the bill; government jobs are the bill. We need to be focused on private sector jobs and how to create those jobs. The questions were: Why is the Federal Government spending so much more money than it has ever spent before? Where are the private sector jobs? Frankly, I would have thought that would be the overriding topic of the first speech I had a chance to give on the Senate floor.

But as I think about those two questions, I do not know that anything is a bigger issue in this health care discussion than the impact the health care bill has had on private sector job creation and on our estimates of future government spending.

The biggest single deterrent to job creation is uncertainty. We have certainly done great things in the last few years to create a sense of uncertainty. If you do not know what your tax liability is going to look like, if you do

not know what your utility bill will be, if you do not know what your health care expenses are going to be, you are less likely to take that risk that anybody takes when they create a private sector job than you would be if you had a greater sense of those questions.

In health care, for every job they create or every job a job creator would think about continuing, this is a time they have to wonder: What is the obligation going to be? What is the cost going to be?

I was with a group of small businesspeople in northwest Missouri one day last year, right after the health care bill passed, about 30 days after the health care bill passed. I was at Rock Port, MO. Somebody at that meeting said: I have 47 employees. I have looked at the health care bill and my accountants have looked at the health care bill. I need 4 or 5 more people right now, but I am not going to hire them because I am not going to get 1 employee closer to 50 than I am now because 50 creates new obligations that 49 or 48 or 47 does not. I am not going to hire those people. What am I going to do? I am going to pay overtime in the short term, but in the long term I am going to look at what I am doing that is not making much money, and I am going to quit doing that.

There is somebody telling me a handful of jobs ready to be created that he believed he needed to create are not going to happen because he does not want to get any closer to this health care moment. He does not want to get any closer to where the government comes in and says: We are going to make you do things you do not have to do if you do not create these jobs.

People I talked with in Columbia, MO, in the middle of the State, in the fast food industry, said: We are going to try to figure out how not to have full-time employees. What he said was the person who gives you your breakfast sandwich in the morning may be the same person who, across the street, gives you your fast food lunch because we are not going to have that person as a full-time employee if we can figure out how not to have that obligation.

Real, sustainable private sector job creation does not happen in an environment of uncertainty. We need to be focused on jobs that are family supporting. We need to be focused on economic growth that includes letting American families keep more of what they earn, which includes economic incentives for small businesses and employers, and encourages the government to get out of the way so employers of all sizes can create self-sustaining, stable, private sector jobs.

We need a government that meets the requirements of the Constitution. Rarely do we have a chance to revisit a misguided decision. In fact, this decision and this bill was the result of a set of circumstances that nobody would have anticipated.

When this bill was passed by the Senate with the 60 votes the Senate re-

quired at that moment, nobody thought this bill would be the final product. Not a single person who voted for that bill thought that is the bill that will go to the President's desk. Everybody who voted for the bill thought this will be a bill that gets the Senate to conference with the other part of the Congress, and we will work out all the things in the conference that need to be worked out between the two.

What happened was, suddenly the 60 votes that passed that bill were not there anymore. That became the only bill that could become law. The plan the Republican leader, the minority leader, advances lets us go back and revisit this discussion and do this the right way.

Two Federal courts have already ruled that the law, one said, did not meet the constitutional standard and could not go forward. Why was that? That was because of the way the bill was put together, in a way that did not have the normal legislative language that would allow severability, that would allow if something is unconstitutional.

Nobody thought this was going to be the bill, and the American people are the victims of having to rush forward with a bill that was not ready to become law.

Another Federal judge said part of the law is unconstitutional, that which makes people buy a commercially available product. I, along with a lot of other people, have thought from day one that there is nothing in the Constitution that allows that to be a requirement.

Voters in the State of Missouri, my State, on the primary election day—the second biggest election we have had; we had hundreds of thousands of people vote—were faced with a question the legislature put on the ballot that essentially said: Do you want to be part of this process? Do you want to be part of the mandatory obligation to buy insurance? Do you want to be part of the health care bill?

Over 70 percent of the voters who voted that day said no. They were the first voters anywhere in the United States to go to the polling place and have a chance to say at the ballot box how they felt about this law that would go forward. They said they did not want to be part of it. Those voters understood that this was a misguided plan, that it put government between people and their doctors in ways Dr. COBURN talked about earlier today, in a meaningful way that he and other doctors who join us as Members of this body would understand.

It puts government between people and their doctors. It implodes the current health care system. I believe the current health care system will not survive this bill, not that the current health care system is perfect. But it certainly produces great results for people who come here from all over the world.

This is a bill that cuts Medicare to pay the bill. Missourians understood that. I heard it over and over at the ballot box. They said they did not want to be part of it. I thought, for three election opportunities—2004, 2006, and 2008—that health care would become the biggest domestic issue. It maybe is too complicated, maybe too difficult to deal with, maybe too personal and people did not want to engage and they did not engage.

