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Senate

The Senate met at 2 p.m. and was called to order by the Honorable MARK WARNER, a Senator from the Commonwealth of Virginia.

PRAYER

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

Let us pray.

Our God, we are thankful that You have not only known us but You have made Yourself known to us. It is amazing that You know us and still love us.

May our lawmakers come to You with the confidence borne of the knowledge that comes from being loved by You. As they seek to be Your ambassadors to our Nation and world, help them to acknowledge that without You they can accomplish nothing that will endure. May they remember to use our liberties and privileges, bought with so crimson a cost, to promote the common good of humanity.

Lord, we end this prayer by asking You to bless our military men and women in harm's way and their loved ones.

We pray this prayer in Your powerful Name. Amen.

PLEDGE OF ALLEGIANCE

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

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

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

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

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, November 2, 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 WARNER, a Senator from the Commonwealth of Virginia, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

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

RECOGNITION OF THE MAJORITY LEADER

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

HEALTH CARE REFORM

Mr. REID. Mr. President, our job as legislators is to write and pass a bill that will make it easier for every American family to afford to live a healthy life. Democratic Members have worked tirelessly over the past weeks, months, and even years to fulfill this tremendous responsibility. We have listened to the vast majority of Americans who demand that we stop health insurance companies from taking advantage of each of us. We have listened to the vast majority of Americans who know that a public option for health insurance is the best way to keep competition up, keep costs down, and keep insurance companies honest. We continue to listen to Senators as diverse ideologically as they are diverse geographically as we craft a final bill.

Today, we are closer than ever before to making sure every American can access quality, affordable health care—and making sure they have the choice of whether they get that care through their private insurer or a public one.

We are closer than ever, but we are not there quite yet. As we head for the finish line, one of the most important parts of this process is transparency.

That is exactly why the two Senate committees that drafted the foundations of this bill—the HELP and Finance Committees—conducted lengthy public meetings. At these meetings, the American people could see that the committees considered and approved numerous amendments and proposals by both Democrats and Republicans. For example, you could go on the HELP Committee's Web site and watch them adopt 160 Republican amendments into this bill. It is in the name of transparency that the committees' legislation has been fully available on the Internet for many weeks now. The HELP Committee's bill has been on its Web site since June 9, and the Finance Committee's bill has been on its Web site since September 16.

It is important to understand where we are in this process. Right now, we are merging those two bills into one bill. That work is ongoing, and many different options are being weighed. The CBO is analyzing those options, and based on their analysis we will decide what to put into a bill. Those who demand to see the bill this minute forget that a final bill doesn't yet exist. If it did, we would bring it to the floor. All should remember that as soon as the CBO results are in and as soon as important decisions are made based on those results, we have pledged to make the final bill available to the full Senate and the American people. The final bill will be public as soon as it is written. I will repeat that so there is no confusion. The final bill will be made public as soon as it is written.

Only one final decision has been made so far. We are going to give people the power of deciding whether they want to get their health insurance from somewhere other than the reckless private companies that are responsible for the mess we are in, and we are going to give the States the power of deciding whether that choice is best for its citizens.

So that is where we stand. It is important to get these facts on the

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



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record, as misinformation, half-truths, and distractions fill the airwaves.

Let's be honest. These facts don't matter much to those who are dead set on opposing health insurance reform for partisan reasons. They don't matter to the Republican Senator who said he hopes the effort to fix our broken health care system will be President Obama's "Waterloo." They don't matter to the Republican Senator who said Republicans will oppose the bill regardless of any concessions Democrats make. They don't matter to the Republican Senator who said, "I don't have to read it, or know what's in it. I am going to oppose it anyways." Their strategy is to deny the undeniable fact that families' personal health and pocketbooks are suffering. Their strategy is to defend the indefensible practices of insurance companies that make huge profits on the backs of our seniors and our sick. Their strategy is to ignore polls that clearly and consistently show the American people support a public option and instead argue, without evidence, that they don't.

Republicans make no effort to hide their shortsighted and self-destructive strategy. In fact, Roll Call newspaper today reports that they "have mapped out a strategy to draw out debate" rather than work with us to strengthen the bill. Politico reported last week that Republican consultant Frank Luntz is out with a new memo urging Republicans to fake bipartisanship. You will recall that, back in May, Luntz encouraged Republicans to oppose a health care reform bill before there was a single hearing held to determine what should be in the bill and long before a single bill was even written. Now Luntz says Republicans have more to gain by faking bipartisanship and from complaining about the health care bill than working to improve it. All of us—every single American—stand to lose if that happens. I know Senate Republicans appreciate transparency because their strategy is as transparent as it comes. That strategy is simply to delay, delay, delay. And now the newspaper Roll Call acknowledges that.

At the same time, I couldn't help but notice that while Senate Republicans demand transparency, their own plan is being drafted, obviously, in secret—if, in fact, there is one. We don't know how much their bill will cost—the Republican bill—if there is one. We don't know whom it will help, if anybody, or how it will keep insurance companies from abusing Americans. They won't tell us how their plan will lower your health care bills so you don't have to choose between medication and your mortgage. So I can only conclude one of two things: Either the Senate Republicans are drafting a bill in secret or their proposal simply doesn't exist and the Republicans have no solutions to one of the greatest and most urgent challenges of our time—health insurance reform. Whichever it is should concern the American people greatly.

I will acknowledge there is one thing that won't be in their bill secretly or in a transparent fashion, and that is to repeal the McCarran-Ferguson Act that exempts insurance companies from antitrust laws. The insurance companies love that because they can take advantage of the American people, as they have since 1945, since that act became law.

It is increasingly clear to the American people who is trying to help them. It is clear who is reaching across the aisle and negotiating in good faith and compromising where necessary.

Mr. President, we want to work with the Republicans, but how can you work with a party that says that they hope President Obama fails and that this is his Waterloo? It doesn't matter what is in the bill, they will oppose it. Again, today, we heard from Roll Call that their only strategy is to delay. I hope that will change and they will work with us to come up with some ideas on how they can improve health insurance. Let's get the bill on the floor and start debating it.

SCHEDULE

Mr. REID. Mr. President, today, following the remarks of the two leaders, there will be a period of morning business, with Senators permitted to speak therein for up to 10 minutes each. At 4 p.m., the Senate will resume consideration of the Unemployment Benefits Extension Act, with the time until 5 p.m. equally divided and controlled between the two leaders or their designees. At 5 p.m., the Senate will proceed to a cloture vote on the Reid-Baucus substitute amendment.

German Chancellor Angela Merkel will address a joint meeting of Congress tomorrow at 10:30 a.m. Senators should begin to gather in the Chamber at 10 o'clock tomorrow morning so they can leave at 10:10 a.m. to proceed to the House of Representatives.

RECOGNITION OF THE MINORITY LEADER

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

HEALTH CARE WEEK XVI DAY I

Mr. MCCONNELL. Mr. President, for months, the American people have been sending us a clear message about what they want to see in health care reform. They want practical, common-sense reforms that drive down the cost of care, improve access, and create more choices. What they are getting instead from Congress are higher premiums, higher taxes, Medicare cuts, and more government control over their health care decisions.

They are getting the same old big-government solutions to problems that call for creative, modern-day solutions.

Quite simply, there seems to be a disconnect between the American people

and Democrat leaders in Congress. And nowhere is that disconnect more apparent than in the 2,000-page bureaucratic monstrosity of a bill that House Democrats dropped on the American people last week.

At its core, this bill is very similar to what we have already seen in the Senate—a trillion-dollar government experiment that raises taxes, raises premiums, slashes Medicare, and leads to unprecedented government control over the health care decisions of Americans. That is the foundation, the starting-off point. It doesn't get any better from there.

Let's start with the pricetag. At a time of unprecedented government spending and a staggering \$12 trillion debt, the Democrat health care bill asks taxpayers to pony up at least another trillion dollars. To get some sense of the size of that figure, consider the fact that this bill would cost more than \$2 million per word. And believe it or not, that is a conservative estimate.

Once fully implemented, the bill will spend \$2.3 trillion. And this doesn't even account for the \$250 billion that is needed to prevent a cut in reimbursements to doctors who treat Medicare patients. While this so-called "Doc Fix" is no longer in the bill, we saw last month how Democrats in both the House and Senate plan to pay for it. They want to put this \$250 billion on the government credit card and then claim their plans don't add to the deficit.

Well, Americans aren't buying it.

The bill would also hit already-struggling States by imposing a crippling, 10-year, \$34 billion expansion of Medicaid. And it fails to meet the key test that Americans had set for reform, which was to control costs. Indeed, contrary to early promises by the administration about the need to control costs, this bill would actually increase long-term Federal health care spending.

