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House of Representatives

The House was not in session today. Its next meeting will be held on Monday, December 14, 2009, at 12:30 p.m.

Senate

SUNDAY, DECEMBER 13, 2009

The Senate met at 1:30 p.m. and was called to order by the Honorable MARK UDALL, a Senator from the State of Colorado.

PRAYER

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

Compassionate God, we need Your help to meet the challenges of our time. Manifest Your might for the honor of Your Name. Surround our lawmakers with the shield of Your favor so that their work will accomplish Your will on Earth. Use them so effectively that the hopes and dreams You have for Your world might be more fully realized in our day. Lord, open their minds to a wisdom that can change and shape our times, according to Your plan. And Lord, bless the many faithful staffers who labor long hours behind the scenes of the legislative process.

We pray in Your merciful Name. Amen.

NOTICE

If the 111th Congress, 1st Session, adjourns sine die on or before December 23, 2009, a final issue of the *Congressional Record* for the 111th Congress, 1st Session, will be published on Thursday, December 31, 2009, to permit Members to insert statements.

All material for insertion must be signed by the Member and delivered to the respective offices of the Official Reporters of Debates (Room HT–59 or S–123 of the Capitol), Monday through Friday, between the hours of 10:00 a.m. and 3:00 p.m. through Wednesday, December 30. The final issue will be dated Thursday, December 31, 2009, and will be delivered on Monday, January 4, 2010.

None of the material printed in the final issue of the *Congressional Record* may contain subject matter, or relate to any event, that occurred after the sine die date.

Senators' statements should also be formatted according to the instructions at http://webster/secretary/cong__record.pdf, and submitted electronically, either on a disk to accompany the signed statement, or by e-mail to the Official Reporters of Debates at "Record@Sec.Senate.gov".

Members of the House of Representatives' statements may also be submitted electronically by e-mail, to accompany the signed statement, and formatted according to the instructions for the Extensions of Remarks template at http://clerk.house.gov/forms. The Official Reporters will transmit to GPO the template formatted electronic file only after receipt of, and authentication with, the hard copy, and signed manuscript. Deliver statements to the Official Reporters in Room HT–59.

Members of Congress desiring to purchase reprints of material submitted for inclusion in the *Congressional Record* may do so by contacting the Office of Congressional Publishing Services, at the Government Printing Office, on 512–0224, between the hours of 8:00 a.m. and 4:00 p.m. daily.

By order of the Joint Committee on Printing.

CHARLES E. SCHUMER, *Chairman.*

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

PLEDGE OF ALLEGIANCE

The Honorable MARK UDALL led the Pledge of Allegiance, as follows:

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

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

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

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, December 13, 2009.

To the Senate:

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

ROBERT C. BYRD,
President pro tempore.

Mr. UDALL of Colorado thereupon assumed the chair as Acting President pro tempore.

RESERVATION OF LEADER TIME

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

DEPARTMENTS OF TRANSPORTATION AND HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010—CONFERENCE REPORT

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of the conference report to accompany H.R. 3288, which the clerk will report.

The assistant legislative clerk read as follows:

Conference report to accompany H.R. 3288, making appropriations for the Departments of Transportation and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

The ACTING PRESIDENT pro tempore. Under the previous order, the time until 2 p.m. will be equally divided and controlled between the leaders or their designees.

The Senator from Iowa.

Mr. HARKIN. Parliamentary inquiry: How much time would I be recognized for now?

The ACTING PRESIDENT pro tempore. The Senator from Iowa will be recognized for 13 minutes.

Mr. HARKIN. Mr. President, today and every day an estimated 14,000 Americans will lose their health insurance coverage. The historic legislation before us takes unprecedented steps to expand this coverage to the great majority of Americans, while cracking down on the abusive practices of the health insurance industry. However, expanding coverage alone is not going to solve our problem. The additional 31 million Americans who will gain coverage thanks to this bill are going to need health care providers, mainly primary health care providers—the doctors, the nurses, the many other health professionals whose skills and hard work provide patients with the high-quality health care they need. We are going to need public health professionals who can provide assistance during times of emergency such as the current H1N1 pandemic. They will need places to go when they become sick, including doctors' offices, community health centers, and nurse-managed health clinics.

Today, many communities are facing shortages of primary care practitioners and other health care providers. This map gives an indication of the lack of primary health care providers in America. The darker area is where we have the lowest number of primary health care practitioners. We can see it is mostly rural America. That is not entirely true, but it is mostly in rural America in which we lack that kind of care.

Currently, 65 million Americans live in areas suffering from a shortage of these health care professionals. The Department of Health and Human Services estimates it would take more than 16,000 additional practitioners to meet our need. Many of my constituents—and I am sure those of the occupant of the chair—don't have the primary care practitioners they need.

I must say, I was up this morning; I was working out; I was watching CNN news. Along came a little blurb: Shortage of primary care health care people in America. That is going to put a crunch on us in terms of meeting our health care needs. People are now beginning to pick up on this all over the country.

What are we doing about it? First, we have to recognize some of the root causes. One of the root causes is debt. It is the amount of money health care students pay to go to school. Here is the debt of graduates of medical school: 44 percent have over $175,000 of debt; the vast majority have over $125,000; and some, almost half, have $175,000 of debt. What happens is that with this huge debt, they can't afford to work in rural areas or areas where they don't get recompensed.

Qualified applicants are not admitted because of a shortage of faculty members. In 2008, an estimated 50,000 applicants were turned away from baccalaureate and graduate schools of nursing. This is unacceptable. Again, not only do we have to have more primary care practitioners, we need the faculty.

It is a growing problem. The Bureau of Labor Statistics estimates that by 2016, we will have a shortage of over 1 million direct care workers, including home health aides, nursing aides, and others who care for our aging population. That is why expanding access to primary and preventative care has been a key focus throughout our health reform efforts.

With Senator MURRAY's leadership of the workforce group, the HELP Committee has focused on expanding resources to increase the supply of qualified health care providers. In the Finance Committee, Senator BAUCUS also made expanding access to primary care a priority, as well as expanding residency and training initiatives for primary care practitioners. Under Majority Leader REID's guidance, the Patient Protection and Affordable Care Act, the health reform bill before us, combined both HELP Committee and Finance Committee provisions to expand the health care workforce, especially the primary care workforce.

Let's see what this does.

First, the bill will train an additional 24,000 primary care physicians via the National Health Services Corps. It provides loan repayment, scholarships, and higher reimbursement for primary care providers in underserved areas. It also increases the supply of public health workers at the Federal, State, and local level, and tribal health agencies. We provide new resources for more community health centers and nurse-managed health centers. We expand primary care residency and training initiatives and hospitals and community health centers.

Our bill will improve health care providers' ability to serve our increasingly diverse population by providing training in cultural competency, in working with individuals with disabilities, in providing care within the medical home model. Because innovative health care delivery models such as the medical home emphasize team-based care, we invest in a range of health care professionals, from physicians, to nurses, to dentists, to home health aides, to allied health professionals.

In addition, to increase the capacity of health professionals schools and faculty to train new providers, we offer loan repayment programs to doctors, nurses, and dentists who agree to serve as faculty members at medical, nursing, and dental schools.

Finally, our bill creates an independent national health care workforce commission to examine and provide recommendations to Congress on how Federal workforce programs can be improved and how Federal dollars can be most effectively spent.

It is critical that we act on this historic legislation for many reasons. Most of the debate has been about expanding coverage, cracking down on health insurance abuses, and expanding preventative care to keep people healthy in the first place.

But there is also one other aspect of this bill that has not been talked about; that is, what we are doing to increase the number of people whom we are going to have to have for primary care, for our community health centers, for faculty members in the future. This is something we have ignored for far too long at our own peril. We can't forget that while we are expanding coverage—and we are going to cover 94 percent of the American people with this health care bill—while we will make it more affordable, while we are going to protect Medicare, while we are going to do all the things to really make our health system more affordable, more quality-conscious, cover more people, make sure people can get in to their primary care first rather than go to an emergency room, we can't forget that we need the faculty. We need teachers, and we need to help in debt repayment, loan repayments, by giving more scholarships to these young people, the nurses, the nurses aides, the physical therapists, the people who work with people with disabilities, doctors, dentists—the whole panoply of people involved in primary care. We have to help them get through school so they don't have a mountain of debt on their heads, so they can practice medicine where they want, not where they are forced to go in order to pay back their debts.

Again, I thank Senator MURRAY on the HELP Committee, who did so much to put all of this into our bill. This is a major provision of the health care legislation we are not hearing debated about here on the floor very much, but it is one of the most critical parts of the bill.

I thank Senator BAUCUS and all the work they did on the Finance Committee to put in the tax provisions and others to help us, first, invest in and grow the primary care workforce and also to make it possible for people to become faculty members and teachers by helping them pay back their loans and their debts.

I wanted to take this time to highlight this part of the bill. It is not talked about much, but I believe it is one of the most important parts of the health reform bill before us.

I yield the floor and retain the remainder of my time.

The ACTING PRESIDENT pro tempore. The Senator from Arizona.

Mr. MCCAIN. How much time remains on both sides?

The ACTING PRESIDENT pro tempore. The minority has 13 minutes, and the majority has 4 minutes.

Mr. MCCAIN. I yield 3 minutes to the Senator from Florida.

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

Mr. LEMIEUX. Mr. President, I am here to speak about this omnibus spending bill we will vote on today. It is more proof that Washington is out of control in its spending and that the leadership on the other side of the aisle is wanting to spend our children's money.

This is a $445 billion bill. I know my colleague from Arizona will talk about the 5,000 earmarks in this bill costing $3.9 billion. It is a 12-percent spending increase over last year, $46.7 billion more than the bloated budget we passed in 2009, a 33-percent increase in State-Foreign Operations, a 24-percent increase in Transportation and HUD. These are unsustainable. We have a $12 trillion debt, a debt our children and our grandchildren will have to pay.

Here we are again with a 12-percent increase, and in a bill that is full of earmarks—earmarks such as $700,000 for a shrimp fishing project in Maryland, $30,000 for the Woodstock Film Festival youth initiative. I am sure these are great programs, but when we have $12.001 trillion in debt, we can't afford these programs.

Mr. President, 2009 has been a record-setting year for debt. We had a $1.4 trillion budget deficit. Now in 2010, even though we are new in the year, we are already running a $296 billion budget deficit. In October and November, we took in $268 billion in tax revenues. That is a hard number to find around here because most people don't look at the money we take in. They can just spend whatever they want to. We took in $268 billion, but we spent $565 billion.

This is not how families make their decisions around their kitchen tables, where they have to make ends meet. This is not even how the States do it, where they have balanced budget amendments. The spending in Washington is out of control, and the Members of this body should not vote for this omnibus spending bill.

Mr. President, I yield back the remainder of my time to my colleague from Arizona.

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

Mr. MCCAIN. Mr. President, I understand there will be debate until 2 o'clock, and then a vote on the consolidated—consolidated—appropriations conference report. What does ''consolidated appropriations conference report'' mean? It means there are six bills, three which were never considered on the floor of the Senate. That is what the Senate means by ''consolidated,'' my friends. So for three of the bills, we were never allowed to debate, to amend, or accept, or reject.

They are now spending $450 billion, loaded up with 4,752 earmarks, totaling $3.7 billion, 1,350 pages long, and of that 409 pages are dedicated to listing congressional porkbarrel spending.

I know most Americans are watching NFL football today and they probably do not pay much attention to what we do on a Sunday afternoon here on the floor of the Senate. But if they knew—if they knew what we are about to pass: a bill that has increased spending by 14 percent over last year's level, with the exception, of course, for our veterans care, which is only increased by 5 percent.

Here we are with a $1.4 trillion—now a $1.5 trillion debt this year, an aggregate of over $12 trillion, unemployment at 10 percent, and 900,000 families who lost their homes in 2008, and the numbers for 2009 will be greater.

So what do we do here? We spend and spend and earmark and earmark. The Consumer Price Index went down 1.3 percent, so we are going to increase spending by 5 percent.