This law gives us the opportunity now to go back and get it right. We needed to deal with health care for a long time. When I worked in this Capitol on the other side of the building, we sent medical liability reform to the Senate seven times in 10 years. We sent plans half a dozen times where people could join together in what we were calling associated health plans and get their insurance that way and become part of however big a group they could figure out to associate with.

It is not as if nobody was doing anything, but there was not enough pressure. This bill very likely creates the pressure we need to go back and look for better solutions. They are there, such as this idea of associated health plans, where you can join other individuals who are somehow similar to you or other small businesses similar to your small business. Medical liability reform saves the most money of anything that can be done for taxpayers, but it also saves money for taxpayers who are paying for their own health care because it takes a lot of expense out of the whole system.

Certainly, we want people to have access to insurance coverage who have preexisting conditions. In fact, I proposed in the past and will propose again this year, along with other ways, to expand risk pools so people can have access to coverage but not coverage they wait for until they are in the ambulance and need it, coverage they get because they want it.

We need to empower families. One of the reasons government-designed anything does not work very well is the one-size-fits-all concept does not fit very well. In fact, the so-called one size fits all almost never fits anybody. That is what I think this bill does for the health care that means so much to American families.

Somebody told me one time that when everybody in your family is well, you have lots of problems, and when somebody in your family is sick, you have one problem. This discussion of health care focused Missourians and Americans on one problem: How do we have access to health care that is the best health care we can have and also is health care that is affordable? There is no real competition in this system, so I am for buying across State lines.

You aren't going to see anybody on television tonight advertising health care insurance, but it is pretty hard to watch television for a couple hours in the evening and not see people competing for your business in every other

area of insurance. There is no little green lizard for health care. There are all kinds of other people competing to get your other insurance business, but this hasn't really had a marketplace. It hasn't been transparent, it hasn't been competitive. We can achieve all those things, and we need to achieve all those things. Choice plus competition equals quality and price. And in health care, we haven't had enough choice or competition, so we haven't seen that reflected in quality and price.

I don't believe the government has the authority to penalize citizens for refusing to buy private health insurance. I don't believe taxpayers will benefit from this bill that is built on too many false premises. The idea that we are going to cut compensation to doctors back to levels of a decade ago is not going to happen, and it is \$¼ trillion of the so-called pay-fors in this bill. It is not going to happen. It is almost equally unlikely that \$500 billion of Medicare costs are not going to happen. And if we can find savings in Medicare, we should find them and use them to save Medicare. Only in Washington, DC, would you say: Look, we have one program that is about to get in really big trouble in a handful of years, so let's cut that program to start another program. I don't think those pay-fors are going to happen, either, Mr. President.

When employers are telling us they are not hiring because of the uncertainty created by this new law, when courts are ruling the law unconstitutional, when voters are overwhelmingly rejecting it, we need to understand why. Americans deserve a country where the people are bigger than the government. This health care bill opens the door to a future where the government is bigger than the people, and I think we should reject the law, repeal it now, move forward with more competition, more transparency, and better health care.

Better health care at a lower cost is achievable if we do the right things. I believe this bill does the wrong things, and the more the American people look at it, the more they are convinced that it leads us to a future that is not the health care future they want.

So, Mr. President, I am pleased to be able to speak on the Senate floor, and I am pleased to be able to represent Missourians.

I yield the floor.

The PRESIDING OFFICER. The Republican leader.

Mr. MCCONNELL. If I may, Mr. President, I believe this is the first opportunity the new Senator from Missouri has had to address the Senate and his colleagues, and he certainly has chosen a most important topic to begin his career here in the Senate. I wish to express my admiration not only for the comments he just made on what many of us believe is right near the top of the list of America's priorities but also his extraordinary service in the House of Representatives over the last 14 years

and also to welcome the Senator from Missouri to the Senate. As I indicated, he certainly picked an appropriate topic on which to make his maiden speech to the Senate.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN of Ohio. Mr. President, I appreciate Senator BLUNT's maiden speech, too. I had the honor of listening to it. Of course, I disagree with his comments.

I have heard all this before. I have heard Republicans say this is a bad law, that we have to deal with all these issues. I hear that over and over. But I also notice, by even a cursory observation or a look back at our Nation's recent history, that when President Bush was in office, when our Republicans controlled the House of Representatives and they controlled the Senate, the only thing they did on anything relating to health care or pensions was try to privatize Social Security. They didn't really do anything to try to provide health insurance for people who did not have it. They passed no real consumer protections in terms of eliminating preexisting conditions. They did nothing for a 23-year-old to stay on their parents' health insurance plan. They were woefully inadequate in their efforts to assist small businesses in providing health insurance for their employees.

So, Mr. President, it really is the same kind of empty rhetoric we have heard from Republicans for years. They do not like doing it this way, they want to repeal and fix it, but they don't really want to fix it because they haven't really offered anything to fix it, particularly when they had the ability to pass something through both Houses and get it signed by the President. They really don't ever stand up to the insurance interests. The Republican Party receives huge contributions from the insurance industry. The Republican Party receives huge contributions from the pharmaceutical industry and the medical device industry. So they really have shown little interest in providing for the kind of people whose letters I am about to share.