The health care choices that Americans currently enjoy would also be limited under this bill, and the government's role would increase dramatically. If you don't want to buy insurance, too bad: under this bill, the government forces you either to buy insurance or pay a new 2.5-percent tax. Under this bill, the government would also tell you what kind of insurance you can have by dictating the benefits you receive. If a politician in Washington doesn't approve of your current health care plan, you may be forced to give it up. Ironically, the person who would dictate your benefits would go by the title of the Health Choices Commissioner only in Washington, Mr. President.

Notably, this bill no longer includes language from earlier draft legislation stating that essential benefits coverage should not lead to the rationing of health care. Language preventing rationing is out. We can only conclude from the exclusion of this language that the bill writers have opened the

door to rationing care at some point down the road—just like every other country that has gone in the direction of government-run health care for all.

Business owners are also a special target of this bill. The government will tell all but the smallest employers they must cover employees even if they cannot afford it. If they refuse, they get hit with a \$135 billion tax—a tax that independent experts warn will lower wages and kill jobs.

Unemployment is nearly 10 percent, despite the administration's prediction that it would not rise past 8 percent if we passed the stimulus. But instead of trying to create jobs, Democrats are trying to push through a trillion-dollar experiment with massive new taxes that would kill even more jobs right in the middle of a recession.

Finally, under this bill, the government would create a government-run health care plan that Americans oppose. Democrats say the whole point of a government plan is to give Americans a lower cost option. But the CBO has said that the premiums for the House government plan would actually be higher than the premiums for private plans. So in order for the government plan to meet its goal of offering a lower cost alternative, it would have to use the power of government to subsidize costs, ration care, and undercut private insurers. Democrats may call this an option, but it is clear to everyone else that this type of government-run plan would eventually become the only option.

Americans want real reforms that lower costs and increase access—reforms such as getting rid of junk lawsuits, leveling the playing field on health care taxes, and incentivizing healthy choices. Yet instead of adopting these commonsense ideas, the authors of this bill seem intent on forcing the American people to accept more spending, more debt, more taxes, and more government in their daily lives.

You can call that a lot of things. You can call it a lot of things, but you cannot call it reform. The passage of time has not been good to Democratic efforts at health care reform. Earlier versions were deeply flawed to begin with. But when Americans look closely at this latest version, they will wonder who exactly congressional leaders have been listening to over the past several months. Clearly, it is not the American people.

Mr. President, I yield the floor.

RESERVATION OF LEADER TIME

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

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business until 4 p.m., with Senators permitted to speak therein for up to 10 minutes each.

The Senator from Illinois.

HEALTH CARE AND UNEMPLOYMENT BENEFITS

Mr. DURBIN. Mr. President, we just heard the Republican leader of the Senate speak, as he does every day, against health care reform. He has opposed it from the start. He is consistent. His message is consistent. He does not propose any alternative. There is no Republican health care reform bill anyone has seen or heard of. He comes in each day and tells us what is wrong with the efforts underway in Congress, both the House and the Senate, to change the health care system of America.

Unfortunately, most Americans—certainly most business people—understand that the current health care system in America is unsustainable. The cost of health care is going up so fast that fewer and fewer businesses are protecting their employees and fewer and fewer individuals can afford to buy health insurance. And those who buy health insurance know the reality of what it means today. They know that when they need it the most, many health care insurance companies turn them down. People who had paid for a lifetime into a health insurance plan they had never used finally faced an accident or a diagnosis or a critical illness, went to their doctor, headed to the hospital, only to find that now they were not just going to have to battle an illness, they had to battle their insurance company.

I cannot tell you how many cases have come to my office—so many that we have lost count—asking: As a Senator, will you please intervene with my health insurance company.

The most recent involved a young man who has been battling cancer in my State for years, a heroic battle that I know something about because I know his family. He finally found a drug that worked that his oncologist recommended. It was a new drug, but it was one that worked. For a while, the health insurance company paid for it. Then they announced they were going to cut off payments because it was not an appropriate drug. Do you know how much it will cost his family to provide that lifesaving drug to him each month? It is, \$13,000. How long can he last? How long can the savings last? How long can we stand here and tolerate that kind of mistreatment of the American people?

Yet day after day, the Republican leader comes and tells us he is opposed to change; he does not support our efforts to bring about real significant change when it comes to health insurance in this country.

Let me tell you what our bill does—this bill he said we should not pass. It eliminates preexisting conditions. Do you know what that means? When you need your insurance the most and your health insurance company goes back and pulls out your health insurance ap-

plication and says: You forgot to tell us you had headaches as a teenager or acne and, therefore, we are going to walk away, disallow any medical care. Does that sound outlandish? It is a fact in both instances and in cases that have come to our office—preexisting conditions. Preexisting conditions, a battle that people have to fight all the time with these health insurance companies, would be prohibited under health insurance reform that we are working on.

Or how about their decision to cap the amount of coverage they will provide. You don't know when you get into cancer treatment or serious brain surgery what the ultimate bill is going to be. But the health insurance companies can walk away from you when you are sick and need their help the most.

We know what they do with kids, young people, when they reach the age of 23. It happened in my family. They cut off your children. No more will they cover them. They have to find their own coverage. This bill says we will extend that coverage.

We are basically trying to plug the gaps in health insurance coverage today that haunt American families when they desperately need help. And the Republican minority leader comes to the floor and objects to that, objects to this health care reform. I don't understand where he is coming from.

He says this bill is too long. I have heard the Senator from Kentucky and other Senators say: Why, this bill is 1,000 pages long—1,000 pages. I don't know if there is an appropriate number of pages for health care reform. I don't know if 100 is the right number and 1,100 is too much. I don't know if we should be involved in that kind of silly argument.

What we are talking about here is a piece of legislation that will impact health care for every American and will literally address one-sixth of the American economy. Mr. President, \$1 out of every \$6 spent in America is spent on health care. We are working now to bring down costs and create a system that is fair, stable, and secure for people across the United States. If it takes 2,000 pages, does that mean the bill is wrong?

The other day on the floor, I asked one of the Republican Senators who was talking about the bill being too long, first I said: Have you seen it? Of course he had not because the bill is currently being written. The final bill is not before us. It will be on the Internet for at least 3 days before it is considered on the floor, as it should be, but there is no final bill.

Then I asked him how many pages is the Republican alternative on health care reform. He stumbled a little bit because there is no Republican alternative to health care reform. Speeches, yes, but nothing in writing.

When we went through the HELP Committee and marked up the bill—one of the bills that is part of the package being considered—there were 150

Republican amendments that were accepted. You would think that after 150 Republican amendments were accepted out of about 500, perhaps one Republican Senator would vote to move the bill forward. Not a single one, not one in the HELP Committee would vote to move it forward.

It is unfortunate, but I think Majority Leader REID is right. There appears to be, by most Republican Senators, a strategy to delay this as long as possible and to oppose all change. I don't know if you can build a political party on that. I certainly don't believe you can build a nation on that. And you certainly cannot address the concerns that people express to us every day about the current cost of health care and the need for us to have health insurance we can trust and the need to bring more and more people into health insurance coverage.

The bill before us, that we will vote on at 5 o'clock today, is about unemployment compensation. It is a record-breaking bill. And you know why? Because it has taken us almost 4 weeks by Wednesday to bring up the extension of unemployment compensation benefits. The reason it breaks a record is that historically this was never a debatable item. People said: Of course, we are going to help people who are unemployed on a bipartisan basis, give them a helping hand in a tough economy. Now we are facing an economy with millions of people unemployed and, unfortunately, the Republicans have delayed us for 4 weeks to bring this matter up.

While they have delayed us, thousands of people have lost their unemployment benefits. They are in my office, sending e-mails talking about this, spelling out what it means when you don't have a job, you don't have health insurance, you are struggling to pay the rent or the mortgage payment, trying to pick up some skills to find a new job and the checks end.

We want to extend those unemployment benefits because there are six unemployed Americans for every available job. Even people who are working the hardest to find new jobs are having a tough time. But for 4 weeks, the Republicans have stopped us. And why? They want to offer amendments that have nothing to do with unemployment compensation.

One of the amendments the Senator from Louisiana wants to once again debate is about an organization called ACORN. ACORN has not been in business in Illinois for a long time. It is an organization that is controversial in some sectors. In fact, it has led to four or five votes already on the Senate floor. This Senator has said he wants to hold up the extension of unemployment benefits for thousands of Americans so he can debate again another effort to criticize ACORN.