What could the American people do with the $3.7 billion in earmarks that are in this bill? Let me tell you a few of them, and you will not believe it, and I am not making it up: $2.7 million to support surgical operations in outer space at the University of Nebraska.

I know Trekkies all over America will approve of that. I know Dr. Leonard McCoy—''Bones''—and even Dr. Spock and Captain Kirk will call them all to the bridge and be happy to know that $2.7 million is going to go to Dr. Leonard McCoy and his friends to support surgical operations in outer space, while thousands of Americans are losing their homes.

Another one I have been unable to describe adequately without violating the rules of the Senate: $655,000 for Cedars-Sinai Medical Center, Los Angeles, CA, for equipment and supplies for the Institute for Irritable Bowel Syndrome Research. The only thing I can say is, that problem will not be reduced when people read this legislation, so there may be a need for it.

So here we are. The list goes on and on. It is crazy stuff: $200,000 for a visitors center in Bastrop, TX, population 5,340; $292,200 for elimination of slum and blight in Scranton, PA—the cast of ''The Office'' is rejoicing—$200,000 for ''design and construction of the Garapan Public Market'' in the Northern Mariana Islands. The Woodstock Film Festival Youth Initiative is going to get $30,000.

It is beyond imagination when you put it into the context that Americans are suffering more than they have at anytime in their lives. Thanks to the greed and avarice of Wall Street, Main Street is under tremendous duress. This is shameful.

I want to remind my colleagues, last March—not that long ago—the President of the United States signed another pork-laden omnibus bill. The President of the United States said:

> I am signing an imperfect omnibus bill because it is necessary for the ongoing functions of government. But I also view this as a departure point for more far-reaching change.

He also said:

> The future demands that we operate in a different way than we have in the past. So let there be no doubt: this piece of legislation—

The one he was signing last March loaded with pork—

> this piece of legislation must mark an end to the old way of doing business, and the beginning of a new era of responsibility and accountability that the American people have every right to expect and to demand.

If the President of the United States is going to carry out those words, he will veto this bill. He will veto this bill and send it back and tell them to get rid of this pork, tell them to get rid of it.

So what is going to happen? In a few minutes—we all know what is going to happen in a few minutes—by a very large vote, the Senate of the United States is going to vote in favor of this bill. There will be, on this side of the aisle—the party of fiscal conservatives that lost the last two elections—one major reason being because we let spending get out of control—there will be Members on this side of the aisle who will vote for this porkbarrel bill. On the other side of the aisle, a majority over there—an overwhelming majority; all but maybe one or two—will also vote for the bill. Then they will go home—if we ever get out of here—they will go home, and they will say: I am a fiscal conservative, and I am all for a commission to cut spending. Let's appoint a commission. Let's not take any responsibilities ourselves. Let's appoint a commission, and that commission will recommend how we can reduce spending.

If you want to reduce spending and eliminate unnecessary and wasteful spending, vote against this bill that increases spending over last year by some 14 percent. If you want to vote for it, fine, but isn't it a little hard, with a straight face, to go back and tell your constituents you are for the elimination of this wasteful and porkbarrel and corrupting spending? It corrupts, my friends. It is a gateway drug to corruption. We have former Members of Congress in Federal prison because of this.

First, since it is going to be passed, I urge the President of the United States—I do not urge—I demand the President of the United States to keep his word when he signed another porkbarrel-laden bill last March, to veto this bill. I urge my colleagues—I urge my colleagues—let's stand up against this for once: a bill that has $3.7 billion in earmarks.

Immediately, colleagues remind us: Well, this is a legitimate earmark. This is important; that is important. The problem with it is, nobody ever saw it before. It never competed. Maybe we need to support surgical operations in outer space. Do we need it at the University of Nebraska? No. It is earmarked for the University of Nebraska.

By the way, I do not think, except for Trekkies, many Americans think we need to spend $2.7 million to support surgical operations in outer space.

All I can say is: Do not be surprised when the American people, less than a year from now, next November, rise up and reject this kind of behavior and practice of irresponsible spending, while they are hurting more than they have ever been in their lives. They deserve better than what we are getting out of this legislative process, and they have every right to demand something different.

Let's show some courage and vote against this bill, send it back to the President, get rid of the porkbarrel spending, and send it back, and let us vote for it. We could do it immediately. I urge my colleagues, look at this bill and vote against it.

Mr. President, I reserve the remainder of my time.

Ms. MIKULSKI. Mr. President, my top priority is jobs—to help those who have one, keep it and to help those who don't have one, find one. That is why I have always supported the automobile dealers in Maryland and across the country, which each employ on average about 50 people and are also economic pillars in large and small communities throughout the United States. Dealers don't just provide jobs for people who sell cars they also provide them to people who service the cars and for managers and office workers who make dealerships run smoothly.

I have fought for the auto dealers in several ways over the past year, first on the Recovery Act, where we passed tax incentives to help consumers purchase new cars, and then again this summer when I worked with my colleagues to pass cash for clunkers, which saved jobs in the auto industry, promoted energy efficiency, and helped the middle-class afford a car, which is most families' second largest purchase behind their home.

Dealers are not only critical to their local economies; they also make the auto industry work by distributing, selling, and servicing the cars at practically no cost to the manufacturers. That is why I cosponsored S. 1304—to give car dealers a chance to contribute to our economic recovery and to provide jobs as the domestic auto industry restructures and retools.

Today, I am proud to support a provision in section 747 of the Financial Services appropriations conference report that shows dealers that Congress is on their side and on the side of creating and protecting jobs as our economy struggles toward recovery.

This provision will give automobile dealers around the Nation a fair shot at getting back into business by setting up a neutral and fair arbitration process. First, it requires that manufacturers make all pertinent information available to dealers. I expect all parties to fully comply with this requirement and for all relevant information to be made available in a transparent and easily understandable form to dealers and to the arbitrators.

Also, I support section 747 because it requires arbitrators to consider all the relevant factors that affect whether a dealer is and can be successful, and that demonstrate how dealers contribute to the viability of the manufacturing companies whose cars they sell. I also expect and encourage arbitrators to consider the rights that dealers are guaranteed under all applicable Federal and State laws when making their decisions.

Our economy is struggling to recover because there aren't enough jobs. Auto dealers are a major employer across the country, and they also are essential to reviving a healthy American auto industry. As the American auto industry looks to the future, we can't forget the essential role that dealers play, providing both thousands of jobs and also the affordable cars and auto related services that American families need.

Mr. KAUFMAN. Mr. President, I rise today to voice my support for several of the initiatives in the State and Foreign Operations bill for fiscal year 2010, contained within the 2010 consolidated appropriations bill. Specifically, I want to highlight five specific areas that I view as critical to our national security: first, staffing resources for the Foreign Services of the Department of State and the U.S. Agency for International Development, or USAID; second, the Civilian Stabilization Initiative and Complex Crises Fund; third, economic and security assistance to Afghanistan, Pakistan, and Iraq; fourth, public diplomacy and international broadcasting; and fifth, reducing carbon emission and contributing to a global agreement on climate change. Our deepened investment and commitment to these issues are critical to maintaining America's leadership and defending U.S. security interests globally.

As we face the reality of engaging in two wars in Afghanistan and Iraq, it is essential that we recognize the civilian role in counterinsurgency. A strong civilian presence is essential to building governance, promoting economic development, and providing essential services to increase popular support for local governments facing insurgencies. As Secretary Clinton has highlighted, U.S. national security is about the three Ds—development, diplomacy, defense. If we invest more in development, we may prevent future conflicts through the critical work of civilians and avoid future burdens on our military.

Today, our Foreign Service officers at the Departments of State and USAID are on the frontlines in Afghanistan, Pakistan, and Iraq and around the world in places like Lebanon, Indonesia, and Haiti. At the same time, our military often ends up responding to crises because civilian agencies do not have the staff or the funding to do so as quickly, robustly, or efficiently. This is a trend we must seek to reverse, ensuring that all U.S. personnel—military and civilian—have the tools they need to succeed in increasingly difficult missions globally.

Today, there are more musicians in our military bands than diplomats in the State Department, which total less than 7,000. A report last year by the American Academy of Diplomacy documented the need for nearly 3,000 additional State Department and more than 1,000 additional USAID foreign service officers by fiscal year 2014. And this assessment was done before our increasing civilian needs in Afghanistan became clear.

I am encouraged that this bill begins to address this critical issue by providing for 745 new State Department officers and 300 new officers at USAID. And as the requirements continue to grow, we must continue to build the size of the Foreign Service to meet increased needs globally. Finally, as more civilians serve in dangerous areas and warzones, they deserve our full support and gratitude for their service and sacrifice, especially the time these posts require away from their families.

The second area of the bill I would like to highlight is the Civilian Stabilization Initiative, which is led by the Office of the Coordinator for Reconstruction and Stabilization, or S/CRS, at the Department of State, in close cooperation with USAID and with the contribution of several other Federal agencies. S/CRS's mission is to enhance our institutional capacity to respond to crises involving failing, failed, and postconflict states and complex emergencies. S/CRS it tasked with leading and coordinating U.S. civilian efforts across the interagency to help stabilize and reconstruct societies in transition from conflict so they can reach a sustainable path toward peace, democracy, and a market economy.

I also welcome the funding component of this mission with the creation of a $50 million Complex Crises Fund for USAID to prevent and respond quickly to emerging or unforeseen complex crises, in coordination with the Departments of State and Defense. It is my hope that we can continue to increase this funding through civilian accounts, especially as we phase out section 1207 funding in defense appropriations. The more robust our civilian agencies, the less burden we will impose on our already overstretched military.

The third program I would like to address is our foreign assistance budget in Afghanistan, Pakistan, and Iraq. This funding will help address some of our most critical foreign policy challenges and global security priorities. More girls will be in school, more families will have access to health care and other essential services, and more communities will thrive thanks to the more than $2.6 billion for Afghanistan, more than $1.4 billion in Pakistan, and $467 million in Iraq. These are critical investments in the economic infrastructure and development of these countries and in the long-term security of the United States.

The fourth program I want to highlight is public diplomacy, specifically, U.S. international broadcasting and the work of the Broadcasting Board of Governors, BBG, which provides credible news programs and serves as an example of a free press worldwide. The bill we will soon vote on contains just under $734 million allocated for international broadcasting operations. The more we can do to fund programs like the BBG, the better we will be able to compete with the forces of disinformation.

U.S. international broadcasting began during the early years of World War II, when Voice of America broadcast into areas formerly under Nazi occupation. The programs began by saying ''daily at this time, we shall speak to you about America and the war. The news may be good or bad. We shall tell you the truth.''

This tradition of journalistic integrity has continued to this day, as the BBG's entities—consisting of Voice of America, Radio Free Europe/Radio Liberty, Radio Free Asia, Radio and TV Marti, and the Middle East Broadcasting Network—broadcast in 60 languages to an estimated weekly audience of 175 million people globally.

In the Foreign Relations Committee this October, Senator BOXER was gracious in allowing me to chair a hearing in her subcommittee to examine the BBG's work in Afghanistan and Iraq. In both countries, the BBG has created sources of credible news and information readily accessible to the local population, in some cases for the first time in their history. In this sense, the role of broadcasting in war zones is particularly critical because it creates channels of communication with and among the population, which plays a role in winning hearts and minds. This is why it is critical to continue to fund objective, reliable broadcasting.

While U.S. international broadcasting is essential to make sure facts are available worldwide via television and radio, the Internet and mobile networks are the medium of the future. And in repressive societies where there is no access to a free press, populations use the Internet and cell phones to evade government censorship. This year, we saw such examples dramatically played out—when the Uighurs of western China began protesting a brutal government crackdown and when demonstrators in Iran protested after the June presidential election.

In both cases, blogs, short-message services, and social networking sites were heavily utilized, and popular movements sought to evade state censorship with proxy sites and other technology. That is why, in the case of Iran, I introduced the Victims of Iranian Censorship, or VOICE Act with Senators MCCAIN, LIEBERMAN, CASEY, and GRAHAM. This bill, which was signed into law with the Defense authorization bill in October, authorized funds to continue the development online censorship evasion technology. I am pleased that $30 million in this omnibus has been appropriated for the Internet Access and Freedom Account, so that such programs can be expanded, with a particular focus on Iran and China.