We hear Republicans say: Well, we will provide insurance by selling across State lines and enacting malpractice reform. Well, even the most optimistic estimates reveal that might insure 2 or 3 million more people and cut costs in health care by a minuscule—I don't even know if it is 1 percent but nothing substantive that really matters in people's lives or to any degree, not to mention that it takes away a person's ability to get redress when they have been injured by a negligent hospital or provider.

So this is mostly empty rhetoric from Republicans in this whole debate. But I want to bring it back and put a human face on it. The law of the land today—much of what we passed a year ago—will affect people's lives.

I am particularly troubled when I hear people stand on the House and

Senate floor—or people in attorneys general offices in Columbus and around my State or around the country—and say they are in favor of bringing a suit against this health care bill. When I think about that, I think about conservative politicians who have been the beneficiaries, they and their families have been the beneficiaries of taxpayer-financed health insurance for their whole careers, but now they want to take benefits away from voters and citizens and families in my State. They want to take benefits from seniors—some of their Medicare benefits. They want to take benefits away from families. And it just strikes me as rank hypocrisy.

But I can illustrate this better by reading these letters than I can just by talking.

Megan, from Summit County, is a college student. Megan is from the Akron area, and she says:

Being a 22-year-old college student, it can be very demanding trying to keep a successful schedule going to maintain health care under my parents. As for my brother, who does not attend college, health care is nearly impossible because of costs. This law will allow both of us to remain under our parents for a little while longer while we get our feet planted.

Megan knows even when she graduates how difficult it will be to find a good job with good-quality health insurance, so she knows she has the option, because of this law, to stay on her parents' health insurance until her 27th birthday. When Republicans talk about repealing this health insurance law, what are they going to tell Megan or promise Megan in return? I assume nothing.

Rose, from Cuyahoga County in the Cleveland area, northeast Ohio, is a small business owner. She says:

As a small business owner, I do not want the new health care bill to be repealed. We are excited at the small business tax credit for health care and also the new plans being rolled out that will give us more choices. This bill will help us to continue to offer health care to our employees.

Rose, if she has fewer than 50 employees, is not required to buy them health insurance, but she will have available to them a 35-percent tax credit, beginning last fall, which she can use to insure her employees, and most small employers want to do that. Most employers, period, want to do that. Also, by 2014, Rose will be able to benefit in her small business with a 50-percent tax credit.

Richard, from Huron County, west and south of where I live in the Norwalk area, writes:

I've been reading where Mitch McConnell wants to force a vote in the Senate on the repeal of the health care law. If he does this, when you are allotted the time to speak, will you ask all the Republicans if they will give up their Federal health care since they are so opposed to this bill? Ask them if they are willing to keep the insurance provided by the government, but yet at the same time take away the help for seniors toward their prescriptions or the preventive checkups. Or ask them to tell all the families that their sons

and daughters aren't covered under their family's policies.

Richard understands there are a bunch of people in this town and a bunch of conservative politicians who do not believe in government but who are enjoying their taxpayer-financed insurance. Yet they are willing to take Medicare benefits away from seniors, and they are willing to take benefits away from families.

Tawnya, from Warren County, southwest Ohio near Cincinnati, writes:

Please fight the repeal of the Health Care law. Please don't let them take away pap smears and mammograms from being part of preventive health. People with pre-existing medical conditions need insurance, too. There is a lot of good in this bill that will be erased if it is repealed. Please fight so all Americans can have basic care.

Craig, from Cuyahoga County, has children who are college-aged, and he writes:

A number of years ago, my 23-year-old daughter was in a bad car accident. She had no health insurance because her employer did not offer it. Since she had no good access to good health care, she received substandard care and she continues to suffer. Contrast this to the present. My 21-year-old son is taking a year off to earn money to return to school. We cannot afford his tuition and living expenses as he pursues a double major in physics and economics. In the past, he would be uncovered by insurance unless he could afford his own. In case of an accident, his prognosis is much better than his sister's. Now, he is covered under my insurance until he either gets a job or turns 26. Thank goodness. My point with all this is to beg you to keep the health care bill intact and fight for it.

This is the last letter I will read. This is from Sue of Franklin County, the center of the State, the capital of Columbus, where the Presiding Officer lived for a little while. Sue writes:

Please do not let the Republicans take away my daughter's health insurance. My husband and I are retired civil servants on a fixed income. I was overjoyed when my health insurance company informed me that my 21-year-old daughter could remain on my policy until she is 26. Currently, she is a senior at the Ohio State University and under the old regime, would have been dropped from my policy in April 2011, when she turns 22. This may not seem like a big deal to you, but my daughter has a preexisting condition that requires her to take three prescriptions a day, not to mention doctor appointments and blood work. I paid for private insurance for my older daughter for 3 years until her husband's employer covered her. By the end of the 3 years, I was paying almost \$200 a month for my daughter's policy and she was a healthy 25-year-old without preexisting conditions.