I suppose it is an important speech to him but not as important as that unemployment check is to thousands of people in Louisiana and Illinois who

don't receive it because he and others on his side of the aisle have held up this bill for no good reason.

We have work to do. We need to create a safety net for those who have lost their jobs. We need to push forward on the President's recovery and reinvestment program that is creating jobs to put people back to work, and we need to sit together—I hope—come together and find a way to expand the number of jobs in this economy. We cannot do it if it takes 4 weeks for us to provide an unemployment check for someone in my home State who has been out of work for a year and is desperate to keep his family together.

That is the reality of what this issue is all about, the reality of the strategy of the party on the other side of the aisle. Whether it is unemployment benefits or health care reform, they believe if they delay long enough, somehow the clock will run out, the calendar will end, and we will do nothing. We cannot do that.

For the unemployed people in this economy, for those counting on us for real health care reform, we must do better. I urge my colleagues—I hope—on the other side of the aisle—a few of them—to step forward and say this is an issue that goes way beyond politics. I hope they join us in providing unemployment benefits long overdue.

The ACTING PRESIDENT pro tempore. The Senator from Missouri.

Mr. BOND. Mr. President, I ask unanimous consent to proceed in morning business for 15 minutes.

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

Mr. BOND. Mr. President, survey after survey shows that most Americans like their health plan, but they believe it costs too much. That is why I am concerned that at a time when the American people are asking for lower health care costs, the trillion-dollar bills the Democrats are trying to ram through Congress actually increase the cost of health care.

You heard me correctly. The majority of both Houses is actually proposing to spend \$1 trillion of taxpayer funds on proposals that will cause an increase in health care for all Americans. That is not the kind of reform Americans want.

Back home we call that a pig in a poke. The only way to sell a pig in a poke is to hide from Americans what their tax dollars are buying. That is why, despite the President's promise of transparency, the majority in charge of Congress and in charge of the Senate is working behind closed doors on a complicated, probably 1,000-plus-page bill that will lead to a massive government takeover of health care.

The assistant majority leader is correct; we have not seen a bill. It has been done in secret. Just wait; sometime we will see it. But we heard some facts that we think are very important.

First, the nonpartisan Congressional Budget Office, headed by a Democratic

appointee, Doug Elmendorf, has said that the majority's government-run health plans will actually raise insurance premiums.

Despite the pig in a poke the majority is trying to sell to the American people, these independent experts have said that the government-run option being proposed will have higher premiums than private plans. There is another analysis that shows that the cost the government would impose would increase the cost of the premiums on private health care plans, particularly if they continue to propose to impose taxes on the health insurers. That is going to be shuffled off on every health care provider, every person holding private insurance.

When has government ever lowered the cost of anything? We know these bills will raise taxes on families and small businesses. We also know these bills would cut Medicare for seniors, up to one-half trillion dollars, leaving our seniors with fewer health care options. The majority is not even denying these charges. They are hoping no one is paying attention. Also what the majority does not want you to know is under these health care bills, government bureaucrats will have control over decisions that only you and your doctor should have. These are startling conclusions, but that is why Missourians are rightly concerned about the direction we are headed. Missourians and the people across this country don't want the same kind of denial, delay, and rationing that is common in countries with government-driven health care.

Americans are also concerned with the high price our children and grandchildren will pay for these health care schemes. My constituents are asking why, in the midst of a recession, when unemployment is 10 percent, why, when Americans are already saddled with massive Federal debt, the majority isn't listening to their concerns as they move ahead with a costly vast expansion of government that increases rather than lowers the cost of their health care.

Also, I have heard concern about gimmicks that are being used to claim the bill is deficit neutral, such as collecting all the taxes and fees long before the plan takes effect and has to be paid for. It is a grand scheme, but no one outside of Washington actually believes a \$1 trillion health care bill will do anything but increase costs and pile more debt on our kids and grandkids. In fact, experts have confirmed there would be shortfalls outside the 10-year budget window. It is another smoke and mirrors trick to disguise the fact we are heaping massive debt on future generations.

Sadly, this proposed \$1 trillion government takeover is just the latest in a string of efforts to expand the government at the cost of our children and grandchildren's fiscal future. Already this year the administration and the majority in Congress have spent \$1 trillion on the misnamed stimulus bill,

adopted a budget that will double the debt in 5 years and triple it in 10, proposed a \$3.6 trillion new gasoline tax, and other massive takeovers of various companies and industries.

Mr. President, I think we are all in agreement that health care costs too much, there are too many uninsured, and we need reform. But the question is, What does real reform look like? To date, we have seen two vastly different philosophies. For my colleagues on the other side of the aisle reform means a vast expansion of government costing more than \$1 trillion that will increase health care costs, raise taxes, and cut Medicare benefits that are needed to pay for the services our seniors will get. Under this kind of reform, Americans will end up paying more for less.

Our view on this side of the aisle—as the majority leader has already said—is reform must be commonsense solutions focused on lowering health care costs for families and small business. We are offering solutions that increase access and improve patient care as well. Contrary to what has just been said on the Senate floor, we support tax equity for all families, allowing small businesses to form their own associations to purchase across State lines, and end the waste of the \$120 billion annually spent for malpractice insurance and the defensive medicine it causes.

We don't need an overhaul of health care to give the American people what they want. What is needed is for Democrats to stop ignoring the American people and start working on a bipartisan basis—which they have not done so far—on real reforms that can make a difference, reforms that will lower costs, increase access, and improve patient care. That is what Americans want and that is where our focus should be, and we hope the Democrats will join us.

Mr. President, another example where Americans are in a position where we are going to be seeing a major expansion of government indebtedness and exposure of our tax burden is the measure that is probably going to be adopted today to continue and expand the home buyer tax credit provision.

Let me begin by pointing out that I originally supported the creation and the first extension of the home buyer tax credit. Unfortunately, these days it seems as if the fastest way to make something permanent is to have Congress legislate a temporary program.

As a longtime housing advocate, I believe a temporary credit, combined with other tools, such as housing counseling and refinancing efforts by State financing housing agencies, would help in the stabilization and recovery of the market.

Like many of my colleagues, I believed it was critical to address the housing market that was at the root of the housing crisis and led to our recession. However, the housing crisis has evolved from a crisis caused by loose

lending through risky subprime loans to a crisis where job loss has become the primary cause of foreclosures and delinquencies. But for several reasons, I strongly believe the home buyer tax credit must end—primarily the disturbing news about fraud in the program and the high cost to taxpayers.

Before voting for another extension, I hope my colleagues ask themselves, based on its track record, whether the home buyer tax credit is an effective tool in helping the housing market. It is clear to me the answer is no due to its high cost and its vulnerability to fraud.

News about the real cost to taxpayers is alarming. In reality, this \$8,000 home buyer tax credit costs the taxpayers at least \$43,000 per new home sale using the most generous assumptions. According to the Brookings Institution, the vast majority of home buyers who used the credit would have bought a home without it, and at best the credit simply brought forward home sales that would have occurred in the future. Brookings estimates only 15 percent of the sales were attributable to the credit.

If we used Goldman Sachs's less generous estimate that far fewer sales were directly caused by the credit, the cost to taxpayers rises to \$80,000 per new sale of homes. For the vast majority of cases, the home buyer tax credit amounted to a free gift since it did not affect their decision to purchase.

As described in a September 19 editorial this year in the Washington Post, the tax credit simply moved around the demand to purchase homes from future to present and from other consumers and other sectors to home buyers and homes. For the small minority of buyers whose decision was directly caused by this credit, this raises the question of whether we are subsidizing buyers who may not have been able to afford buying a home in the first place.

In the face of these figures, it seems obvious the home buyer tax credit is a terribly inefficient, irresponsible, and poor use of scarce taxpayer resources. The expansion of the home buyer tax credit, if it continues only to affect one in five new home purchases with the new higher limits, will significantly increase the cost of exposure of the American public to the costs of these credits and to the risk.

Even worse than the inefficient use of tax dollars is the misuse of funds. With the lack of oversight and uncovered fraud in this program, extending the credit could result in throwing away billions of taxpayer dollars. The evidence of fraud in the program was reported by the Treasury Inspector General for Tax Administration. According to him, the IRS is investigating more than 100,000 suspicious and potentially fraudulent claims involving tax credits. In addition, the IRS and Federal law enforcement agencies are investigating 167 criminal schemes involving the credit.

Further, the Inspector General uncovered hundreds of cases where children—some as young as 4 years old—and illegal immigrants claimed the credit. Even more disturbing, the IG found that IRS employees themselves were illegally using the credit. It sounds to me as though we have the fox guarding the hen house. It is, therefore, not surprising that one low-income tax aide recently testified before a congressional panel that the abuse of the tax credit appeared to be widespread.