Finally, one of the most pressing issues we are facing is climate change. As we speak, representatives from more than 190 countries have gathered in Copenhagen to find common ground on averting the worst consequences of our changing climate and adapting to the changes we have already inflicted on the globe.

This will be the subject of much discussion on this floor in the coming months. Today, I want to acknowledge that this bill takes bold and tremendously important steps toward creating a better and safer climate. More than $1.2 billion are intended to help us face the threats of climate change, from contributions to multilateral funds that will bend the curve toward clean development around the world to assistance to the people most vulnerable to rising sea levels and changing rainfall patterns.

Mr. President, there are many provisions in this bill to be applauded, but I believe these five areas demonstrate significant investments in our national security. I look forward to casting my vote in favor of this bill, which I believe supports a stronger and better resourced American foreign policy.

Mr. MCCONNELL. Mr. President, today I will cast my vote against H.R. 3288, the six-bill appropriations omnibus. This bloated package includes the following spending bills: Military Construction/Veterans Affairs, VA; State, Foreign Operations; Commerce, Justice and Science; Financial Services; Transportation, Housing and Urban Development; and Labor, Health and Human Services and Education.

I will vote against this $½ trillion package because it spends $50 billion more in taxpayer money than last year—a 12 percent increase. When unemployment stands at 10 percent—and higher than that across Kentucky—and families are struggling to make ends meet, the Federal Government should not be burdening its citizens with more debt. Congress must be a better steward of public funds. Moreover, the bill includes a number of policy riders, such as spending taxpayer dollars on abortions, that undercut the culture of life that our government should be promoting.

My opposition to the omnibus as a whole comes despite the fact there are several portions of this sprawling package that I would like to vote for. For example, I support much of the Military Construction/VA bill. I voted for it as a freestanding measure when the Senate passed its version a few weeks ago. And the measure carries a number of provisions that are important to Kentuckians, such as enhanced funding of chemical demilitarization efforts at the Blue Grass Army Depot, added monies for the soldiers and their families at Fort Campbell, and a provision honoring Kentucky veteran Robley Rex. The Military Construction/VA bill also includes a number of important national priorities that I support such as modernizing troop housing, expanding mortgage relief for the men and women in uniform, enhancing rural health care for our veterans, improving family housing for our soldiers, bolstering mental health care for returning combat veterans, aiding homeless veterans, and strengthening the ability of the VA to process claims more quickly. Were the Military Construction/VA measure a freestanding bill, I would vote for it.

Aside from the Military Construction/VA portion of the omnibus, I also regret I cannot register my support for certain parts of the State, Foreign Operations appropriations bill. I favor a number of provisions in the latter bill including funding for Israel, support for our allies in the war on terror and monies for Burmese refugees.

Finally, there are segments of the other four bills in this package that reflect Kentucky priorities that were included at my request and that I am supportive of.

In closing, it is unfortunate that the majority continues to avoid regular order. I am hopeful that the majority's effort in this regard does not presage further legislative shortcuts on matters of national importance.

The ACTING PRESIDENT pro tempore. Who yields time?

Time will be charged equally.

Mr. BENNET. Mr. President, I ask unanimous consent that the time during the quorum call be divided equally and I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. LEVIN. Mr. President, if the Senator will withhold that.

Mr. BENNET. I will.

ARBITRATION PROCESS

Ms. STABENOW. Mr. President, I would like to discuss with the chairman of the Financial Services and General Government Appropriations Subcommittee, Senator DURBIN, as manager of the Financial Services Subcommittee section of the bill before the Senate, language included in the bill that creates a binding arbitration process for auto dealers associated with General Motors and Chrysler whose contracts were terminated as part of the manufacturers' restructuring efforts this year.

The difficult decisions made during the last year have highlighted the interconnectedness of the industry and have shown the impact that these companies have in every State in the country. I particularly understand how difficult this situation has been for Michigan auto dealers. My father and grandfather ran the Oldsmobile dealership in Clare, MI, where I grew up. My very first job was washing cars on that lot.

Thousands of employees, either directly employed by the companies or through the thousands of dealerships and suppliers, depend on the viability of the auto manufacturers. Without the manufacturers, there is no dealer network, and small businesses across the country would close, adding more devastating job losses as our economy is trying to recover. What we do here must continue to ensure a healthy future for the auto companies as they work towards a profitable future. When negotiating an agreement for arbitration was it the Chairman's intent that the dealers entitled to this arbitration process would only be the dealers that were terminated as a result of the bankruptcy?

Mr. DURBIN. Yes, it is my understanding that the only dealerships entitled to arbitration are those dealerships that were terminated as a result of the manufacturers' bankruptcy, rather than those that may have closed for other business reasons.

Ms. STABENOW. The statutory language for the arbitration process provides criteria that will be used to review each case. Is it the Chairman's goal that by considering the economic interest of the public at large the arbitrator should focus on maximizing the return of taxpayer dollars that have been invested in the company?

Mr. DURBIN. Yes, the economic interest of the public at large must be considered to ensure that the investments will be recovered as quickly as possible.

Ms. STABENOW. Additionally, when reviewing the cases, does the statutory language ensure arbitrators take into consideration the stability and protection of the existing dealer network?

Mr. DURBIN. Yes, the statutory language will allow arbitrators to review the potential impact of reinstating a dealership on the existing dealer network for the covered manufacturer, as well as on any dealer retained by the covered manufacturer in a given market territory.

Ms. STABENOW. I thank the Chairman for these clarifications and for his ongoing efforts to ensure a fair process for all stakeholders as the auto industry continues to restructure.

Mr. LEVIN. Mr. President, I would like to discuss with the chairman of the Financial Services and General Government Appropriations Subcommittee, Senator DURBIN, as manager of the Financial Services Subcommittee section of the bill before the Senate, two aspects of the provision included in that bill that establishes an arbitration process for review of decisions made by Chrysler and GM to terminate or wind down auto dealerships earlier this year. Under the process laid out in this provision, an arbitrator is to balance the economic interests of the covered dealership, the covered manufacturer, and the public at large by considering a number of factors. Those factors include the covered dealership's profitability, the covered manufacturer's overall business plan, the covered dealership's satisfaction of the performance objectives of the franchise agreement, and the covered dealership's performance in relation to the criteria used to terminate the dealership.

Is it the chairman's understanding that in looking at these factors, and in particular in looking at the dealership's profitability and the manufacturer's overall business plan, that the arbitrator will consider the profitability of the dealership with respect to the new vehicles sales of the covered manufacturer?

Mr. DURBIN. Yes, that is my understanding. In making decisions about the makeup of the dealership network, profitability in terms of new vehicles sales for that manufacturer is what is critically important to the long-term financial health of the manufacturer. That manufacturer's long-term health is also vitally important to the Federal Government because of the significant taxpayer investment in these companies.

Mr. LEVIN. I thank the chairman for his assurances and his clarification.

I would also like to raise a question about the arbitration process established in this bill. The statutory language could be interpreted to allow for potentially as many as hundreds or thousands of arbitrators each involved in individual reviews of dealership decisions. I am concerned that a very large number of arbitrators would be unduly burdensome and impractical to the point of being unworkable. The statutory language requires that arbitrations be conducted in the State where the covered dealerships are located. It is my hope that the arbitration process could be managed in a given State so that there would be one arbitrator or a small manageable panel of arbitrators within any given State. Does the chairman believe that the statutory language would allow for management of arbitration in this way?

Mr. DURBIN. Yes, the statutory language would allow for that. The primary intent of this provision is to ensure that covered dealerships have a fair and impartial review of the termination decision. I agree with the Senator from Michigan that we should try to avoid a situation where there would be hundreds or even thousands of individual arbitrators.

Mr. LEVIN. Mr. President, I want to highlight several provisions of the legislation now before us that I believe will provide important benefits to Michigan and the Nation, and one that I think does not serve the Nation's interests.

The Consolidated Appropriations Act of 2010 contains provisions that will improve our health care system, ensure that contracting dollars do not flow to companies avoiding income taxes by incorporating overseas, improve Federal oversight of our financial system, and improve educational opportunity for our citizens.

I am especially pleased to see an increase in funding for health information technology, HIT. This bill will provide $61 million to the Office of the National Coordinator for Health Information Technology. These funds will help increase administrative efficiency and move our current system away from paper-based organization. This will help ensure that doctors and patients have the necessary information easily accessible when working together to make important health care decisions and ensure that health records of individuals remain confidential. Improving the interoperability of our HIT systems will not only enhance the quality of care, experts believe that improved HIT will reduce health care costs for all Americans, streamlining billing practices and reducing administrative costs that waste so many billions of dollars.

I strongly support the bill's language continuing the prohibition on Federal contracts with ''inverted'' corporations. Corporate inversions—the practice of incorporating some or all of a U.S.-based company's businesses overseas—are transparent tax-avoidance schemes. There is no reason we should provide taxpayer dollars to firms that dodge their tax obligations, and I am pleased that we will continue to bar such companies from Federal contracting unless doing so would damage national security.

The bill also includes an increase of $151 million in funding for the Securities and Exchange Commission. This increased funding will support enhanced enforcement, capital market oversight, and investor protection activities, including investigations of accounting fraud, market manipulation, insider trading, and investment scams that target seniors and low-income communities. This is a wise investment in protecting our citizens and our economy from those who seek to profit by fraud or from taking excessive risks that endanger the financial system.

Also included are a number of important education provisions. The legislation would increase the maximum Pell grant award by $200, to $5,500; provide funding for disadvantaged, disabled and first-generation college students; and restore $1.5 billion in title I funding for disadvantaged public school students. Of particular importance is $11.5 billion in funding for Individuals with Disabilities Education Act programs, which marks a historic Federal commitment to education of those with disabilities.

There are also important measures that will help boost Michigan's economy and its future. I am pleased that this bill includes $1 million I requested for the Thunder Bay National Marine Sanctuary and Underwater Preserve in Alpena. Part of the National Oceanic and Atmospheric Administration's sanctuary system, the Thunder Bay Sanctuary protects well-preserved shipwrecks that are a valuable piece of Michigan's history and our Nation's. The funding provided in this bill will allow for expansion of the Great Lakes Maritime Heritage Center to include a Science Hall and other facilities that will allow more people to explore and learn about Michigan's maritime history.

The bill also includes important language that will bring the Woodward Avenue Light Rail Project closer to reality, an important economic development project in the heart of metropolitan Detroit. The conferees retained language regarding the Woodward Avenue project similar to language I authored for the Senate bill.

These all are important provisions worthy of support. But I am disappointed that the legislation includes a provision requiring General Motors and Chrysler to submit to binding, third-party arbitration in disputes with auto dealerships closed as part of those companies' restructuring efforts.

There is widespread agreement among auto industry analysts that GM and Chrysler needed to consolidate their dealer structure in order to compete. The Federal Government has made a substantial—and wise—investment in these companies, which are key components of our manufacturing sector. Submitting to arbitration of decisions already approved in bankruptcy court risks hampering the recoveries these companies and their workers are fighting so hard to achieve. My vote in favor of this act follows reassurances I received from the chairman of the Financial Services and General Government Appropriations Subcommittee, Senator DURBIN, in response to my concerns about a number of provisions in the arbitration language.

Mr. President, I suggest the absence of a quorum and ask unanimous consent that the time be divided equally.

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

The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

All time has expired.

The question is on agreeing to the conference report.

Mr. HARKIN. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from North Dakota (Mr. DORGAN), the Senator from Oregon (Mr. MERKLEY), and the Senator from Washington (Mrs. MURRAY) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND), the Senator from Kentucky (Mr. BUNNING), the Senator from Oklahoma (Mr. COBURN), the Senator from Oklahoma (Mr. INHOFE), and the Senator from Ohio (Mr. VOINOVICH).

Further, if present and voting, the Senator from Kentucky (Mr. BUNNING) would have voted ''nay.''