We know the kinds of hardships the repeal of this health care bill will inflict on all kinds of Americans—the college student, the recent graduate, the child with a preexisting condition, the senior who wants to be able to have access to mammograms and a checkup and an osteoporosis screening. We know the small businessperson really needs this tax credit so she can cover her 5 to 10 employees, not because the law tells her to but because she wants to. All these reasons just underscore to

me how outrageous it is that a bunch of people dressed like this—who get elected to offices and who enjoy government insurance, so they and their families have benefited from taxpayer-funded insurance—are willing to continue to take their insurance, continue to enjoy those benefits, but are willing to take them away from so many seniors, so many families, so many small businesspeople, so many people who are working hard and playing by the rules and trying to achieve the American dream, but in many cases this just stops them cold in their tracks.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. UDALL of Colorado). Without objection, it is so ordered.

Mr. GRAHAM. Mr. President, the country is debating a lot of issues. We passed the health care bill last year. Now there is an effort in the House to repeal and replace it. I join my House colleagues with the idea that we should start over and come up with some product that is truly bipartisan that will lower costs. All the information we received about this bill since it was passed is showing it is going in the wrong direction. In May 2010, CBO Director Doug Elmendorf stated:

Rising health care costs will put tremendous pressure on the Federal budget during the next few decades. In CBO's judgment, health legislation enacted earlier this year does not substantially diminish that pressure.

We are getting more and more input about the effect this bill has on cost because there are over 700 waivers now in terms of the mandates. Forty percent of all the waivers given are to union health care plans, and the union workforce is 7 percent of the total workforce. The idea that more and more people are asking for waivers indicates that the cost component of this bill is a real problem for the country.

The whole goal of health care reform is lower cost and improved quality. I am afraid what we have done with the health care bill is we have increased costs, consolidated power in the Federal Government, and Medicare and Medicaid already are unsustainable when it comes to Federal financial obligations. The Obama health care bill, if fully enacted by 2014, would extend Medicaid coverage in the State of South Carolina to 29 percent; 29 percent of South Carolinians would be covered by Medicaid. That is a substantial increase over the number of people on Medicaid today. That would require my State to come up with \$1 billion more of State matching money, in the next 7 years, to get the Federal Government Medicaid dollars.

The second largest expense in South Carolina today is the State's matching

requirement to get existing Medicaid dollars from the Federal Government. If you expand Medicaid, you are going to bankrupt South Carolina.

I think there is a better way to deliver health care to low-income Americans. I was on a bipartisan bill with Senators WYDEN and BENNETT that did cover everyone, but it allowed people to buy health care in the private sector with tax credits that took deductions away from employers. That is a lot of money. It took that pool of money and allowed individuals to buy their own health care in a more competitive environment.

At the end of the day, it looks like we are going to be taking a vote here soon in the Senate, I hope, to repeal and replace the health care law that was passed last year. If it is repealed, it should be replaced. The way you replace something this complicated, that affects one-fifth of the economy, is you do it deliberately, you do it in a bipartisan manner. Let's remember how this bill became law. It got exactly 60 votes, a party-line vote in the Senate. It was passed on Christmas Eve more than a year ago.

At the end of the day, the process I thought was not befitting of the Senate. There were a lot of provisions given to Senators in particular States. Such as in Florida, the Medicare Advantage participants had a lot more Medicare Advantage availability than other States. Ohio, Michigan—some health care companies in those States got special deals.

At the end of the day, it was done in a backroom, partisan fashion, not transparent, not negotiated before C-SPAN, as President Obama promised. It reinforced the worst of politics, and it is no surprise to me that something that came out of that process is not going down well.

What I say today with Mr. BARRASSO, a physician, a Senator from Wyoming, is allow States to opt out if they choose to. If this is such a good deal, let the State legislatures throughout the country decide whether they want to be covered by the individual mandate, the employer mandate or Medicaid expansion. I know the answer in South Carolina. My Governor, my legislators, want to opt out of expanded Medicaid because it will bankrupt the State, and they do not want any part of the employer mandates. I will challenge the Congress, if repeal and replace doesn't work, let the individual States have a say about whether they want to be in the system.

I do hope we can repeal it and replace it. That vote is coming up soon. But the amount of tax increases in this bill—\$17 billion in individual penalties, \$52 billion in employer penalties, \$500 billion taken out of Medicare to help pay for the uninsured—at the end of the day, the formula, the construct of this bill I think is going to grow the size and scope of the Federal Government when it comes to health care at a

time we need more private sector competition in medicine. It is going to increase taxes on businesses at a time when we should lower their taxes. It is going to make it very hard in the future for senior citizens to find doctors to take Medicare because, at the end of the day, the more you consolidate power in the Federal Government, the more obligations the Federal Government has when it comes to health care, the less we can pay because we are so broke.

I hope this vote will happen soon. To my colleagues who want to keep this bill, I respectfully disagree, but that is what debate is all about. We can have a civil debate about the future of health care. I think the Congress would be wise to start over and come up with a new product. It does put pressure on Republicans, if we do repeal this bill, to replace it with something that makes sense. What makes sense to me is to lower cost and make sure people have access to health care and that the uninsured are taken care of. But one size does not fit all.