Legislative changes are being included to address this fraud. Thank you. I appreciate the efforts. But it is unrealistic to believe they will be successful due to the longstanding management and oversight challenges of the IRS and the rampant fraud in the marketplace.

My colleagues on the Finance, Appropriations, and Homeland Security and Government Affairs Committees are very familiar with the IRS tax administration shortcomings that have been well documented by the Inspector General and the GAO. When I chaired the Treasury, Transportation, HUD, and Related Agencies Appropriations Subcommittee, I became familiar with the IRS administration tax challenges. I am also familiar with other housing fraud cases because I have been working with the FHA for too many years.

As I learned, waste, fraud, and abuse cannot be stopped no matter how many "thou shalt nots" are included in the legislation.

In the case of the home buyer tax credit, it is nearly impossible to stop fraud when those who are supposed to prevent fraud are actually committing fraud at the IRS. With the FBI reporting that mortgage fraud is at a level even higher during the subprime boom, we are kidding ourselves if we think we can prevent more fraud and more taxpayer losses.

The most effective means of preventing fraud is simply not to extend the credit. That was the approach taken by Congress to finally stop the waste, fraud, and abuse of the so-called FHA seller no-downpayment program.

Finally, and most troubling, is that we are going down the same path that led us to the subprime crisis. The previous two administrations tried to prop up home prices through government incentives and programs similar to the tax credit, which contributed to the housing bubble. No-downpayment sales led to the explosion of foreclosures.

If a family doesn't have the dollars for a downpayment, they often cannot cover the unexpected but sure to occur unforeseen costs of owning a home. No downpayment has meant for too many people the American dream turning into the American nightmare.

Are we going down the same road with the home buyer tax credit? Are the credits being monetized to cover for an inability of the purchaser to come up with the downpayment?

Lastly, does anyone remember President Clinton's 1995 National Homeownership Strategy in which he charged HUD to work with leaders in government and the housing industry to increase home ownership? Have we forgotten President Bush's 2002 America's Homeownership Challenge and the 2004 Ownership Society Initiative to work with the real estate and mortgage finance industries to help boost the home ownership rates of minorities with the goal of increasing the number of minority homeowners?

All of these are extremely noble objectives. I agree with the objectives. But how did the government actually encourage home ownership? The government used a number and variety of tools, such as tax incentives and easy access to financing for borrowers through entities such as Fannie Mae, Freddie Mac, and the FHA.

The Tax Code already provides generous incentives to encourage home ownership through mortgage interest deduction, property tax deduction, and capital gains tax exclusion. The Joint Committee on Taxation estimates that for 2008 these tax incentives totaled just over \$108 billion.

Through the implicit backing of the Federal Government and its own tax advantages, Fannie Mae and Freddie Mac were to boost home ownership by improving access to credit for borrowers. For low-income borrowers, the government pushed Fannie and Freddie to increase its purchases of the riskiest loans, such as alternative A and subprime mortgages—some where they didn't even check to see if the person had an income. The riskiest loans eventually accounted for about 15 percent of Fannie and Freddie's portfolio, which included a significant number of subprime loans originated by lenders such as Countrywide.

Not surprisingly, Countrywide became Fannie Mae's top business partner, accounting for 28 percent of Fannie's loan portfolio in 2007. FHA also was used by the government to encourage home ownership by ensuring loans at virtually no risk to lenders and with little or no downpayment by borrowers.

In other words, nobody who was running up the tab, who was taking on the obligations on the government's credit card, had any skin in the game. With the implosion of the private subprime industry and the credit crunch, the government—through Fannie, Freddie, and FHA—has become the primary source of mortgage funding. The Federal Reserve Bank recently estimated the Federal Government now accounts for 95 percent of the mortgage market. In other words, the Nation's mortgage market has been effectively federalized, and all of the risk is now on the back of the taxpayer.

As with previous housing bubbles, the taxpayer ends up bearing the brunt. Last time I checked, the government didn't do a good job of being a landlord.

I urge my colleagues to read the Congressional Quarterly cover story of July 7, 2008, entitled "FHA Guarantees Not A Panacea." By pushing and subsidizing home ownership, the government has turned the American dream into the American nightmare for homeowners, for neighbors, communities, the global financial system, and taxpayers.

Are we learning from past mistakes or repeating them? Even without the tax credit, government has already taken unprecedented steps to stabilize the housing sector. The Fed has bought hundreds of billions of dollars' worth of mortgage-backed securities, taken on the debts of Fannie and Freddie, replaced the private subprime lending with the government's version of subprime through the FHA by expanding their business in several ways, such as the enactment of HOPE for Homeowners. Not surprisingly, FHA losses have dramatically increased.

I ask unanimous consent to continue for 1 minute.

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

Mr. BOND. The damage caused by distorting housing prices cannot be denied. Economics Professor Edward Glaeser of Harvard wrote:

Subsidized lending has encouraged millions of markets to leverage themselves wildly to bet on the housing market.

Betting taxpayer funds is a bad bet. Why are we continuing these debt-fueled policies? Why do we keep using taxpayer dollars to distort and manipulate the market? What is our exit strategy from a massive Federal Government takeover of housing?

Josh Rosner, a managing director of Graham Fisher, said:

We've created a society where we love the term home ownership, yet we can't allow people to understand that they are being taken advantage of.

I ask unanimous consent to have the Washington Post editorial of September 19 and articles by Professor Glaeser printed in the RECORD.

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

[From the Washington Post, Sept. 19, 2009]

EXTRA CREDIT

It's time for Congress to cancel a temporary tax subsidy for homebuyers.

For the Nation's troubled housing market, things are looking tentatively but undeniably better. New-home sales, though still well below where they were a year previously, rose at a nearly 10 percent monthly rate in July. The median home price ticked up in 15 of 20 metropolitan areas in June, according to the S&P/Case-Shiller Home Price Index. This is important good news for the economy, because it promises an end to the foreclosure wave that has rippled across the country and because even families not threatened by foreclosure tend to trim their spending in times of declining home equity.

This fragile stability has been achieved through colossal government intervention in the housing sector. To hold down mortgage rates, the Federal Reserve has bought hundreds of billions of dollars worth of mort-

gage-backed securities on its way to a promised total of \$1.25 trillion. The Treasury has taken on the debts and operational losses of Fannie Mae and Freddie Mac, which own or guarantee a combined \$5.4 trillion in mortgages. The Federal Housing Administration, designed to insure mortgages for a relatively few low-income buyers, backed 40 percent of all new home loans (together with other agencies) in August, according to the Mortgage Bankers Association. Yet its losses have mounted: An audit shows that FHA reserves are about to fall below the legal minimum, which is 2 percent of the value of all loans guaranteed by the agency. In short, the very real risk of homeowner default is now more concentrated than ever before in the government's hands. That is perhaps necessary in an emergency, but certainly undesirable in the long run.

The housing market has also benefited from its own version of the "Cash for Clunkers" program, which Congress created for autos. As part of the February stimulus bill, Congress created an \$8,000 tax credit for individual first-time homebuyers who make less than \$75,000, or couples who make less than \$150,000; it expires in November. This was an expansion of a slightly less generous "temporary" credit Congress had adopted in 2008. The National Association of Realtors says that the policy generated 350,000 home sales this year. And, not surprisingly, the real estate industry and its supporters on Capitol Hill are calling for an extension of the \$8,000 credit to save the incipient housing recovery. Sen. Johnny Isakson (R-Ga.) wants to make it \$15,000.

The credit probably did stimulate home sales, just as Cash for Clunkers gave auto dealers a shot in the arm this summer. But, like Cash for Clunkers, the housing credit does not magically generate demand. It moves demand around—from the future to the present, and from other consumers, and other sectors, to homebuyers and homes. These "results" don't come for free. Cash for Clunkers added \$4 billion to the federal deficit, and the housing tax credit is on track to add \$15 billion.

Congress should end this program while it still can. With hundreds of billions of dollars in support from the Fed, the Treasury and the FHA still in place, the housing market can survive without it. Indeed, the looming problem for the U.S. economy is how to wean housing off its dependence on federal backing. That job will be hard enough without adding yet another not-so-temporary subsidy to the list.

[From the Boston Globe, Nov. 2, 2008]

THIS OLD HOUSE POLICY

(By Edward Glaeser)

At the heart of this fall's historic financial crisis lies a steep, nationwide fall in the price of homes. After a wild, bubble-like boom, housing prices have fallen more than 30 percent in some areas, wiping away the wealth of ordinary Americans and bringing some of the nation's biggest financial institutions to the point of insolvency.