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

The result was announced—yeas 57, nays 35, as follows:

[Rollcall Vote No. 374 Leg.]

YEAS—57

Akaka	Burris	Collins
Baucus	Byrd	Conrad
Begich	Cantwell	Dodd
Bennet	Cardin	Durbin
Bingaman	Carper	Feinstein
Boxer	Casey	Franken
Brown	Cochran	Gillibrand
Hagan	Levin	Schumer
Harkin	Lieberman	Shaheen
Inouye	Lincoln	Shelby
Johnson	Menendez	Specter
Kaufman	Mikulski	Stabenow
Kerry	Nelson (NE)	Tester
Kirk	Nelson (FL)	Udall (CO)
Klobuchar	Pryor	Udall (NM)
Kohl	Reed	Warner
Landrieu	Reid	Webb
Lautenberg	Rockefeller	Whitehouse
Leahy	Sanders	Wyden

NAYS—35

Alexander	Enzi	McCain
Barrasso	Feingold	McCaskill
Bayh	Graham	McConnell
Bennett	Grassley	Murkowski
Brownback	Gregg	Risch
Burr	Hatch	Roberts
Chambliss	Hutchison	Sessions
Corker	Isakson	Snowe
Cornyn	Johanns	Thune
Crapo	Kyl	Vitter
DeMint	LeMieux	Wicker
Ensign	Lugar	

NOT VOTING—8

Bond	Dorgan	Murray
Bunning	Inhofe	Voinovich
Coburn	Merkley	

The conference report was agreed to.

Mr. DURBIN. Mr. President, I move to reconsider the vote and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Republican leader is recognized.

SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009

Mr. MCCONNELL. Mr. President, I think you are going to report the bill. Regular order.

The PRESIDING OFFICER. The minority leader is recognized.

Mr. MCCONNELL. Mr. President, is not the regular order to return to the health care bill?

The PRESIDING OFFICER. The clerk will report the pending business.

The legislative clerk read as follows:

A bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

Pending:

Reid amendment No. 2786, in the nature of a substitute.

Dorgan modified amendment No. 2793 (to amendment No. 2786), to provide for the importation of prescription drugs.

Crapo motion to commit the bill to the Committee on Finance, with instructions.

The PRESIDING OFFICER. The Republican leader is recognized.

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, we have been trying for days to get an agreement to have votes on the health care measure, which our friends on the other side have said is so important to the American people and must be acted upon before Christmas. Specifically, the pending Crapo amendment has been there since last Tuesday. It now becomes clear to me the majority simply does not want to have any more votes, presumably pending these discussions that are going on behind closed doors on a bill that almost nobody in the Senate has seen.

Therefore, I send a cloture motion to the desk on the Crapo amendment.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the pending Crapo motion to commit H.R. 3590, a bill to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees.

Mitch McConnell, Chuck Grassley, Judd Gregg, Lamar Alexander, Johnny Isakson, David Vitter, Sam Brownback, George S. LeMieux, Pat Roberts, Jeff Sessions, Bob Corker, John Barrasso, Jon Kyl, John McCain, Saxby Chambliss, Thad Cochran, Lindsey Graham.

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. McCONNELL. Mr. President, I hope we can bring to fruition a consent agreement to allow us to begin to vote. Yesterday, against considerable opposition on my own side, I basically backed down and offered the consent agreement the majority leader had offered a few days ago, which would have allowed our Democratic friends to have a side-by-side with their own amendment on the issue of drug reimportation and a side-by-side with Senator CRAPO's amendment on taxes. The majority objected, essentially, to the consent that they had previously offered a few days before.

I hope we can get back on track. The commitment was made by the majority at the beginning of this debate that we would have plenty of amendments. We had a process where we went from one side to the other, back and forth, smoothly. Either side was able to offer side-by-side amendments if they chose to. I think it is not fair to the American people—not fair to the American people to deny them the opportunity to have votes on what has been called the most important issue of our era, so important it has to be done before Christmas.

In the meantime, they are in some secret meeting, trying to come up with a bill that not only not all Senators have seen, not even Democratic Senators, but the American people have not seen it. We know what the core of the bill is. There are amendments the American people would like to see us debate and vote on and that is why I filed cloture on the Crapo amendment. Hopefully, we will not have to have that cloture vote, we can get back on track, as we were until things began to bog down midweek.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois, the majority whip.

Mr. DURBIN. Mr. President, the majority side offered a unanimous consent, I believe on three successive days, to the Republican side, which they did not accept. Then yesterday the minority leader offered a variation on that, which is being considered at this moment by the majority leader. We are not prepared—I am not prepared to make a statement until the majority leader has made a final decision, having talked over the new offer with our members. The time may come. I cannot predict whether it will.

I do believe we have to work on it some more. In the meantime, I think the floor should be open for comments. I ask unanimous consent the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Is there objection?

Mr. McCONNELL. Mr. President, I object.

The PRESIDING OFFICER. Objection is heard.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

Mr. McCONNELL. I object.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DURBIN. 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. DURBIN. 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.

The Senator from Arizona.

HEALTH CARE REFORM

Mr. KYL. Mr. President, given the season, maybe we should spend a little time talking about what Americans are wishing for Christmas. I don't think very many people in the Chamber have had much chance to go do their Christmas shopping. At least maybe we can consider what folks are telling us they would like to have. We have certainly heard it. They want jobs. They want the economy to improve. They want meaningful health care reform that will drive down costs and increase their access and avoid harming a full economic recovery. What they don't want is to be burdened with a litany of new taxes. Unfortunately, the health care bill we have been debating is layered with new tax after new tax.

What I hope is that the majority will eventually agree to considering more amendments, including, for example, amendments such as the Hutchison-Thune amendment which will limit the taxes in this bill, taxes that will hit families, seniors, the chronically ill, small businesses, those who use flexible spending accounts, and those, for example, who use medical devices. In total, there are 12 new taxes in this bill, many of which will take effect right after the bill passes, though the other components will not go into effect until 2014. The Internal Revenue Service estimates it would need between $5 and $10 billion over the next 10 years to oversee collection of these new taxes.

Americans know their taxes are going up if this bill passes. In fact, 85 percent believe that will happen, according to a new CNN poll. They are right. Surely that helps to account for the fact that a full 61 percent disapprove of the bill, according to that same poll, with just 36 percent supporting it. Think of that, a CNN poll, brand new, 61 percent of the American people oppose the bill, only 36 percent support it. Every week, the numbers get worse.

I spoke recently about the adverse impact of a new payroll tax on job creation, especially for small businesses. Today, I want to talk about how three additional taxes would hurt Americans: one, the new tax on the chronically ill; two, a new tax on flexible spending accounts; three, a new tax on medical devices.

First, let's talk about the chronically ill. These are the sickest Americans, the chronically ill and seniors who tend to have more medical problems. These folks would be hurt by a change in the Tax Code that actually raises the amount of money they owe the Federal Government every year.

Here is how it works. Currently, taxpayers can deduct the costs of their catastrophic medical expenses if those expenses exceed 7.5 percent of their income. The bill would raise that threshold to 10 percent. So people, especially seniors and the chronically ill, would have to spend a lot more of their own money on these kinds of expenses before they could begin to take advantage of a tax deduction.

The Joint Committee on Taxation says this change would cost taxpayers more than $15 billion over the next 10 years. We are talking about a lot of money. It would raise taxes on 5.8 million taxpayers, 87 percent of whom earn under $100,000 a year. So we are not talking about, for the most part, the wealthy. In fact, because of this problem, the Nelson amendment was adopted in the Finance Committee that would at least exempt seniors until the year 2016. Obviously, it isn't only seniors who pay the tax. Secondly, we don't want to impose it on them after 2016 either.

According to the CRS:

The deduction can ease the financial burden imposed by costly medical expenses. For the most part, the federal tax code regards these expenses as involuntary expenses that reduce a taxpayer's ability to pay taxes by absorbing a substantial part of income.

That is certainly true. Many people rely on this deduction to offset expenses beyond their control.

Under the Democratic bill, 5.8 million of the sickest Americans would get a bigger tax bill from Uncle Sam. That is not reform.

The second new tax is on flexible spending accounts. Many Americans with these flexible spending accounts would see a tax increase under the bill. How does that work? Under current law, employees can make a tax-free contribution to a flexible spending account in order to pay out-of-pocket expenses for medically necessary goods and services, things such as diabetes testing supplies, orthodontia bills for braces and tooth repair, to name a few. Right now, there is no limit on these contributions to the FSA. Most employers who offer the FSA peg it at about $5,000. The bill would cut that in half and limit by law the amount the employers could contribute to $2,500. Why? That means families would pay taxes on medical expenses in excess of that amount. That is the reason. They need more revenue under the bill. This is a very clever backdoor way to get it, limit the amount the employer can contribute to your FSA, so you end up having to pay more taxes on things that are important to your health care and that of your family.

The Joint Committee on Taxation estimates this provision would cost taxpayers $15 billion over 10 years or, to put it another way, it is one of the ways they raise revenues in the bill to pay for the high cost of the legislation, another $15 billion.

Who would be affected by this increase? The Employers Council on Flexible Compensation estimates that the median income for the 35 million Americans holding FSAs is $55,000. That is the median income—half are above, half are below. Think about that. Half the people who would be impacted by this make less than $55,000 a year. Many middle-income families will lose money on medical expenses because of this provision.

Finally, the medical device tax. The Democratic bill imposes an annual nondeductible tax on medical device makers that would cost $20 billion over 10 years. The reason for this, again, is to generate revenues to pay for the high cost of the bill; otherwise, why would you tax something that can be a lifesaver for people? I have said before that I could see, I suppose, taxing liquor or tobacco, but why would you tax this? This helps save lives. Thousands of products—wheelchairs, surgical equipment, contact lenses, stethoscopes, hospital beds, artificial heart valves, diabetes testing equipment—all of these are the kinds of medical devices targeted by this tax. It will even hit cutting-edge technologies such as CT scanners. Why would we do this?

American taxpayers are the ones who will foot the bill for the tax because, according to the CBO, the medical device tax ''would increase costs for the affected firms which would be passed on to purchasers and would ultimately raise insurance premiums by a corresponding amount.''

Congress taxes a device manufacturer. They pass the tax on to the cost of the item that takes care of the individual. And since the insurance companies usually have to pay for that, their premiums go up to reflect the increased costs—another reason why, under this bill, insurance premiums don't go down, they go up. This tax means increased costs for health insurers, which in turn pass it on to patients in the form of higher premiums. This would go into effect immediately, even though subsidies for government-mandated insurance are not available until 2014. The net impact would be an $8 billion increase in patient premiums in 2010, 2011, 2012, and 2013, before any of the subsidies in the bill take effect. Is this really what we want—to drive up patient premiums with new taxes? We know those are not the kinds of reforms Americans are asking for.

To reiterate, the taxes I have discussed include a tax increase on the chronically ill and seniors, a tax increase on holders of flexible spending accounts, mainly middle-income families, and a tax on medical devices that would drive up insurance premiums.

Many of the 12 total taxes would take effect immediately even though the rest of the bill wouldn't take effect until the year 2014. That is part of the budget gimmickry used to pay for this Federal leviathan. Your taxes go up in 2010 but nothing to show for it until 2014. That is why the Democrats claim to have a budget-neutral bill that comes in at less than $1 trillion. Washington will be sitting on a pile of money 4 years in advance of full implementation of the bill. But when you take a look at the true 10-year cost beginning in 2014, the price tag is an astounding $2.5 trillion, a figure confirmed by the chairman of the Finance Committee.

Because I disapprove of these budget gimmicks and the imposition of these taxes, I support the Hutchison-Thune amendment, an amendment which says that new taxes will not be enacted until the rest of the bill is.

I urge my Democratic colleagues not to object to voting on the pending amendments and to take up additional amendments such as the Snowe amendment, which will come later, and the Hutchison-Thune amendment, which would at least address the problems I have discussed. The American people don't want a slew of new taxes for Christmas.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, this would be the perfect moment for me to say to those who are following this debate: That is the critique of the Senator from Arizona of the Democratic bill. I would like to offer a critique of the Republican plan for health care reform, but I can't do that. It is impossible because it doesn't exist.