I look forward to casting my vote to repeal and replace. If that does not work, I look forward to having my amendment, along with Senator BARRASSO, on the floor of the Senate, allowing States to opt out if they choose.

My guess will be that a majority of the States would opt out of the individual mandate, the employer-mandated Medicaid expansion, and some Democratic Governors are going to be talking to the Members of this body about how their States will be devastated by Medicare expansion. I think you are going to have some big States in the hands of Democratic Governors that are going to feel the impact of this Medicaid expansion. They are going to petition this Congress to do something about it, and I hope we listen to them.

This vote should happen soon. We are in a new Congress. There are new people here with new ideas and now is the time to allow the American people to participate because most of this bill was passed in secret, without a whole lot of bipartisan give and take. Now is the time to start over, take the idea of health care reform, a blank sheet of paper, and see what we come up with in a bipartisan, incremental fashion. The only way we can do that is to replace the bill we have before us.

I look forward to this debate. I look forward to the vote. This issue is not going away. Between now and 2012 we are going to have a very serious debate about the future of health care in America. I would argue that anybody running for Governor between now and 2012 should be asked the question: If you could, would you opt your State out of the provisions I just described, the individual mandate, employer mandate, and Medicaid expansion? Those are good questions to ask and answer and maybe they would have a good answer why they would say no. But any-

body running for the statehouse throughout the country should have a genuine debate about whether their State should be included in Obama health care. That is why I hope, if we do not repeal and replace the bill with the current amendment that will be offered by Senator MCCONNELL, that we not abandon this debate.

Debating policy in a civil way is the essence of democracy. At the end of the day, I do believe there is a better way to come up with health care reform than that chosen by our Democratic colleagues in the last couple years.

Having said that, the status quo is unacceptable. I am very much for eliminating the preexisting illness exclusion that denies Americans the ability to buy health care when they get sick. I am very much for shopping around and buying a plan that is best for you and your family and, if you are a low-income person, helping you make that purchase but I don't want to consolidate any more power in the Federal Government when it comes to health care because the health care obligations of the Federal Government, Medicare and Medicaid alone, in 20 years, are going to cost as much as the entire Federal Government does today. This is an unsustainable course. Entitlement reform has to be embraced. But until we get to that day, I would like to restart the debate, have a new dialog with new Members of Congress who heard, loudly and clearly in the last election, the displeasure the American people have for the process—a bill that was passed in the dead of night on Christmas Eve, with a lot of chicanery, replace it with a new process that leads to a better bill.

That puts us all on the hook to try to find middle ground. There was no middle ground found last time. Frankly, I don't think a lot of people looked for middle ground. Those days are behind us. There is a new Congress. If this election said anything to us in Washington, it ought to be that the country does not like what we are doing—Republicans or Democrats—and the health care bill, the way it was passed, is the worst of Washington, not the best. I look for better days.

I know the Senate president tonight has genuinely tried to reform this institution to make it more reflective of the American people's hopes and dreams. The health care bill was passed in a way that none of us, quite frankly, should be proud of. If we start over, the obligation exists for all of us to find some middle ground to move the debate forward.

The vote will be soon. It will probably be less than 60, but that doesn't mean the debate ends. There are other ways to address this issue. I can assure the people in South Carolina that this fight will continue, that I will do the best I can as a Senator from South Carolina to make sure the Obama health care bill, President Obama's plan that was passed by the Democratic Congress, is dramatically

changed and altered before it takes hold and becomes irreversible.

We have a chance, in the next year or so, to fix this before it gets out of control. I hope we will take advantage of it. I look forward to the debate. I look forward to offering solutions. I look forward to more than just saying no, but I do look forward to a genuine debate, where I do have a say and hopefully people on the other side will listen.

With that, I yield. The Senator from Pennsylvania is next.

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized.

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

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

HONORING OUR ARMED FORCES

Mr. CASEY. Mr. President, I rise tonight to speak about the conflict in Afghanistan from one perspective; that is, of those who have given their lives in the service of our country. I do so, knowing we have a lot of work to do this year, to debate and discuss and spend a good deal of time this year talking about the policy, what is happening in Afghanistan, whether it is our policy as it relates to security or governance or development. But tonight I just wish to focus on those who gave, as Lincoln said, "the last full measure of devotion to their country."

At times such as this, we have to ask maybe one threshold question. For me, it is this question: How do we adequately pay tribute to our fighting men and women serving in Afghanistan or anywhere around the world? I guess the other part of that question is, How do we adequately express our gratitude for those who are serving, those who served and came back with no injury or were able to get back to some semblance of a normal life, those who served and came back but are suffering grievously from an injury, and finally how do we adequately express our gratitude to those who were killed in action and express gratitude to their families as well?

The answer to all those questions is we cannot adequately express our gratitude. But even though it is inadequate, even though it falls short of what we hope it could be, we still have to thank them—we still have to—and should express our gratitude. I do that tonight, with a healthy dose of humility, with recognition it is very difficult to express our altitude.