For many pundits and politicians, the solution is clear: find some way to keep the price of houses high, whether through new government-subsidized loans or by buying up troubled mortgages. Keeping house prices up has an obvious appeal to home-owning voters. The banking system would certainly benefit if new subsidies actually did shore up the assets that lie at the center of the crisis.

But despite its popular appeal, the notion that the government should try to prop up housing prices with more mortgage subsidies is a mistake. On a practical level, even a huge expenditure of taxpayer money is unlikely to have a meaningful effect on the

price of homes. And to the extent that it did work, artificially high house prices will only encourage more new homes to be built, adding to the glut and making the crisis worse.

In a larger sense, the problem lies in the very idea that the government should spend money to keep house prices high—the legacy of an expensive national housing policy that has long outlived its purpose.

Today, there is no more case for artificially boosting housing prices than there is for artificially inflating the price of tea or T-shirts. We need to start treating housing markets not as some sort of ephemeral part of the American dream, but with the same rigorous logic that is used to think about markets for oil or software or orange juice. The goal of housing policy should be not to make prices higher, but to make homes more affordable—and, in so doing, to give people the opportunity to choose housing that fits their needs.

A better response to this crisis would be to define sensible housing goals and to find policies that will actually help us meet them. Rather than increasing the subsidies for borrowing, the government would do better to offer a small, targeted tax benefit to first-time home buyers. Instead of large-scale incentives that divert billions of dollars toward wealthy Americans who borrow to buy bigger homes, we should make housing more affordable by reducing the barriers to building more housing where it's needed.

Housing is special. It is not just a commodity or an investment, but a basic human need. Our homes are the stages on which much of our lives play out. For most Americans, homes are also the primary form of savings, which means that the government has a strong interest in not paying to fuel the borrowing that helped spur this painful boom-bust cycle in the first place.

For 75 years, through both Democratic and Republican administrations, the federal government has aimed to increase homeownership by making it easier for people to borrow money to buy a house. The roots of this approach lie in the New Deal, when the government wanted to boost employment in the construction industry. The public commitment to subsidized lending increased in the Housing Act of 1949, which embraced the objective of “a decent home and a suitable living environment for every American family.”

To achieve its goals, the government established Fannie Mae and Freddie Mac, which created a fluid mortgage market by guaranteeing mortgages against default. On an even larger scale, the government provides an immense annual subsidy to mortgage holders in the form of the home mortgage interest deduction—a tremendous tax advantage enjoyed by anyone who borrows money to buy a house and earns enough to make itemization worthwhile. The more you borrow, the more you save in taxes.

These policies helped create a multitrillion-dollar home-lending market, which has helped bring about remarkable improvements in American housing. In 1940, almost 45 percent of American homes lacked complete indoor plumbing. More than 20 percent of homes had more than one person per room. By 1980, less than 3 percent of homes lacked plumbing and less than 5 percent had more than one person per room. Today, the average American has close to 1,000 square feet of living space, more than twice the norm in France or England or Germany. Much of that improvement was driven by rising American incomes rather than government policy. Still, by those measures, federal housing policy at least looks like a success.

But the public subsidy of credit markets has also had a dark side. The tax subsidy

does modestly encourage homeownership. But it specifically encourages borrowing to invest in expensive homes, which are risky assets that can crash as well as boom. We had housing bubbles long before the federal government got into the subsidy business, but encouraging homeowners to buy with borrowed money certainly did nothing to moderate extreme price swings.

The past eight years, in which housing prices first doubled and then collapsed, deserve a place in the annals of market mania. In states like Massachusetts, where housing supply is limited, borrowing has kept prices high, which benefits existing homeowners but counterproductively makes homeownership more difficult for ordinary Americans. In states like Nevada, with few regulations and wide-open spaces to build, these policies encourage further construction of more and bigger homes. In the 1940s, it may have made sense to encourage Americans to house their children in larger and better houses. But today, we are essentially spending federal money to encourage people to live in 3,000-square-foot houses instead of 2,500-square-foot houses.

In the midst of the crisis, it's understandable that some economists would think that the right response is to try to keep housing prices up by jacking up the federal subsidy for borrowing. Their logic is that lower mortgage rates will energize home buyers and cause housing prices to rise again. This kind of policy—bolstering prices by subsidizing borrowing—is like catnip to politicians, since most American voters are homeowners who would like to see prices go up.

But trying to boost house prices through looser lending is likely to be expensive, ineffective, and create a number of unattractive side effects. Even a massive and expensive government intervention is likely to do no more than prop up house prices by 5 percent—a difference almost imperceptible to the people who need it most, those who have seen their house values drop by 30 percent.

Lending subsidies are likely to be particularly ineffective in the areas that have had the biggest boom-bust cycles, like Las Vegas and Phoenix. In these places, there are neither natural nor man-made limits on building, and, as a result, house prices in these areas stayed close to the cost of construction until 2003. Between 2003 and 2006, these areas experienced a brief, wild price boom. Today, prices in these areas are headed down toward construction costs again. If a housing subsidy did manage to keep prices higher for a time, this would only encourage more overbuilding and a larger housing glut.

Any new subsidy would only increase the cost of our current system, which is already immensely expensive. We still don't know how much restructuring Fannie Mae and Freddie Mac will cost. The mortgage-interest subsidy was estimated to cost the government \$74 billion in 2007 alone. Most of that money benefits people with the largest mortgages. The current system, in other words, allocates vast amounts of money to help well-off people bid up the prices of even better-off people's homes.

Instead of continuing the debt-fueled policies that got us where we are, why not rethink our approach to the housing market?

Our current policy takes homeownership itself to be a public good. Our leaders seem to like homeowners. Thomas Jefferson lauded yeoman farmers and George W. Bush admires the ownership society. Homeowners are indeed more likely to vote in local elections or know the name of their congressman; they are also more likely to garden, and own guns.

Yet homeownership is not for everyone. As recent events well illustrate, owning a home comes with large risks, especially for people

who aren't planning on living in the same place for a long time. For people who live in multifamily dwellings, the administrative costs of renting can be much lower than dealing with the difficulties of collective ownership. Renting creates more flexibility for people in America's highly mobile workforce. A far more sensible approach to housing would view homeownership as one possible housing option, not a primary public goal.

And even if, as a society, America decides that the social benefits of homeownership are sufficiently strong that ownership should be encouraged, there are much cheaper and more effective ways of doing that than by encouraging people to borrow more money.

For instance, the home mortgage interest deduction could be reduced or even eliminated. Most people who are on the margin between renting and owning have relatively lower incomes. Yet the home mortgage interest deduction targets its benefits to the richest people, who buy the biggest homes. A small targeted subsidy for first-time buyers could encourage homeownership just as effectively as the current system, without encouraging people to borrow vast amounts or to buy larger homes. (Reducing the home mortgage interest deduction doesn't mean that taxes need to go up—we could take the \$75 billion that it costs and use that money to reduce other taxes.)

Instead of spending federal money to encourage borrowing and keep prices high, it would make more sense to make housing more affordable by eliminating the artificial restrictions that stymie supply. In other areas of the economy, the government protects consumers by eliminating monopolies and other barriers to competition; our nation's commitment to free markets and free trade reflects our faith that ordinary Americans win when the price of clothing is brought down by imports from China, or when retailers and manufacturers face fewer unnecessary regulations.

In the housing market, prices are artificially inflated by barriers to building new housing in many communities. In dense states like Massachusetts, prices have been kept high by localities that oppose new construction, with large minimum lot sizes, Draconian barriers to subdivisions, and a general hostility to any multifamily housing. If those rules were eased, then housing would become more abundant and affordable.

Today, in the depths of the crisis, it's easy to think that the quickest solution is to keep house prices from falling any further. Certainly, we shouldn't feed the financial panic by deliberately pushing housing prices downward in the midst of a price collapse. But it also doesn't make sense to try to stop the natural return of housing prices to their long-run levels—and to do so for reasons that no longer suit America's housing needs.

Subsidized lending has encouraged millions of Americans to leverage themselves wildly to bet on the housing market. All that betting helped to create the bubble that has now popped. Lending more cheap money would be like a gambler doubling down and hoping for a win next time.

Not everyone needs to be a homeowner. Not everyone needs to live in a McMansion. There's no single solution to the puzzle of housing policy, but one thing is clear: it should be based on good economics, not on an attachment to homeownership, the political appeal of helping homeowners, or the sentimental view that the American dream means owning a big house.