This bill, 2,075 pages, has been worked on for a year. It is not easy. It is complex. We have prepared a bill and brought it before the Senate. The Republican side of the aisle has had the same year and has produced nothing.

I am sorry, that is not true. They have produced press releases and speeches and charts and a handful of bills which attack sections of this bill. But they have not produced a bill that has been cleared by the Congressional Budget Office, as this one has; that will reduce the deficit; that will, in fact, reduce health care premiums for the vast majority of Americans, at least the growth in premiums. They haven't produced a bill that will mean 30 million more Americans will have health insurance. They haven't produced a bill that is going to finally give consumers a fighting chance against health insurance companies. They haven't done it. They have produced speeches and press releases. That is where we are today, after 1 full year.

Obviously, the other side of the aisle is happy with the current system of health care and doesn't want to change it. If they did, they would offer a comprehensive health care reform bill. They failed to do that. They have come before us and said: We have a lot of our own bills. We call them Republican bills. Not any of those bills have been subjected to the kind of scrutiny this bill has been subjected to by the Congressional Budget Office. They may have good ideas. I can't say that they do or don't. But by and large, they are just taking potshots at this bill because they don't have a bill.

You listen to the Senator from Arizona. He talks about taxes. He fails to mention one or two critically important things.

First, this bill has $441 billion in tax cuts in the first 10 years for average people trying to pay their health insurance premiums. I don't know if the Senator from Arizona thinks that is a good idea or not. He has never spoken to that, at least that I have heard. I think it is a good idea. If you are making less than $80,000 a year, we want to make sure you have insurance, and this bill wants to make sure we give you a helping hand. It is a tax cut.

Secondly, this bill provides tax relief for small businesses with fewer than 25 employees. Those are ''mom and pop'' small businesses, where they find it hard to buy insurance, and it is expensive when they find it. This bill gives a tax break to those businesses. So when the Senator comes up and speaks about this little tax and that little tax, he fails to step back and look at the big picture. The big picture is this bill changes health care in a positive way. It keeps the good things we have in America's health care system, but it changes some of the things that need to be changed.

This bill makes health insurance more affordable, and that is something every American wants. I have yet to hear a proposal from the other side of the aisle which does that—certainly nothing that has been subject to the scrutiny of the Congressional Budget Office.

This bill also expands health insurance to 94 percent of the American population. That is an all-time high. We have never had that many people insured in America.

The Senator from Arizona just talked about a tax on medical devices. Why would industries such as the hospital industry or the medical device industry or the pharmaceutical industry agree to pay more money to the government as part of this? For one very simple and fundamental reason: 30 million more Americans will have health insurance. They will be using more medical devices and paying for them with their insurance policies. They will be using more pharmaceuticals. More hospitals will get paid instead of relying on charity care.

So many of these providers have stepped up to us and said: If the goal is to expand the base of people insured paying into the system, our industry, which provides medical services, medical devices, and that sort of thing, is willing to participate, to come up with the money to make this work. That is the part the Senator from Arizona did not make a note of, and he should have. It is a very critical and important part of this.

So I would say that although none of us like to see taxes increased, if at the end of the day we believe our health insurance premiums will come down, that more Americans are going to have the peace of mind of health insurance; if they believe at the end of the day there will be more people insured and paying for more services, you can understand why the health care industry is participating in this conversation about this bill.

As for the tax cuts, for those making $80,000 a year or less, I think it is a good idea. It is one of the biggest tax cut packages we have had, and we pay for it.

This bill will generate a surplus in the Treasury in the first 10 years of $130 billion, in the second 10 years of another $650 billion. It is the biggest deficit-reduction bill ever considered on the floor of the Senate, according to the Congressional Budget Office, and the Republicans have nothing to offer which comes even close to that.

This is a rare Sunday session. The rest of the day will be spent with speeches like this on the Senate floor about this issue. But I can tell you, we have never considered one more important. This is an issue which touches every American, every American family, and every American business. We have worked long and hard to bring this to the floor. I know it is not perfect; no bill ever is. But it is a good-faith effort that has gone through the scrutiny of the Congressional Budget Office.

For the critics on the other side—and there are many—my first question to each and every one of them is, Where is your comprehensive health care reform plan? Where is a plan that has gone through the scrutiny and review that this plan has gone through? The answer is, it does not exist.

So I welcome their critique, but I understand it is a critique without an alternative.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the distinguished Senator from Iowa be recognized for 20 minutes, and that I be recognized at the conclusion of his remarks for up to 20 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. WHITEHOUSE. Mr. President, I thank the Presiding Officer and yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, the Senator from Illinois is still on the Senate floor. Last week, I pointed out the plans that Republicans have introduced right here. The only way the Senator from Illinois can have an out is he was cute—he was cute—in modifying it, that it has not been scored by the Congressional Budget Office. But here is the fact on what the Congressional Budget Office can do and not do.

They were busy since May with the Senate health bill, getting it scored. They were busy working with us in the Group of 6 to try to get a bipartisan bill scored. Since October 2 until now, they have been working with the Senate leader full time to score everything they have had a chance to put out.

So I do not want anybody listening around the country to think Republicans do not have alternatives to what is being offered. But the only thing he can say is: They do not have a plan that has been scored. But we have plans, and if they went to hire more help in the Congressional Budget Office, we will get them scored.

Mr. President, I rise for the sake of the 50 States in the United States today because in this 2,074-page bill is a massive budget burden for every 1 of the 50 States—or maybe I better say for almost all of the 50 States—because of the expansion of Medicaid. I am talking about Medicaid, a Federal-State program. I am not talking about Medicare, a totally Federal program.

If this bill becomes law, the Congressional Budget Office estimates by the year 2019, 54 million nonelderly, nondisabled Americans will be locked into Medicaid. Now, there is a very important word I want to emphasize—''locked''—because with these additional people in Medicaid, they will not have any choice. Medicaid is the only place to get their health care, where a lot of other people will have choices under what we call the exchange.

So let me say it another way. I say they are locked in because this bill does not allow Americans with incomes below 133 percent of the Federal poverty level to get tax credits like most other Americans who are not below 133 percent of the Federal poverty level in a subsidy that comes through the exchange.

Mr. President, 54 million Americans will be locked into a program—and this is where we get back to the States—that the 50 States cannot afford. We are not being honest with ourselves or our constituents or the people who will depend on the safety net if we try to argue that States can fund their share of this massive expansion.

Medicaid, as I said, is a Federal-State partnership, probably about 43 years old. The Federal Government pays for, on average, 57 percent of the cost of Medicaid. So, on average, States pay about 43 percent of the program, and the States administer the program.

In my State of Iowa, that division would be about 68 percent coming from the Federal Government, 32 percent the taxpayers of Iowa pay for.

To describe Medicaid's financial situation as fragile would be an understatement. Earlier this year, Congress voted to provide States an additional $87 billion to prevent States from drastically cutting back their program. That is $87 billion out of the $787 billion stimulus bill.

When we were considering that bill, the Government Accountability Office made it clear to us that States were in crisis. Every day you read about States being in crisis—budget crisis. The Government Accountability Office models predicted that State spending will grow faster than State revenues for at least the next 10 years. So here is the warning the Government Accountability Office has provided to those of us in Congress:

> Since most state and local governments are required to balance their operating budgets, the declining fiscal conditions shown in our simulations suggest that, without intervention, these governments would need to make substantial policy changes to avoid growing fiscal imbalances.

The State fiscal situation has not improved in the months since the Government Accountability Office report.

Now, let's go to the National Governors Association. They published a report recently entitled, ''The State Fiscal Situation; The Lost Decade.'' In this report, the Nation's Governors portray a bleak picture of State finances. Their report highlights the situation with State revenues and the economic situation. Their report notes:

> The recent economic downturn started in December 2007 and likely ended in August or September 2009, making it one of the deepest and longest since the Great Depression.

State revenues are not likely to rebound until the years 2014 or 2015. States will continue to have to finance retiree pensions, as they wait for this rebound. The National Governors Association's conclusion is, obviously, a somber one. Their report goes on to say:

The bottom line is that states will continue to struggle over the next decade because of the combination of the length and depth of this economic downturn and the projected slow recovery. Even after states begin to see the light, they will face the ''over-hang'' of unmet needs accumulated during the downturn.

Meaning the recent recession.

The report continues:

The fact is that the biggest impact on states is the one to two years after the recession is over. With states having entered the recession in 2008, revenue shortfalls persisting into 2014 and a need to backfill deferred investments into core state functions, it will take states nearly a decade to fully emerge from the current recession.

Here we have the National Association of State Budget Officers, from a December 2009 fiscal report about the terrible position States are in right now, even without loading them down with the additional burden that is going to come through Medicaid expansion in this 2,074-page bill. Quoting from the National Association of State Budget Officers:

States are currently facing one of the worst, if not the worst, fiscal periods since the Great Depression.

You see that quote behind me, as shown on that chart.

Under current conditions, States will face significant challenges if they are to meet their current Medicaid obligations—emphasis upon ''current''—without the addition of these millions of people being put on Medicaid because of the expansion in this 2,074-page bill.

States are also going to have to make substantial policy changes to meet their budget obligations just currently the way the situation is.

Will States cut their Medicaid Programs to cut costs? Right now, as a condition of the $87 billion in stimulus funds, States cannot cut because that is a requirement of the stimulus package. Under this bill, they will not be able to touch their Medicaid Programs until 2014, the year they are forced, then, to massively expand their programs.

So what will States do to make their budgets work? Will they cut roads and bridges? Will they cut education? Will they cut back on law enforcement and prisons? Will the States raise taxes?

I cannot say what 50 different States will do for certain. But States are going to have to make significant changes. Right now, in my State of Iowa, my Democratic Governor, Chet Culver, is trying the best he can to work out of a $565 million hole of which he has spending cuts in State government that is intended to address the shortfall in the current budget year. A shortfall of more than $1 billion is forecast in my State for the budget year that begins July 1 of next year. That is a major problem for our State legislators meeting in January. This isn't just Iowa. Forty-three States have been forced to cut spending in 2009. It is not just about the raw numbers, it is about the people served by the program.

A few days ago I had a group of constituents in my office asking for support for a children's mental health program. They told heart-wrenching stories about the challenges they face as parents in providing care for their children. Their children bravely recounted the struggles they have faced and are overcoming as they battle mental illness.

They benefit from a combined Federal-State program to provide them critical support services that aren't covered in Medicaid. The State dollars that go into that program are going to be severely jeopardized when this bill takes effect and the States are going to have to assume a larger share because of our forcing them to expand Medicare coverage.

It is going to hurt these children I referred to. Right now, Iowa is looking at the possibility of closing two State mental health facilities. In fact, the Des Moines Register recently editorialized that out of four, we only ought to keep one open.

On December 4, Iowa State courts were closed as workers there were furloughed without pay in an effort to close the budget gap. States are struggling to keep up essential services. Senators here will add a giant new unfunded mandate to States and hide behind the rhetoric of State responsibility.

It is very disappointing to have people who claim to be champions of the poor and the needy turn a blind eye to the obvious impact of their actions in this bill on State budgets and on the people served by those States. Yet, in the face of the evidence, the Democrats are proposing a bill that forces States to expand their Medicaid Programs.

This bill proposes that every State cover every American up to 133 percent of poverty. This is a massive expansion of the welfare state. It is the largest expansion of Medicaid in the 43-year history of the program. It will add another 15 million people to the Medicaid rolls. It will increase Federal Medicaid spending by $374 billion. It also will increase State spending by $25 billion.

Which States will be affected? Every State here that is colored in red on this chart will be affected by this mandate. States are in their most dire fiscal situation since the Great Depression and the Democrats want to slap all of these States in red with a huge unfunded mandate.

The majority obviously believes Medicaid expansion is the right way to increase coverage. The majority is willfully ignoring facts. States already can't afford the programs, and this bill requires States to expand their programs and make them pay more for the privilege of doing so.