We are a nation at war. As we pay tribute to the troops who are fighting for us, we should also never forget the sacrifices of their families, the families who support those fighting men and women—and of course, by extension, support all of us—an enormous sacrifice when a loved one goes overseas. Even, as I said before, if they serve and come back and are OK at the end of that service, just the time away, the things they miss in their families' lives, month after month, year after

year—they miss family celebrations, birthdays and weddings and literally the birth of a child is sometimes missed because of their deployment. That is nowhere near an exhaustive list. We do want to pay tribute, in a very personal way, to the families as well.

Sometimes—when we talk about our troops and talk about our country, we search for language and stories and meaning—we look to the Scriptures. As I have often done, we quote Abraham Lincoln. We can also look to some of our more modern and current artists, and there are plenty of them we can cite. I am thinking a lot about some words from the great recording artist Bruce Springsteen.

He wrote a series of songs that connected to or were inspired by the horrific events of 9/11. Most of the songs on that, what we used to call an album, “The Rising,” were connected to the events of 9/11. But he wrote one song, of which I think the words and the theme of the song have direct application to folks who are serving our country and who are, in fact, missing from their families. There is a repetition of some lines in that song where he says: You are missing. At one point the song goes like this. He says: You are missing. When I shut out the lights, you are missing. When I close my eyes, you are missing. And he finally says: When I see the sunrise, you are missing.

I always thought that made a lot of sense to me in terms of trying, as best I can, to understand what our families are going through when a loved one is deployed, that that family is missing that family member when they are serving in Iraq or Afghanistan or anywhere around the world.

Of course, it is especially meaningful and poignant and sad and moving when it means you are missing because you have been killed in action. And every day they are missing, when someone is turning out the lights at night, when they are sleeping, and when they see the sun rise in the morning.

So we think of those words and the fact that there are a lot of people missing today from their families, because of their deployment, or because of their death.

I have read the names of those who were killed in action in Iraq over time, in 2007, 2008 and 2009. We got through that list of those who had lost their lives in Iraq. In that conflict to date, 197 Pennsylvanians lost their lives. As we remember those who were killed in action, from—in this case I will be referring to Pennsylvanians—we also must remember the wounded warriors who have returned from the battlefield. In Pennsylvania that is, to date, 398 brave men and women who have been wounded in this war, the war in Afghanistan.

Last week I met two courageous young men, Army CPL Russell Carter of Springfield, PA, Delaware County, right outside of the city of Philadelphia, and Marine CPL David Noblit of

Herndon, PA. That is in Northumberland County in the middle of our State. They had just returned from Afghanistan, both wounded, remarkably strong and capable soldiers fighting for us, and not a word—the Presiding Officer knows from the soldiers he has spoken to—not a word of complaint about what happened to them, not a word of complaint about their care. And they are getting great care at Walter Reed.

I salute obviously their bravery and their valor, but we also, of course, salute the sacrifice of their families at this time. We commend the efforts of the Walter Reed staff who take care of them, remarkable, almost miraculous care and treatment of our soldiers. They work every day to make sure that those soldiers not only are cared for but that they are progressing because of that care, because of that dedicated care at so many facilities, whether it is Walter Reed or veterans hospitals or whatever across the country.

One of the reasons they do that is to ensure that the future choices of those young service members are not determined by an IED blast or by the bullet from a sniper; that because of the rehabilitation, because of the healing and hope that comes from that work, that that soldier's future is determined and will be determined by that soldier and not by the enemy.

The rehabilitation work done at Walter Reed is remarkable. We are reminded when we see those soldiers in that care of their strength, we are reminded of their skills, the dignity that comes as a result of that care and treatment over time. And they, in fact, will determine their own future because of that care.

So what I will do now for the next couple of moments is I will read the names of Pennsylvanians who have been killed in action in Afghanistan in Operation Enduring Freedom. I will do so in alphabetical order and read their hometown. But the alphabetical order, of course, will be based on the last name of the soldier. I will start with someone actually from my home county:

SGT Jan Argonish of Scranton, PA; SFC Scott Ball of Carlisle, PA; LTC Richard Berrettini of Wilcox, PA; CPT David Boris of Pottsville, PA; PVT Matthew Brown of Zellenople, PA; SGT Douglas Bull of Wilkes-Barre, PA; SGT Joseph Caskey of Pittsburgh, PA; 1LT Jeffrey Deprimo of Pittston, PA; PFC James Dillion, Jr., of Grove City, PA; PFC Michael Dinterman of Littlestown, PA; SSG Troy Ezernack of Lancaster, PA; LCPL Ralph Fabbri of Gallitzin, PA; SGT Louis Fastuca of West Chester, PA; SFC Robert Fike of Conneautville, PA; SSG Sean Flannery of Wyomissing, PA; SGT James Fordyce of Newtown Square, PA; PO3 John Fralish of New Kingstown, PA; LCPL Michael Freeman of Fayetteville, PA; A1C Austin Gates Benson of Hellertown, PA; SGT Christopher Geiger of Northampton, PA; 2LT Michael Girdano of Apollo, PA.