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

Mr. KYL. Mr. President, once again this weekend I got an earful when I

went home and heard from my constituents. Arizonians have told me repeatedly they don't want government-run insurance and they deserve to have their concerns taken seriously. The Democratic leaders in both Chambers of Congress have decided to include government-run insurance, the so-called public option, in their healthcare bills anyway.

Supporters of government-run insurance say it would be one choice of many and that it would promote competition. In reality, the government-run insurance would soon be the only option. Its artificially low prices, government backing, and ability to run at a huge loss would quickly put private insurers out of business, forcing millions of Americans onto the government-run plan.

That is why the Lewin Group estimates that 88 million Americans with employer-sponsored insurance would wind up on the government-run plan. The Lewin Group is a well respected firm that consults in the area of health care.

It concludes that once the architecture for a huge government-run plan is in place, future Congresses need only take small steps to get to a single-payer system.

We have seen what happens in countries with government-run health care—rationing, delays, and denials. No country, not even the most prosperous on Earth, has unlimited resources to spend on health care. So when a government takes over health care—as it has in countries such as Britain, Canada, and many European countries—care ends up being rationed. People in Canada and the United Kingdom routinely wait months for procedures. Americans can get in a matter of days, if not hours. The stories you hear about monthly, in fact years-long, waiting lists are not cherry-picked scare stories. They are commonplace. Patients often wait in pain for an MRI or a hip replacement or dental care.

According to a study by the Fraser Institute, which is a Canadian-based think tank, the average wait time for treatment from a specialist is 18.3 weeks in Canada.

The \$1.055 trillion Pelosi health care bill unveiled last week sets us on course to experience that kind of government rationing. Under the Pelosi plan, a new health care choices commissioner—by the way, that sounds a little Orwellian to me—will decide what counts as essential benefits for Americans. Simply put, Washington bureaucrats at 111 new Federal boards, commissions, and programs will dictate your health insurance.

The Government will order all insurance plans to offer a one-size-fits-all benefits package, and the same array of plan options. Rather than having the freedom to compete, insurers would in essence become prepaid health utilities.

The new Federal mandates and requirements will quickly raise health

care costs. In fact, the nonpartisan Congressional Budget Office, the Joint Committee on Taxation, the Chief Actuary at the Department of Health and Human Services, and other independent actuaries all agree: The Democrats' plan will drive up premiums and overall health care spending faster than in the absence of such so-called reforms.

As premiums rise, politicians will search for ways to control spiraling costs without relinquishing their control. The most obvious path would be more tax increases and payment cuts for doctors and hospitals, but when those options are exhausted—and they will be—the government's only remaining cost containment tool is to control how much health care everyone receives; that is, to ration care.

The Pelosi bill shows Democratic leaders have not listened to the American people at all. Americans have been clear. They do not want a government takeover of health care. Americans want high-quality health care that is more affordable. Instead, they are getting a 2000-page, \$1.055 trillion bill that leads to a near Washington takeover of health care with rationing and increased premiums and new taxes along the way.

Republicans will insist on protection for our constituents from the harmful effects of this bill. We believe Americans have rights in this process. We want to see commonsense reforms that empower patients and families, not government bureaucrats.

I ask unanimous consent that an editorial in the Wall Street Journal, dated November 1, called "The Worst Bill Ever" be printed in the RECORD.

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

[From the Wall Street Journal, Nov. 1, 2009]

THE WORST BILL EVER

Speaker Nancy Pelosi has reportedly told fellow Democrats that she's prepared to lose seats in 2010 if that's what it takes to pass ObamaCare, and little wonder. The health bill she unwrapped last Thursday, which President Obama hailed as a "critical milestone," may well be the worst piece of post-New Deal legislation ever introduced.

In a rational political world, this 1,990-page runaway train would have been derailed months ago. With spending and debt already at record peacetime levels, the bill creates a new and probably unrepeatable middle-class entitlement that is designed to expand over time. Taxes will need to rise precipitously, even as ObamaCare so dramatically expands government control of health care that eventually all medicine will be rationed via politics.

Yet at this point, Democrats have dumped any pretense of genuine bipartisan "reform" and moved into the realm of pure power politics as they race against the unpopularity of their own agenda. The goal is to ram through whatever income-redistribution scheme they can claim to be "universal coverage." The result will be destructive on every level—for the health-care system, for the country's fiscal condition, and ultimately for American freedom and prosperity.

The spending surge. The Congressional Budget Office figures the House program will

cost \$1.055 trillion over a decade, which while far above the \$829 billion net cost that Mrs. Pelosi fed to credulous reporters is still a low-ball estimate. Most of the money goes into government-run "exchanges" where people earning between 150% and 400% of the poverty level—that is, up to about \$96,000 for a family of four in 2016—could buy coverage at heavily subsidized rates, tied to income. The government would pay for 93% of insurance costs for a family making \$42,000, 72% for another making \$78,000, and so forth.

At least at first, these benefits would be offered only to those whose employers don't provide insurance or work for small businesses with 100 or fewer workers. The taxpayer costs would be far higher if not for this "firewall"—which is sure to cave in when people see the deal their neighbors are getting on "free" health care. Mrs. Pelosi knows this, like everyone else in Washington.

Even so, the House disguises hundreds of billions of dollars in additional costs with budget gimmicks. It "pays for" about six years of program with a decade of revenue, with the heaviest costs concentrated in the second five years. The House also pretends Medicare payments to doctors will be cut by 21.5% next year and deeper after that, "saving" about \$250 billion. ObamaCare will be lucky to cost under \$2 trillion over 10 years; it will grow more after that.

Expanding Medicaid, gutting private Medicare. All this is particularly reckless given the unfunded liabilities of Medicare—now north of \$37 trillion over 75 years. Mrs. Pelosi wants to steal \$426 billion from future Medicare spending to "pay for" universal coverage. While Medicare's price controls on doctors and hospitals are certain to be tightened, the only cut that is a sure thing in practice is gutting Medicare Advantage to the tune of \$170 billion. Democrats loathe this program because it gives one of out five seniors private insurance options.

As for Medicaid, the House will expand eligibility to everyone below 150% of the poverty level, meaning that some 15 million new people will be added to the rolls as private insurance gets crowded out at a cost of \$425 billion. A decade from now more than a quarter of the population will be on a program originally intended for poor women, children and the disabled.

Even though the House will assume 91% of the "matching rate" for this joint state-federal program—up from today's 57%—governors would still be forced to take on \$34 billion in new burdens when budgets from Albany to Sacramento are in fiscal collapse. Washington's budget will collapse too, if anything like the House bill passes.

European levels of taxation. All told, the House favors \$572 billion in new taxes, mostly by imposing a 5.4-percentage-point "surcharge" on joint filers earning over \$1 million, \$500,000 for singles. This tax will raise the top marginal rate to 45% in 2011 from 39.6% when the Bush tax cuts expire—not counting state income taxes and the phase-out of certain deductions and exemptions. The burden will mostly fall on the small businesses that have organized as Subchapter S or limited liability corporations, since the truly wealthy won't have any difficulty sheltering their incomes.

This surtax could hit ever more earners because, like the alternative minimum tax, it isn't indexed for inflation. Yet it still won't be nearly enough. Even if Congress had confiscated 100% of the taxable income of people earning over \$500,000 in the boom year of 2006, it would have only raised \$1.3 trillion. When Democrats end up soaking the middle class, perhaps via the European-style value-added tax that Mrs. Pelosi has endorsed, they'll claim the deficits that they created made them do it.

Under another new tax, businesses would have to surrender 8% of their payroll to government if they don't offer insurance or pay at least 72.5% of their workers' premiums, which eat into wages. Such "play or pay" taxes always become "pay or pay" and will rise over time, with severe consequences for hiring, job creation and ultimately growth. While the U.S. already has one of the highest corporate income tax rates in the world, Democrats are on the way to creating a high structural unemployment rate, much as Europe has done by expanding its welfare states.

Meanwhile, a tax equal to 2.5% of adjusted gross income will also be imposed on some 18 million people who CBO expects still won't buy insurance in 2019. Democrats could make this penalty even higher, but that is politically unacceptable, or they could make the subsidies even higher, but that would expose the (already ludicrous) illusion that ObamaCare will reduce the deficit.

The insurance takeover. A new "health choices commissioner" will decide what counts as "essential benefits," which all insurers will have to offer as first-dollar coverage. Private insurers will also be told how much they are allowed to charge even as they will have to offer coverage at virtually the same price to anyone who applies, regardless of health status or medical history.