That is not the only cost being shifted to the States. The insurer tax in this bill hits Medicaid managed care plans. Those managed care plans run on an extremely narrow margin. The tax on them is simply going to be passed on to the States. The decision made in the back rooms of the majority leader's office to keep all of the additional Medicaid drug rebate dollars for the Federal Government will hurt States.

I know some people will try to argue that you can't take something from the States they never had, but for years States have been negotiating supplemental rebates with drug companies. Those will most certainly go away. As more and more people get added to the fraying safety net, that safety net will not be able to hold up. That safety net is going to fall apart. This is a bill that will crash the safety net. If this bill is signed into law, it is only a matter of time before Congress is forced to come back and restructure the policies in this bill and spend tens of billions of dollars more to keep the safety net from failing completely.

Providing extra dollars to the States is going to become an annual rite in the Congress. It will very quickly become the so-called doctors fix or the SGR problem of Medicaid. The Governors know this as well. I wish to quote some.

I will start with Nevada Governor Jim Gibbons:

Under the Reid plan, a mandatory expansion of the Nevada Medicaid program would add more than 41,000 people to the program's rolls in 2014, expanding Nevada's Medicaid enrollment by nearly 60 percent by 2019. Overall, the Reid plan will cost Nevada taxpayers more than $613 million in State General Fund dollars between 2014 and 2019. In addition to imposing this massive tax burden, the bill also removes existing state options, essentially federalizing this program.

Then a quote from North Dakota's Governor John Hoeven:

We, along with the National Governors Association, urge extreme caution in moving forward with any plan that would commit the states, without their express participation and consent, to obligations that may financially bind them for decades into the future.

I will close with two of my favorite Governor quotes, and both of these are Democrats. The governor of Tennessee says this:

There won't be new prisons built during that period. There won't be much in the way of capital improvements in the state during that period. So it's very scary for governors to be saying as soon as the revenues get back there, the federal government is going to come in and say here's how you're going to spend your new money.

Governor Brian Schweitzer of Montana, describing Medicaid, says:

One of the least effective programs in terms of health care in the history of this country is something called Medicaid. About 20 percent of America is on a Medicaid program and they would like to shift it and grow it to somewhere around 25 or 30 percent.

A quote from Governor Schweitzer goes on:

Now Medicaid is a system that isn't working, almost everyone agrees. But what Congress intends to do is increase the number [of people] on Medicaid so they could do it on the cheap. It is not working for anybody.

The Democrats in Congress are committing well more than $1 trillion of taxpayer dollars to health care reform.

It is not our money, it is the taxpayers' money. It is our responsibility to make sure it is spent wisely. In Medicaid, with a massive expansion and a de facto tax increase on the States, this is clearly not the case. In other words, the money is not spent wisely.

Mr. President, how much time do I have?

The PRESIDING OFFICER. The Senator has 1½ minutes remaining.

Mr. GRASSLEY. In a minute and a half, I would simply bring to the attention of all of the Members of the Senate the fact that between now and December 30 of this year, besides working on this health care bill, we have these things that have to be done:

The debt ceiling has to be increased.

We have to pass the Defense appropriations bill.

We have to decide what is going to happen with the death tax. The estate tax is going to end at the end of this year. Next year, there is not going to be any estate tax. I don't think anybody wants that situation to happen because it is only going to happen for 1 year, so we need to do something on estate tax.

The highway bill needs to be reauthorized or extended.

The PATRIOT Act has to be extended because at least three parts of it expire, and if they are not reinstituted, a lot of the work of the FBI tracking terrorists is going to be impossible.

We have several tax provisions—73, to be exact—that are extended from time to time. They need to be extended.

Doctors are going to take a 23-percent cut in their reimbursement under Medicare if we don't do something about it.

The Federal Aviation Administration needs to be reauthorized, and maybe the Satellite Home Viewers Act needs to be reauthorized, all between now and the end of the year.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. GRASSLEY. This bill doesn't take effect until 2014, so we ought to be getting off of this health care bill and get some of these things done that need to be done before the end of the year.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island is recognized.

Mr. WHITEHOUSE. Mr. President, it appears to be just the two of us here, so if the Senator from Iowa wishes to take a few more minutes to conclude his remarks, I have no objection.

Mr. GRASSLEY. No, I am finished. I thank the Senator.

Mr. WHITEHOUSE. Very well. Mr. President, I have had the chance to sit yesterday where the Presiding Officer is sitting today and hear several hours of Republican criticism of the health care bill, much of it focusing on the recent report from the CMS Office of the Actuary and the concern about cost. I wish to say a few words about that.

Clearly, the problem of cost is a very real and dramatic one. This is the curve of our national health care spending, starting back in 1955, the year I was born, at $12 billion and increasing at an accelerating rate until in 2009 we were at $2.5 trillion every single year. Of course, if we look at the curve, we are not going to level out next year at that level; it is going to keep rocketing upward to the point where in my home State of Rhode Island, if we don't do anything, by 2016—which is just over the horizon; it is not too far to look forward to, even in this building—$26,000 is what it will cost the average family of four for their health insurance. So the problem of cost is a very real one and the numbers involved are staggering.

However, if you are going to look at the CMS report, I would suggest there is not just one number to look at, there are several numbers. Then there is an alternative consideration that I think we need to consider.

The Republicans have focused on page 4 of the CMS report where the Actuary estimates that total national health expenditures under this bill would increase by an estimated total of $234 billion, or 0.7 percent during the calendar years 2010 to 2019, over those 10 years. That is an important number, I will grant them that, but I think there is another number that is equally important—indeed, more important, and that is on the page before. On page 3 the CMS Actuary says that: "Under this legislation, an additional 33 million people would become insured by 2019."

An additional 33 million Americans would become insured by 2019. Think about that. We have over and over again come to the floor and told of stories from our home States, heard our colleagues tell us stories from their home States about the terrible toll and tragedy that befalls families when they are uninsured or underinsured. Just 30 years ago when we were about here on the chart, only 8 percent of American families filing for bankruptcy protection did so as a result of medical bills. Now it is 60 percent. Sixty percent of family bankruptcies relate back to medical emergencies, unforeseen diagnoses, medical bills that have broken the family. Thirty-three million people with adequate health insurance so they don't face that trauma and that catastrophe, that is something real.

It has been estimated that because of a lack of insurance, 40,000 people a year die prematurely. Forty thousand Americans dead as a consequence of lack of insurance. So this bill would cover 33 million people and lift that burden of worry, of anxiety, of financial catastrophe, of illness, even of death, off of all of those families. That is not something to shrug off. Yet, not once did I hear that number mentioned by the other side. Not once did they even mention that this bill would cover 33 million Americans who would otherwise be without health insurance. They must hear the same stories at home. It is not that in Republican States there are no bankruptcies and no deaths because people are uninsured and no misery, no tragedy. They just come to this floor and don't bother to count that side of the equation.

Another number out of the report is that if you took just the savings side, the net savings from the Medicare-Medicaid growth trend and class proposals in the bill are estimated to total about $564 billion—net savings totaling $564 billion, before you get to those 33 million. When you cover them, that is how it gets to that $224 billion. If you do rough math, and if you have 33 million Americans and they start getting coverage, say, 5 years out—so that there is 5 years of coverage in this for them—divide by $234 billion, it is about $1,500 per person per year to have those 33 million people insured.

Anybody who thinks for 1 minute about the human side of our health care tragedy cannot help but think that that would be a wise investment—for $1,500, to give somebody the security of health insurance. Of course, that assumes that this bill actually does, when it is implemented, raise costs by $234 billion.

As somebody used to say on the radio, that is not the end of the story. The end of the story takes a little bit of development. I note that the Actuary himself said that the actual future impacts of this act on health expenditures, insured status, and individual decisions, and employee behavior are "very uncertain."

Why? Because few precedents exist for use and estimation. Consequently, "the estimates presented here are subject to a substantially greater degree of uncertainty than is usually the case with more routine health care proposals."

In the conclusion, the CMS Chief Actuary reiterates that, saying:

> These findings are subject to much greater uncertainty than normal. Many of the provisions are unprecedented or have been implemented only on a smaller scale. Consequently, little historical experience is available with which to estimate the potential impact.

Where does that affect the bill? It doesn't affect it in new coverage. We know how much it costs to cover people. It doesn't affect it with expanding access to health care. We know how much that costs. Where it affects it is on the savings side.

It is not just the CMS Actuary who says that. As I will get to in a moment, that is also the conclusion of the Congressional Budget Office. They agree on this. If we are going to get something done about this health care increase, we are going to have to do something about reforming the delivery system, about taking out waste and excess costs. Those things are, by definition, hard to predict. They don't lend themselves to the actuarial prediction that the CMS Actuary does and that CBO does. But there is a big target out there. Here is President Obama's Council of Economic Advisers. They had a report out in July:

Efficiency improvements in the U.S. health care system potentially could free up resources equal to 5 percent of U.S. GDP.

It should be possible to cut total health expenditures about 30 percent without worsening outcomes . . . which would again suggest that savings on the order of 5 percent of GDP could be feasible.

Five percent of GDP is about $700 billion a year. So there is a big saving target to do something about those national health expenditures. And some groups, such as the Lewin Group, have come up with pretty good ideas of where those savings could be found. They, by the way, don't project it as $700 billion a year in excess waste and costs. They predict that it is over $1 trillion a year that we now burn up in our system through excess services, waste, and excess costs. They actually have broken out where you can find excess costs due to transactional inefficiencies, excess billing and paperwork, excess cost due to competition and regulatory factors. They don't compete. You get a couple of big insurance companies in there that take over and they are not subject to the antirust laws and make deals with each other and with the hospitals—of course, the regular person is on the short end of that deal. Excess cost from poor care management and lifestyle factors. We know care management is terrible. There is very poor coordination of care and we are investing in wellness and prevention to address lifestyle factors. Excess costs from incentives to overuse services. When you pay doctors, that is what they do. When you pay for better health care outcomes, you will get them and get them cheaper. This adds up to over $1 trillion in excess costs. It is our target. It is a real number. It is a big number.

There is a problem with how you get after the savings. A lot of people actually agree on this. I will pull a couple of sources together. We heard from the CMS Actuary, who said some of this is unprecedented and there aren't historical records to exactly extrapolate how it is going to work. Here is what Doug Elmendorf, the head of the CBO, said:

Changes in government policy have the potential to yield large reductions in both national health expenditures and Federal health care spending without harming health.

Many experts agree on some general direction in which the Government's health policy should move. Many of the specific changes that might ultimately prove most important cannot be foreseen today and could be developed only over time through experimentation and learning.

There is a potential for large reductions in costs. We agree on the general direction that needs to be pursued to achieve large reductions. But experimentation and learning are going to be necessary to do it.

There is a Professor Jonathan Gruber, probably the lead health economist—one of the leading health economists in the world, who is at the Massachusetts Institute of Technology. He said this:

My summary is, it is really hard to figure out how to bend the cost curve. But I can't think of a thing to try that they didn't try—

That is in our bill.

They really make the best effort anyone has ever made. Everything is in here. I can't think of anything I would do that they are not doing in the bill. You couldn't have done better than they are doing.

Seven hundred billion dollars to a trillion dollar target—hard to project it whether you are CBO or CMS. But we know the general directions that are required, and we have everything in this bill that we can to explore it.

Somebody has actually taken a bit of a look at this, and they admit their findings aren't as solid as a full actuarial report. But the Commonwealth Fund does a lot of work in this area. They are very good people. Here is what they conclude:

The effect of national reform on total national health expenditures and the insurance premiums that families would likely pay is this: We would save $683 billion, or more, in national health spending over the 10-year period 2010 to 2019.

Where do they go for that? To things such as administrative expenses. Remember, I pointed out the problem of administrative expense and transactional inefficiencies? Currently, nearly 13 percent of insurance premiums are accounted for by administrative costs. Things that we do in this bill can reduce that. They make a very modest estimate that administrative costs will fall 10 percent of total premiums.