CPL Joshua Harton of Bethlehem, PA; SGT Michael Heede, Jr., of Delta, PA; SGT Brett Hershey of State College, PA; SP Derek Holland of Wind Gap, PA; SFC Bryan

Hoover of West Elizabeth, PA; LCPL Abram Howard of Williamsport, PA; SSG Matthew Ingham of Altoona, PA; PFC David Jefferson of Philadelphia, PA; LCPL Larry Johnson of Scranton, PA; SGT Nathan Kennedy of Claysville, PA; CPL Jarrid King of Erie, PA; SP Dale Kridlo of Hughesstown, PA; PFC Serge Kropov of Hawley, PA; SSG Patrick Kutschbach of McKees Rocks, PA; SGT Ryan Lane of Pittsburgh, PA; MSG Arthur Lilley of Smithfield, PA; CPT Ronald Luce, Jr., of Wayne, PA; SP Jonathan Luscher of Scranton, PA; MSGT Thomas Maholic of Bradford, PA; SGT Jonathan McColey of Gettysburg, PA; SGT Andrew McConnell of Carlisle, PA.

1SG Christopher Rafferty of Brownsville, PA; SP Jesse Reed of Orefield, PA; SGT Joshua Rimer of Rochester, PA; GYSGT Justin Schmalstieg of Pittsburgh, PA; SGT Derek Shanfield of Hastings, PA; SFC Michael Shannon of Canadensis, PA; CWO4 Michael Slebodnik of Gibsonia, PA; SSG Marc Small of Collegeville, PA; SSG Glen Stivison, Jr. of Blairsville, PA; CPL Sascha Struble of Philadelphia, PA; PFC Brandon Styer of Lancaster, PA; SSG Paul Sweney of Lakeville, PA; SSG Richard Tieman of Waynesboro, PA; CPL Eric Torbert, Jr. of Lancaster, PA; LCPL Joshua Twigg of Indiana, PA; SP Anthony Vargas of Reading, PA; SSG William Vile of Philadelphia, PA; SGT David Wallace III of Sharpville, PA; SGT Jonathan Walls of West Lawn, PA; SSG David Weigle of Philadelphia, PA; CPT Bryan Willard of Hummelstown, PA; and CPL Anthony Williams of Oxford, PA.

Those are the names of those Pennsylvanians who have been killed in action in Afghanistan. We now have a total of 64 brave servicemembers from the Commonwealth of Pennsylvania, who as I said before, quoting Lincoln, gave the last full measure of devotion to their country.

Twenty-seven of these young men came from towns with less than 5,000 people. You notice in that list some came from big cities such as Pittsburgh and Philadelphia and other big cities such as Erie and Allentown. But 27 of the 64 came from very small communities where the death of one soldier in a town of 5,000 or less has a seismic impact, a searing impact, first and foremost on that soldier's family and on their relatives and loved ones, but obviously even on the community itself.

All we can do at times like this, when it comes to paying tribute, is to do our best to convey a sense of gratitude, a sense of respect, and also to commit ourselves not only to helping the living, to help those who come after them, who have been wounded, their family and others.

Lincoln also talked about “him who has borne the battle,” and talked about those who have been wounded and their families. But all we can do for those who have been killed is, as best we can, to help their families and to pay tribute to their service and their memory, but also to make sure we are doing everything possible to get this policy right, to make sure that our policy is commensurate with their sacrifice.

In one sense, as my father said a long time ago, in reference to the gulf war of 1991: We pray for them who serve. We pray for them and we pray for ourselves that we may be worthy of their valor.

So tonight we do that, not only for those killed in action that I have read from Pennsylvania, but for those who have lost their lives from States across the country, including the State of Colorado that our Presiding Officer represents.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mr. CASEY. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

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

REMEMBERING CHARLES BENJAMIN

Mr. REID. Mr. President, I wish to note the passing last December of a singular Nevadan, Charles Benjamin, who worked to promote clean energy. While he lived in Nevada for only 4 short years, his efforts will pay positive dividends long into the future.

He passed away on December 13, 2010, after a valiant battle with cancer, at the young age of 60.

Before Charles moved to Nevada in 2006, he was a lobbyist and attorney for the Kansas Chapter of the Sierra Club. His career in environmental law included a law practice representing more than 25 neighborhood associations across Kansas on a variety of land use and zoning issues. He was also a political science professor at Bethel College in Kansas where he taught courses in environmental studies, American government, and international relations, and served 16 years as a county commissioner in Harvey County, KS. Charles earned a B.A., an M.A., and a Ph.D. from the School of International Relations at the University of Southern California, and a J.D. from the School of Law at the University of Kansas.

During his time in Nevada, Charles worked tirelessly to promote clean energy by developing and strengthening relationships with key Nevada stakeholders, including utilities, the State's consumer advocate, legislators, the governor, business interests, and the environmental community. He was quite helpful to me in my efforts to diversify Nevada's economy through development of our State's vast renewable energy resources and to make Nevada energy independent.