The cost of insurance, naturally, will skyrocket. The insurer WellPoint estimates based on its own market data that some premiums in the individual market will triple under these new burdens. The same is likely to prove true for the employer-sponsored plans that provide private coverage to about 177 million people today. Over time, the new mandates will apply to all contracts, including for the large businesses currently given a safe harbor from bureaucratic tampering under a 1974 law called Erisa.

The political incentive will always be for government to expand benefits and reduce cost-sharing, trampling any chance of giving individuals financial incentives to economize on care. Essentially, all insurers will become government contractors, in the business of fulfilling political demands: There will be no such thing as "private" health insurance.

All of this is intentional, even if it isn't explicitly acknowledged. The overriding liberal ambition is to finish the work began decades ago as the Great Society of converting health care into a government responsibility. Mr. Obama's own Medicare actuaries estimate that the federal share of U.S. health dollars will quickly climb beyond 60% from 46% today. One reason Mrs. Pelosi has fought so ferociously against her own Blue Dog colleagues to include at least a scaled-back "public option" entitlement program is so that the architecture is in place for future Congresses to expand this share even further.

As Congress's balance sheet drowns in trillions of dollars in new obligations, the political system will have no choice but to start making cost-minded decisions about which treatments patients are allowed to receive. Democrats can't regulate their way out of the reality that we live in a world of finite resources and infinite wants. Once health care is nationalized, or mostly nationalized, medical rationing is inevitable—especially for the innovative high-cost technologies and drugs that are the future of medicine.

Mr. Obama rode into office on a wave of "change," but we doubt most voters realized that the change Democrats had in mind was making health care even more expensive and rigid than the status quo. Critics will say we are exaggerating, but we believe it is no stretch to say that Mrs. Pelosi's handiwork ranks with the Smoot-Hawley tariff and FDR's National Industrial Recovery Act as among the worst bills Congress has ever seriously contemplated.

Mr. KYL. Let me quote four sentences from this editorial.

In a rational political world, this 1,990-page runaway train would have been derailed months ago. With spending and debt already at record peacetime levels, the bill creates a new and probably unrepeatable middle-class entitlement that is designed to expand over time. Taxes will need to rise precipitously, even as ObamaCare so dramatically expands government control of health care that eventually all medicine will be rationed via politics.

The editorial goes on to say:

The result will be destructive on every level—for the health-care system, for the country's fiscal condition, and ultimately for American freedom and prosperity.

The editorial goes on to detail the myriad of ways this is true. I believe the conclusion is correct and mirrors the comments I made at the beginning here.

The final thing I wish to do is to comment on a letter which Republicans wrote to the majority leader and the response which we received. Out of fairness to the majority leader, I ask unanimous consent that at the conclusion of my remarks, his letter be printed in the RECORD.

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

(See exhibit 1.)

Mr. KYL. Mr. President, what we wrote was to ask him if he would be willing to share with us the bill that the media reported he had sent to the Congressional Budget Office to have scored. That is congressional talk for to have the cost facts, costs of and savings from the bill, or taxes generated by the legislation provided to us. Every bill that comes to the Senate floor has to be scored. The news had reported that the majority leader had sent a bill to CBO to be scored.

He held a press conference in which he talked about the government option or government-run health care part of that, what I spoke about earlier. But what the majority leader said in this letter is that there is no bill. He talked about the part he had referred to the CBO, relating to the so-called public option, but he then said that is all he had sent to them, and I will quote his conclusion here: "In other words, there is no bill to release publicly—it does not exist."

Apparently there is no bill yet from the majority leader, only this concept of a public option which he has presented to CBO to be scored. He then concluded by asking where the "comprehensive Republican alternative is," and he said he would like to get a copy of that.

This is something Republicans have been saying for months now. You are not going to see the same size bill out of Republicans you have seen out of the Democratic majority. You are not going to see a 2,000-page bill. I exaggerate by 10 pages; I am sorry, it is 1,990 pages. We are not going to propose a comprehensive reform of the entire health care system and insurance in-

dustry as the Pelosi bill has done. Nor are you going to see an over-a-thousand-page bill such as the bills that came out of the Senate committees. You are not going to see \$1 trillion come out of Republicans. We do not believe that is the way to deal with the discrete problems that exist in our system.

Yes, we have problems. Those problems have specific solutions. But they do not have to cost \$1 trillion or consume 2,000 pages of text and take over our health care system. That is the whole point of the debate. You have two different philosophies: one which says we have to do it in a comprehensive way that takes over everything we currently have; the other says, no, we don't have to do that, that is too much taxes, too much loss of freedom, an increase in premiums, too much government control, and too much debt. We don't need to do that. What we need to do is focus on the specific problems and solve them.

We have talked repeatedly about the ideas we have to do that. You can save maybe \$100 billion to \$200 billion a year in unnecessary health care expenditures that result from the practice of defensive medicine. That is, medical malpractice reform could save that much money without costing a dime.

You could also provide for more competition among the insurance companies—not through a government-run insurance company but allowing them to compete with each other across State lines, by allowing small businesses and others to join together and expand their risk pools into something called association health plans, so they would have more bargaining power when they negotiate with the insurance companies, as big business does, and a variety of other things.

My point is the Republican solutions to the specific problems are targeted solutions that don't cost a lot of money, don't ration health care, don't take away your freedom, and don't require 2,000 pages to wade through what you are doing.

When the majority leader tries to entice Republicans into sharing with him our comprehensive bill that is like the Democrat comprehensive bill, my answer to him is I am sorry, Mr. Leader, you are going to be disappointed because that is not our approach, as we have been saying all along. But at the time you have your 1,000-page or 2,000-page bill, whatever it is, obviously we wish to see it.

I think the American people deserve to see it because, as I heard from my constituents this weekend, they are very afraid about what they are hearing. They are hearing about this massive government takeover, massive expense, new taxes, premium increases, increase in the debt, and rationing of health care. They are scared to death and they have a reason to be frightened about this.

As soon as the majority bill is ready, obviously Republicans are going to

want to examine it and share it with our constituents. In the meantime, what we have to talk about, I guess, is the bill that will be debated and voted on in the House of Representatives this week, the so-called Pelosi bill which, as I said, the Wall Street Journal has editorialized about today in a way that I think should continue to frighten people. As I said, it is called "The Worst Bill Ever," and after you read the editorial I think you can see the reasons why.

I yield the floor.

EXHIBIT 1

U.S. SENATE,

Washington, DC, November 2, 2009.

DEAR COLLEAGUE: Thank you for your recent letter on health care reform. I agree with you about the importance of ensuring that the Senate debate health care reform in an open and transparent way, and assure you that the process for considering this critical legislation will continue to meet that standard.

As you know, both the HELP and Finance Committees conducted lengthy public mark-ups at which Republican and Democratic Senators offered numerous amendments and proposals by members of both parties were approved. This legislation has been fully available on the Internet for many weeks.

As you also know, we are now working to take these publicly-available provisions and meld them together into a single bill. Apart from my decision to include a public option from which states may opt out, no final decisions have been made—and none can be made until we get more information about how CBO would score different combinations. In other words, there is no bill to release publicly—it does not exist.

Once we receive the necessary information from CBO, we can begin to make decisions about what to include in a merged bill. I assure you that I will make the legislation available to the full Senate and the American people prior to its consideration. There will be ample opportunity to examine and evaluate its provisions. Furthermore, if we are able to overcome your opposition to permitting the Senate to even debate this important legislation, all members will have the opportunity to offer amendments. I have no intention of rushing this process or blocking Senators from offering alternatives.

While the two health care reform plans that are serving as the main building blocks for the merged bill have been publicly available for quite some time, I would note that the Republican Leadership's health care plan remains a secret, unless perhaps it does not exist.

Needless to say, I fully understand if your plan is still under development, and would not presume to suggest that you publicly share draft legislative text for even an individual element of your plan, let alone an entire bill, before it is finalized.

However, as soon as a comprehensive Republican alternative is complete, I hope you will be willing to immediately make it public. I am sure you agree that the American people deserve the opportunity to fully review both parties' health reform plans before we begin this important debate.

Sincerely,

HARRY REID,
Senate Majority Leader.

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

Mr. JOHANNIS. Mr. President, as I start out this afternoon, I wish also to speak about health care. If I could, I

wish to associate myself with the remarks of the Senator from Arizona. In his comments, I thought Senator KYL hit the nail on the head. What we are looking for and I believe what the American people are looking for in this health care debate is a very thoughtful, step-by-step approach. That is what I hear when I go back home. I suspect other Senators are hearing the same thing.