The reduction in health spending associated with reduced insurer administration is $191 billion to $221 billion over 2010 to 2019. That is just making the paperwork more efficient. And it is around a $200 billion savings.

CBO also estimates some reduction in premiums from exchanges. If you take the CBO estimates, and they apply them here, they say those estimates from the exchanges yield 10-year savings of $29 billion to $34 billion. Then they look at the delivery system innovations—payment innovations, so you are paying for outcomes, not procedures, and negotiations in pharmaceutical prices. As you know, our friends across the aisle made the pharmaceutical industry immune from negotiation by the Federal Government in their last piece of legislation, Part D; comparative effectiveness studies, so you know whether something works or not before you pay for it; financial incentives for low-quality and high-cost providers to get their act together; wellness and prevention investments; demonstration and pilot projects on Medicare to pull things together, and the ongoing Medicare Commission that our colleague Senator ROCKEFELLER is such a champion of, as well as the excise tax on the high-cost insurance plans.

The exact amount to be saved from these provisions collectively is uncertain, the report admits. They look at scholarly estimates. One scholarly report estimates that significant health care reform could reduce cost increases by 1.5 percentage points annually, or more than $700 billion in the 10-year window. Another report estimates that a savings of more than 10 percent is possible, largely from payment reforms such as bundled payment systems.

A Commonwealth Fund report indicates that similar provisions would slow the annual growth in national health expenditures from 6.5 percent to 5.6 percent over the period 2010 to 2020.

So cost reductions on the order of 1.0 percentage points are realistic. To be conservative, they considered cost changes of a smaller amount, .75 percent. They concluded that the public and private savings from health system modernization are $530 billion over the 10 years. Taking account of these different factors, they say, on net, the Senate bill should reduce health care spending by $683 billion over 2010 to 2019.

Why is that? We have another very thoughtful observer of the health care scene who has offered opinions on this, and that is Dr. Atul Gawande, who has written several times in the New Yorker on this subject. He notes that:

It appears the legislation has no master plan for dealing with the problem of soaring medical costs. We crave sweeping transformations. However, all the current bill offers is those pilot programs, a battery of small-scale experiments. The strategy seems hopelessly inadequate to solve a problem of this magnitude. And yet—

He concludes, and here is the interesting thing—

history suggests otherwise.

And uses the example:

Another indispensable, but costly sector, that was strangling the country at the beginning of the 20th century, and that was agriculture.

He said:

The government never took over agriculture, but the government didn't leave it alone either. It shaped a feedback loop of experiments and learning and encouragement for farmers across the country.

Experiments and learning. Does that sound like the CBO words?

The results were beyond what anyone could have imagined. Productivity went way up, prices fell by half. Today, food is produced on no more land than was devoted to it a century ago, and with far greater variety and abundance than ever before in history.

The strategy works because United States agencies were allowed to proceed by trial and error, continually adjusting policies over time, in response not to ideology but to hard measurement of the results against social goals. The same goes for reforming the health care system . . . Nobody has found a master switch that you can flip to make the [delivery system cost] problem go away. . . . we first need to recognize that there is no technical solution.

Much like farming . . . hospitals, clinics, pharmacies, home-health agencies, drug and device suppliers. . . . They want to provide good care, but they also measure their success by the amount of revenue they take in, and, as each pursues its individual interests, the net result has been disastrous.

The system, he says, ''rewards doing more over doing right, it increases paperwork and the duplication of efforts, and it discourages clinicians from working together for the best possible results.''

The PRESIDING OFFICER. The Senator has used 20 minutes.

Mr. WHITEHOUSE. May I have an additional 5 minutes?

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

Mr. WHITEHOUSE. Dr. Gawande continues:

Pick up the Senate health-care bill—yes, all 2,074 pages—and leaf through it. Almost half of it is devoted to programs that would test various ways to curb costs and increase quality.

Just like Professor Gruber said:

. . . I can't think of a thing to try that they didn't try. They really make the best effort anyone has ever made. Everything is in here. . . . I can't think of anything I'd do that they are not doing in the bill. You couldn't have done better than they are doing.

Dr. Gawande continues:

The bill is a hodgepodge. And it should be. Which of these programs will work? We can't know. That's why the Congressional Budget Office doesn't credit any of them with substantial savings. . . . But we should not lose faith.

He concludes:

. . . there's no piece of legislation that will have all the answers. . . . But if we're willing to accept an arduous, messy, and continuous process we can come to grips with a problem even of this immensity. We've done it before.

So when the other side comes to the table and argues that this bill is a cost disaster, a nightmare, and all the things they are saying, I urge people to consider two things. First is that they have been pretty clear that they do not want a bill at all, ever, any bill, none. Their desire to deny our new President this victory is an ulterior goal they have declared. Senators have said they want it to be his Waterloo. They have said: It is our goal to break him, to break his momentum.

So when they say start over, it is a little hard to believe it. If they were candid, they would say: No, stop dead and leave things just the way they are. Obviously, they could not say that because America would not get behind that. So they have come up in the last few days with this ''start over'' theory.

When you look at what their political purpose is, to break President Obama, to break his momentum, to stop any health care bill from happening, it is worth considering their protestations on the floor in that light.

The other light in considering them is in this one: If we are going to save significant money by making the delivery system more efficient, all experts agree you cannot cost it out in advance. The actuaries cannot figure it out. But the tools we need to make it happen, the intent of the Obama administration to make it happen is in there.

The savings target is between $700 billion and over $1 trillion a year. When we achieve those savings, we are improving the quality of health care. It is less duplicative, it is less wasteful, it is less paperwork, and the quality goes up.

A perfect example is the famous Keystone Project in Michigan where they practically eliminated hospital-acquired infections in intensive care units in a number of hospitals in Michigan. In 15 months, they saved 1,500 lives and $150 million. When they started that project, could an actuary have predicted that would happen? No, never. Never. And at the beginning of the agricultural revolution, when agricultural extension agents first went out and we modernized the American agricultural center, could they have predicted what Dr. Gawande reported? No, they could not. You cannot predict it, but this President can direct it. He can make it happen. We will give him the tools.

For those who are concerned about cost, there is very significant grounds for optimism about what happens in this bill. If we don't do it this way with those delivery system reforms, we are going to be left with a bloody toolbox, cutting people off, throwing them off, chopping the benefits, paying providers less. It will be to health care reform what a Civil War surgeon's toolbox was to modern medicine—saws, knives, cauterizing irons, and the patients screaming. It does not have to be that way. There is a better way, and it is in the bill.

I thank the distinguished Senator for yielding me the extra time. I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina is recognized.

Mr. BURR. Mr. President, I ask unanimous consent to speak for 20 minutes.

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

Mr. BURR. Mr. President, as my colleague finished, he made the statement, ''when the other side comes to the table.'' Let me just say at the beginning, we have been asking to be invited to the table since the beginning of this debate. Unfortunately, we don't know where the table is. We have never been invited, and we hope before this is over we will have an opportunity to provide input into a health care bill that affects 300 million Americans.

But on this rare session, as I have heard it described, of a Sunday session of the Senate where I know the Presiding Officer of the Senate has sat in the chair for quite a while now, I am reminded of one of our colleagues, the Senator from Oklahoma, the doctor, TOM COBURN, whose mother passed away on Sunday. Sometime this weekend there is a service.

I know my colleagues join me in saying to TOM that our hearts and our prayers go out to him and to his family. My mother died in between the time I was elected to the Senate but before I was actually sworn in. She was able to see me win, but she didn't live to see me sworn in to the Senate.

I know how traumatic the loss of a parent can be. I remember, in my case, how quickly you focus on the fact that mothers have an incredible gift given to them by God—the gift of birthing children, of replenishing the next generation. I remember my focus shifted from the loss of my mother to the responsibility of my children. I think as parents we had undervalued that. That was a shock to me to make me wake up and say: I have a responsibility now to make sure that I nurture, to make sure that I raise, to make sure that I educate. It fell on my wife's and my shoulders because that is the next generation of business. That is and will be the next generation of leaders locally, at the State level, and at the national level.

Parents are invaluable but so are the kids they produce and the opportunity from there on generationally to experience what is great about this country, and that is unlimited opportunity. My responsibility is not just to nurture and to raise two sons, in my case, or in TOM's case great daughters, and one is a tremendous opera singer—probably one of the most sought after in the world—but it is also to make sure we protect the opportunities we were given, to make sure that what people have fought for in wars before are recognized to preserve the opportunity of success.

I feel as though, in our position today, that is part of our responsibility. We are here to preserve the opportunity for generations—for pages, for children, for our own kids.

So it does hurt on a rare Sunday session to have come in during one of the most difficult economic crisis periods in our country's history and watch without much thought as the Senate passed a spending bill that had a 12-percent increase from last year, something no family can do right now, something that no individual can do.

We will borrow 43 cents of every dollar that we just spent in that bill. There is no family in the world who can go into a bank today and say: I would like to borrow 43 cents on every dollar. I would like to go out and buy this big-screen TV. I don't need it, but I want it.

There are some things in this bill we need. But there is a lot in this bill we just want—over 5,000 earmarks. Members of Congress actually, at a time that we should be prioritizing our spending in this country, not only did we raise it 12 percent over last year, but we had the audacity to stick 5,244 earmarks in this bill because we can do that, because somebody asked us.

The truth is, families cannot, communities cannot, most States cannot. They have laws against it. They have to balance their budgets. Families have to balance their budgets or they file for bankruptcy. Communities have to balance their budgets and try to meet the core responsibilities of providing services to their communities. There is a choice when they do it: Do we overtax a community through property taxes or do we prioritize on what we spend our money?

We never prioritize in this institution anymore. We believe we can spend as much as we possibly want to, and that is evidenced by 5,244 earmarks. The fact is, we just spent $3.9 billion that was not even in the bill originally when the appropriators received their caps.

I am sure the community needed their park, and I am sure that the community needed the study or the service that each one of those 5,244 earmarks represent. But let me ask this: If they need it that badly, couldn't they fund it themselves? Let me say it again.

If they need it that badly, couldn't they fund it themselves?

Why were earmarks created? It is a way to get somebody else to pay for something you want, not necessarily what you need.

Let me say to you, Mr. President, and my colleagues, to everybody listening: We are broke. We borrow 43 cents of every dollar we spend in the Federal Government right now. The 10-year projection says we are going to increase the debt in the next 10 years more than we did under the previous 43 Presidents.

What else do we need to hear to stop spending? It just continues to roll on and on.

You know what. We are going to get another opportunity next week to spend money we don't have. We are going to get an opportunity to raise the debt ceiling, something that for the 15 years I have been here was a big debate: How much do we need? When do we do it? It was a tool that we used to force us to prioritize. We are going to stick a $1.8 trillion debt ceiling increase into a Defense appropriations bill so that everybody feels guilty about voting against it if they do—and I will, for the first time, because I believe it is wrong. I believe it is wrong, and it should not be done.

Let me just say this: Sometimes you have to say no. As my children grew up, the toughest thing was to look at those kids and say no. I want this. What do you want for Christmas? I want this. No.

When I started work, I was always told in sales: The toughest thing you are ever going to have to do is say no.

I will buy it from you, but I will only pay this much. No.

We are at that point where the American people have said prioritize. We have to look at communities, we have to look at States, and we have to have guts enough to say no.

Wealth is not created by government. Wealth is not created by States. But government steals wealth when the opportunity is available.

Communities will grow, and they will be healthy, and States will grow and they will be healthy but only through local success. It does not come through handouts from the Federal Government. All that does is give us a false sense of security and a false sense of a bank account.

In the midst of all this, as we passed this huge spending bill, a 12-percent increase, we are debating health care. We are debating a $2.5 trillion health care bill that steals $464 billion from Medicare.

I talked about the transition I went through from the loss of a parent to the focus of children, and now all of a sudden I am back to stealing from my parents. As an institution, we are getting ready to steal $464 billion from Medicare, and people up here don't seem worried about it. My dad and possibly your dad and your mother have been paying into it their entire lives and were promised it would always be there.