Charles was a feisty advocate for environmental justice and came to Nevada to help drive our State and the Nation toward a cleaner energy future.

To me, he was always courteous, honest and expressed his love for the environment. Nevada and the Nation need more people like Charles who are willing to work hard to tap into the limitless resources of the Sun, the wind and the Earth, and energy efficiency, to build a stronger, cleaner and more sustainable world. He will be missed.

TRIBUTE TO DR. MARGARET T. BURROUGHS

Mr. DURBIN. Mr. President, I wish to honor the life and legacy of Dr. Margaret T. Burroughs, an artist, writer, and cofounder of the DuSable Museum of African American History in Chicago, IL.

Although she was born in Louisiana, Dr. Burroughs moved to Chicago to pursue a career in education and the arts. She spent her life documenting and preserving the history and culture of people of African descent and encouraging fair representation of African Americans. Dr. Burroughs made the first of her many contributions to African-American arts and culture at the age of 22 when she founded the South Side Community Arts Center, a community organization that serves as a gallery and workshop studio for artists and students.

She later went on to establish the DuSable Museum of African American History in 1961, the first museum in the country developed to preserve and interpret the experiences and achievements of people of African descent. The museum is recognized internationally as an educational resource for African-American art and history, with a collection of over 15,000 pieces, including paintings, sculptures, and historical memorabilia.

Dr. Burroughs' many contributions to art and history have been honored nationally. Her literary works and painting have traveled throughout the country—from my home State of Illinois to Washington, DC—and they serve as an inspiration to students and collectors of art. In 1975, Dr. Burroughs was honored for her service to the arts with the President's Humanitarian Award by President Gerald Ford.

Dr. Burroughs' passing in November of 2010 reminds us of the importance of history and the arts and our responsibility to preserve it. Her presence in Chicago and at the DuSable Museum will be greatly missed. As the city of Chicago recognizes the achievements of African Americans and the DuSable Museum during Black History Month, we in Congress honor the life of the DuSable Museum's founder, Margaret Burroughs. It is my hope that her legacy will live on through aspiring artists, historians, and philanthropists.

ANNUAL REPORT OF THE SELECT COMMITTEE ON ETHICS

Mrs. BOXER. Mr. President, the Honored Leadership and Open Government Act of 2007—the act—calls for the Se-

lect Committee on Ethics of the United States Senate to issue an annual report not later than January 31 of each year providing information in certain categories describing its activities for the preceding year. Reported below is the information describing the committee's activities in 2010 in the categories set forth in the act:

(1) The number of alleged violations of Senate rules received from any source, including the number raised by a Senator or staff of the Committee: 84. (In addition, 9 alleged violations from the previous year were carried into 2010.)

(2) The number of alleged violations that were dismissed—

(A) For lack of subject matter jurisdiction or in which, even if the allegations in the complaint are true, no violation of Senate rules would exist: 56. (This figure includes 1 matter that was carried into 2010.)

(B) Because they failed to provide sufficient facts as to any material violation of the Senate rules beyond mere allegation or assertion: 25.

(3) The number of alleged violations for which the Committee staff conducted a preliminary inquiry: 12. (This figure includes 6 matters from the previous calendar year carried into 2010.)

(4) The number of alleged violations for which the Committee staff conducted a preliminary inquiry that resulted in an adjudicatory review: 00.

(5) The number of alleged violations for which the Committee staff conducted a preliminary inquiry and the Committee dismissed the matter for lack of substantial merit: 08. (This figure includes 4 matters carried into 2010.)

(6) The number of alleged violations for which the Committee staff conducted a preliminary inquiry and the Committee issued private or public letters of admonition: 00.

(7) The number of matters resulting in a disciplinary sanction: 00.

(8) Any other information deemed by the Committee to be appropriate to describe its activities in the previous year:

In 2010, the Committee staff conducted 4 new Member ethics training sessions; 14 employee code of conduct training sessions; 21 Member and committee office campaign briefings; 43 ethics seminars for Member DC offices, state offices, and Senate committees; 2 private sector ethics briefings; and 10 international ethics briefings.

In 2010, the Committee staff handled approximately 11,137 telephone inquiries and 1,227 inquiries by email for ethics advice and guidance.

In 2010, the Committee wrote 769 ethics advisory letters and responses including, but not limited to, 540 travel and gifts matters (Senate Rule 35) and 134 conflict of interest matters (Senate Rule 37).

In 2010, the Committee issued 3,527 letters concerning financial disclosure filings by Senators, Senate staff and Senate candidates and reviewed 1,727 reports.

THE AFGHAN CIVILIAN ASSISTANCE PROGRAM

Mr. LEAHY. Mr. President, I want to take a minute to call the Senate's attention to a small U.S. aid program in Afghanistan that has a big impact, which I suspect few people here know about.

Shortly after 9/11 and the U.S. invasion to topple the Taliban, a young Californian woman named Marla