I am going to tell you a little secret today: Medicare is underfunded by $34 trillion. That is trillion, with a ''t.'' You know the most popular bumper sticker around today is: Don't tell Congress what comes after a trillion. So Medicare is underfunded by $34 trillion. That is not a guess by an actuary, that is a real number. The Medicare board says it is insolvent in 2017—8 years from now. What are we doing? We are stealing $464 billion out of it.

I have heard people come to the floor and say they will never miss it. It would not affect a benefit. It would not affect a service. It would not affect a facility, a hospital. Now, all of a sudden over this weekend, we have been presented with news stories that suggest—because nobody has seen a bill, including many Democrats—there may be a deal that expands Medicare to include the 55-to-64-year-old age group—potentially, 20-plus million people. I have heard other people say it is only going to be 2 million or so. I guess it will be crafted in a way that it will leave some out and put some in. I am not sure how you do that. I thought the purpose of the Federal Government was to be fair and equitable to all. But maybe this will be crafted in a way that we let 2 million 55-to-64-year-olds in and we leave the other 18 million-plus out.

Anyway, my good friend from Rhode Island talked about the CMS Actuary and what he had to say. I wasn't prepared to come today and read every editorial out of the Wall Street Journal, but had I done so, I think they would have rebutted most of what my colleague said. But let me just read a couple quotes from the Actuary—the same one Senator WHITEHOUSE talked about.

This report says:

> The Reid bill is especially likely to result in providers being unwilling to treat Medicare and Medicaid patients.

'' . . . unwilling to treat Medicare and Medicaid patients.'' In other words, not stealing the $464 billion—well, yes, stealing the $464 billion is going to generate less interest by providers to see patients. There is only 60 percent of the doctors today seeing Medicaid patients. There is about 74 percent seeing Medicare patients.

So if you like your health insurance, you can keep your doctor, you can keep your plan. Well, that is out the window basically, based upon what the CMS Actuary said. The Actuary noted:

> The Medicare cuts in the bill could jeopardize Medicare beneficiaries' access to care.

Keep in mind, this is the President's person. Medicare cuts in the bill could jeopardize Medicare beneficiaries' access to care. He also found that roughly 20 percent of all Part A providers, which are hospitals and nursing homes—two things additionally that we specifically cut, hospitals and nursing homes—would become unprofitable within the next 10 years as a result of these cuts.

Well, my take as a businessman, not a lawyer, is that when an entity is unprofitable, they go out of business. When there is not enough revenue to meet your expenses, you close your door. So in essence, what the CMS Actuary noted in this was that hospitals and nursing homes would shut their doors. They would close. That is why Senator CONRAD and others and me, who represent rural parts of the country, have tried to say to my colleagues: Pass that bill, and you eliminate rural hospitals. You eliminate the ability to provide preventative care in rural America.

When a woman in rural America gets pregnant, there will not be prenatal care there. She will have to drive 60 miles to get the prenatal care she needs, and she will never do that. But she will drive 60 miles to deliver that baby who will end up in the NIC unit, probably for weeks, because she didn't have the proper prenatal care. We will spend hundreds of thousands of dollars to treat that baby when we could have kept that local facility open to provide the level of preventative care she needed. But, no, in this it says 20 percent—20 percent—of our country's hospitals and nursing homes will close if we pass the Reid bill.

The Actuary also found that further reductions in Medicare growth rates through the actions of the Independent Medicare Advisory Board—now, this is important, because this is what they always point to, that the Medicare Advisory Board is going to do this. The Independent Medicare Advisory Board, which advocates have pointed to as an essential linchpin in reducing health care spending—may be difficult to achieve, in practice.

In laymen's terms: They ain't gonna do it. So the independent Medicare advisory board, the CMS Actuary says it is not going to happen. Gees, how can we take the same Actuary's report and get such a different view of what the results of this bill are between me and the last speaker?

The Actuary says:

> The Reid bill would cut payments to Medicare Advantage plans by approximately $110 billion over 10 years, resulting in less generous benefit packages and decreasing enrollment in Medicare Advantage plans by 33 percent.

Like your insurance? You get to keep it. No. Like your doctor? You get to keep him. No. Like your hospital? You get to keep it. Not if it closes. Like your nursing home? You get to keep it.

No. The Actuary says 20 percent of them are going to go out of business. They would not be in business.

As a matter of fact, the Reid bill funds $903 billion in new Federal spending by relying on Medicare cuts. As a result, the actuary says:

> Providers could find it difficult to remain profitable, and absent legislative intervention might end their participation in the Medicare program, possibly jeopardizing access to care for beneficiaries.

Well, now we have eliminated the hospital, we have eliminated the nursing home, we have eliminated Medicare Advantage, and now the Actuary says the doctors, because of what we are doing, may opt out of the system.

The majority whip came to the floor earlier, and he said the Republicans will not offer a plan. For the record, and for the 100th time, TOM COBURN and I introduced comprehensive health care legislation in May. We were the first Members of Congress, House or Senate, to introduce comprehensive health care legislation. I am not sure how many times I can come to the floor and say that. TOM and I have come down and spoken hour after hour and given descriptions of what our plan does.

We don't expect it to be adopted. It has some good things in it. We would love to have some input into whatever the legislation is going to do. But make no mistake about it, just because you stick your head in a hole and do not see anything else out there doesn't mean it is not there. To come to the floor and claim that no Republicans have offered a legislative remedy to health care is to stick your head in a hole and say: I am not going to look; therefore, nothing exists.

I know I am coming to the end, and I see the ranking member of the Finance Committee wants to speak.

The PRESIDING OFFICER. The Senator has 30 seconds.

Mr. BURR. My good friend from Rhode Island said—I wrote it—''Actuaries can't cost it out.'' He said before he left the floor: ''Actuaries can't cost it out.'' Well, he may or may not be right. I can tell you this: The American people can cost it out, and the American people have said no—no to passage of this Reid health care bill. We should listen to the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, we keep hearing about all the tax cuts that are in this 2,074-page bill. Earlier today, I heard the distinguished senior Senator from Illinois say this, after Senator KYL was done speaking, and I am reading from the transcript.

> First, this bill has $441 billion in tax cuts in the first 10 years for average people trying to pay their health insurance premiums. I don't know if the Senator from Arizona—

There he means Senator KYL—

> thinks that is a good idea or not. He has never spoken to that at least that I have heard. I think it is a good idea. If you are making less than $80,000 a year, I want to make sure you have insurance, and this bill wants to make sure we give you a helping hand. It is a tax cut.

First of all, when you have a tax credit or subsidy for buying insurance, the Joint Committee on Taxation describes 73 percent of that as outlays, 27 percent as tax reductions. So to call $441 billion a tax cut is completely contrary to the way scorekeepers for the Congress keep track of things.

The second thing I noticed, in talking about helping people earning $80,000 a year or so—and I heard another Senator speak frankly about tax increases for people at $75,000—is that there seems to be an effort to define down what the middle class is, from the way the President of the United States described it during his campaign—individuals under $200,000 and families under $250,000 being the middle class.

Well, I wish to go into some detail about this because I have had an opportunity to speak on this point and I think other Members have as well and somehow we don't seem to get through to our friends on the other side of the aisle who have consistently stated that the Reid bill, according to the Joint Committee on Taxation, is a net tax cut—and emphasis upon the word ''net.''

Yesterday, this chart was used to illustrate this point—a chart the other side was using to illustrate that point. This chart I am referring to has multiple bars with dollar figures. For example, in 2019 we see here a figure of $40.8 billion net tax cut. My Democratic friends said this number came from the Joint Committee on Taxation. Unfortunately, the chart my friends were using at that time is not entirely clear on how they came up with this net tax cut, so that is what I want to bring to the attention of my colleagues. It was quite natural for most to wonder how that number came about, so they said: Show me the data.

To clear up any confusion, here is the Joint Committee on Taxation table the Democrats relied on to claim that the Reid bill results in a net tax cut. Do you see here this negative figure of $40,786 million? Of course, negative, that minus mark there. My friends on the other side, unfortunately, do not explain what is going on. Instead, it appears the other side simply made an assertion that they hope many of us, and those in the media, would believe. I am not going to let my friends on the other side of the aisle get away with this because the entire story is not being told. So let me take a moment to explain.

First, in simplest terms, where you see the negative number on this chart, the Joint Committee on Taxation is telling us there is some type of tax benefit going to the taxpayers. For example, families making between $50,000 and $75,000 you can see have a negative $10,489 number in their column. This means the Joint Committee on Taxation is telling us that this income category is receiving $10.4 billion in tax benefits. But I need to have you listen more closely because when we see a negative number on this chart, the Joint Committee tells us there is a tax benefit. So, conversely, where we see positive numbers, in these areas here, where you see positive numbers, the Joint Committee on Taxation is telling us these taxpayers are seeing a tax increase.

I have actually enlarged those numbers of tax returns and the dollar amounts where there is a positive number for individuals and families—once again, right in here. These positive numbers indicate a tax increase.

My friends have said that all tax returns on this chart are receiving a net tax cut. If this were so, why are there not negative numbers next to all the dollars on this chart? Because not everyone on this chart is receiving a tax cut, despite what has been said, including just within the last hour. Quite to the contrary, a number of taxpayers are clearly seeing a tax increase. This group of taxpayers is middle-income taxpayers.

I didn't come down to the floor to say my friends on the other side are wrong. After all, you can see the negative numbers quite frequently on the chart. After all, you see this negative number, $40,800 million. What I am doing is clarifying that my friends on the other side cannot spread this $40.8 billion tax cut across all of the affected taxpayers on this chart and then say all have received a tax cut. Why? Because this chart produced by the Joint Committee on Taxation shows that taxes go up for individuals making more than $50,000 and families making more than $75,000. It is right here on these yellow figures. Numbers do not lie.

Of course, people who inhabit the Joint Committee on Taxation are professional people who do not have a political agenda, and they tell it like it is. That is what they are hired for. That is why there are the same people around whether you have a Democratic or Republican majority in the Congress.

I would like to give you my read on what the Joint Committee on Taxation is saying here with these figures.

First, there is a group of low- and middle-income taxpayers who clearly benefit under the government subsidy for health insurance. This group, however, is relatively small.

There is another, much larger group of middle-income taxpayers who are seeing their taxes go up for one or a combination of the following tax increases: the high-cost plan tax, the medical expense deduction limitation, and the Medicare payroll tax increase. In general, this group is not benefiting from the government subsidy. After all, how can taxpayers see a tax cut if they are not even eligible for a subsidy?

Also, there is an additional group of taxpayers who would be affected by other tax increase provisions in the Reid bill that the Joint Committee on

Taxation could not distribute as other things in the bill are distributed on this chart. These undistributed tax increases include things such as putting a cap on the flexible savings accounts. There has never been a cap. So when you cap it at $2,500 and people cannot put in more than $2,500 under this 2074-page bill, that is a tax increase for those people who had higher expenses and wanted to put that money in a flexible savings account.

Then also there is a tax that is not accounted for here on cosmetic surgery. My friend from Idaho, Senator CRAPO, whose amendment is pending before the Senate, recently received a letter from the Joint Committee on Taxation stating that this additional group exists and many in this group make less than $250,000 a year.

My friends on the other side of the aisle cannot, No. 1, say that all taxpayers receive a tax cut and, No. 2, say that middle-income Americans will not see a tax increase under the Reid bill as promised by the President in the last campaign.

I yield the floor.

ADDITIONAL COSPONSORS

AMENDMENT NO. 3172

At the request of Mr. BROWN, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of amendment No. 3172 intended to be proposed to H.R. 3590, a bill to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

ORDERS FOR MONDAY, DECEMBER 14, 2009

Mr. UDALL of Colorado. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 2 p.m., Monday, December 14; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate proceed to a period of morning business, with Senators permitted to speak therein for up to 10 minutes each, with the Republicans controlling the first 30 minutes, and the majority controlling the next 30 minutes.

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

ADJOURNMENT UNTIL 2 P.M. TOMORROW

Mr. UDALL of Colorado. If there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 5:01 p.m., adjourned until Monday, December 14, 2009, at 2 p.m.