Today I want to talk about something that I as a former Governor—and I know the Presiding Officer was a former Governor; we were Governors together—have experience with and that is Federal legislation that comes along and it basically says to the States: If you don't like this Federal legislation, you can opt out. I often had that situation when I was Governor. Within the last 2 weeks or so, this idea came to the forefront with the health care debate. All of a sudden, there was this trumpeting going on that there would be a State choice here and that would be kind of a compromise. I think a compromise to bring some reluctant votes over in favor of the bill.

I have to say I am very skeptical of this concept. We have not seen the bill yet here on the Senate side. That is being worked on behind closed doors. I was fascinated to listen to the Senator from Arizona talk about the fact that the majority leader said there is no bill yet. If we are going to start debate here, I hope a bill comes up soon so we have an opportunity to study it. But I think we can look from past experience and maybe get an idea of what this opt-out is going to look like.

No doubt about it, in order for this health care legislation to be able to work at all, billions of dollars are going to have to be collected through taxpayers, be collected all across the country, from all States and their taxpayers. So if a State such as Nebraska is seriously considering the possibility that it might opt out of this bill, it is going to have to examine what choice is available and is there a choice at all. Does that mean the State of Nebraska will get to opt out of higher premiums?

Does that mean the State of Nebraska will get to opt out of any individual mandates that are a part of the legislation? Does that mean that if the Governor of Nebraska says, We do not want any part of this bill, the Medicare recipients in Nebraska will not have to experience the nearly \$500 billion in Medicare cuts? Does that mean that if the Governor of Nebraska chooses to opt out of this legislation, he literally has the ability to save Nebraska taxpayers from the \$400 billion, or their share of that, that they would pay in taxes for this legislation, or is this going to be like so many other opt-out opportunities that the Federal Government gives to the States, and when you really get down to it, you begin to realize there really is not an opt-out, there really is not a choice; you have all of the burdens of the legislation but, of course, get no benefit.

Further, it appears the legislation—again, I am speculating to some degree, but it appears the legislation would require States to opt out by 2014. Yet it is going to take about 3 or 4 years to get this government plan up and running. So almost at the same time that you are supposed to opt out, we will finally see, in terms of the regulations, what this government plan is going to do to States and taxpayers in those States. I can't see that there is much choice.

You see, today we have the opportunity to opt out of various Federal programs—No Child Left Behind. Nebraska could opt out of the Federal bureaucracy. Why don't they opt out? Why don't other States? Because you really don't have a choice. The burden of the legislation is still going to be there, and by opting out, what you are saying is: I will force the burden upon my taxpayers and we will forego whatever limited benefit is available. So I just say, as we study this, don't be fooled. Opt-out in fact may have more of a downside and I suspect it is going to have more of a downside than any potential for an upside, and therefore that is not a choice.

The other thing I have to tell you is that as I look at this, there really is not an opt-out. I think where we are headed is a first step toward a single-payer, government-type program. Government should not be the sole provider of health insurance. It should not be the sole arbiter of what kind of health care people will get in this country.

What is the track record when there is a government program when it comes to health care? Well, we can look at the track record because there is a lot of it out there. Medicare and Medicaid would be perfect examples. Studies have been done of Medicare. They are done on a regular basis. If you are a Medicare recipient out there, you have heard about this. Medicare is due to be insolvent in 2017. And I am not talking about a little fix that is necessary here; this is trillions of dollars. That is frightening when you think about it. It is especially frightening when you recognize that the proposal is that about \$450 billion will be pulled out of this program, not to stabilize Medicare, although I would argue that would make a lot of sense in terms of trying to say that any dollars that you can save in Medicare should stay with Medicare. No, that is not what is happening at all. You see, what is happening is that \$450 billion will go to start a new government program, a new entitlement. Then there is that estimate that says about \$10 billion annually is the minimum loss sustained by taxpayers every year due to Medicare fraud—\$10 billion due to Medicare fraud. Medicaid has a 10-percent waste, fraud, and abuse rate. Neither is sustainable under its current form.

Again, as a former Governor, I will tell you that Medicaid is the greatest challenge Governors face in keeping

their budget together. We all talk about it, Democrats, Republicans; it does not make any difference. Yet a part of this health care plan will shift the burden to the States when they are already in very difficult times.

I recently got a letter from a high school junior from Kearney, NE. She said to me:

In my government class, we have discussed the health care issue. I feel very strongly about this issue for a few reasons, the first being the fact that all the money the government is spending is going to come out of the pockets of Americans. This will mostly affect the youth of this country. This will be my generation who will be paying off the bills that you will create with this health care plan.

My goodness. Did she get that right or not?

You know, it is just the common-sense approach. If you are really going to try to do what we are elected to do, why would you not shore up current government programs first before going off in this massive, 1,990-page bill to create a new entitlement? Why would you go off and siphon nearly \$½ trillion away from Medicare? We should ensure Medicare's solvency first.

I believe the current proposal is about advancing an agenda versus addressing a real need. The government-run plan will not make health care more affordable. I think we are going to see that confirmed over and over again as it is analyzed. If affordability is the goal, let people buy insurance across State lines. You will get virtually unanimous bipartisan support for that. Let small businesses and farmers and ranchers band together to get more competitive rates. Allow tax deductibility to level the playing field between corporations and individuals buying insurance. You see, again, if you did a step-by-step approach, I think you would get nearly unanimous support for these ideas.

Nebraskans see through the rhetoric. I got another letter from a constituent in Omaha:

Please oppose latest iteration of health care reform. This reform package will accomplish none of the objectives that have been laid out at the outset of this process.

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

Mr. JOHANNIS. I ask unanimous consent for 1 additional minute.

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

Mr. JOHANNIS. I thank the Chair.

This bill will ultimately lead to Government-run health care, will have more waste and fraud than the current system and will necessarily lead to arbitrary rationing and long wait times for treatment.

Mr. President, I appreciate the indulgence to just wrap up my comments and say that if there were ever a time to go thoughtfully and carefully one step at a time and work in a bipartisan way to fix this issue, it is now. My hope is that in the weeks ahead, as we debate this issue, we will do precisely that.

I yield the floor.

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

Mr. LEMIEUX. Mr. President, I wish to follow up on the comments of my colleagues from Nebraska and Arizona. I will not be as eloquent as they, but I also want to lend my voice to the discussion regarding health care.

I had the opportunity to receive the House bill, 1,990 pages. It is not an easy read. I am making my way through it. But we have learned a lot through it. I have already found that the taxes start on page 297. There is an estimated over \$1 trillion in costs over the next 10 years in these 1,990 pages. This is the House bill, the bill Speaker PELOSI has put forth. We do not yet have a copy of the Senate bill to digest. So this is the text we will go on for now. But I think it is good to see this in the larger context in which we debate health care. It is important to remember that this year, this Congress has passed a budget that has a record-setting \$1.4 trillion deficit. That is more deficit than the last 3 years of Congress combined.

Americans want and deserve more affordable health care. We have more than 40 million Americans without health insurance, nearly 4 million of them in Florida. They want better access to health care. They certainly want their health care to be less expensive. But keeping this in mind, we have to look at the situation in which we find ourselves. The reckless spending of this Congress must stop or we are going to bankrupt the future of our children and of our grandchildren.

The Senator from Nebraska was talking about a letter he received from his constituent. I sat in my office and looked at some of the letters that have come in from Florida. I wanted to read one from John Miller from Valrico, FL, which is in the Tampa Bay area, right near Brandon. He writes—it is in handwriting, it is not typed. It is from October 19. He says:

Mr. LeMieux, I am one of those who have not paid enough attention to what is going on. Like others, I am waking up. I have decided to go old school and start hand-writing letters again. It was recently reported the Federal deficit for the 2009 fiscal year was \$1.4 trillion, up from \$459 billion the year before. I think it is time for Congress to stop all work and start working on ways to cut the deficit. One way is to shrink the government.

Good thing Mr. Miller in Valrico, FL, gets it. Before we start embarking upon 1,990-page endeavors to create new entitlement programs that cost \$1 trillion, we should focus, as Senator JOHANNIS from Nebraska said, on the programs that we already have, and we should do so through the lens of the debt and deficit we have now that is going to bankrupt the future of our children.

Right now, we spend \$253 billion a year in interest alone—\$253 billion to pay the interest on our debt. That is the third highest expenditure we have in the Federal budget, \$700 million a

day. The national debt is nearing \$12 trillion. In the next few days, we will reach that mark. The White House projects we will be at \$23 trillion in 10 years. The national debt rose at a rate of \$4 billion a day. It took us until 1982 to hit \$1 trillion in debt; now we are near \$12 trillion.

When I gave my maiden speech a couple of weeks ago, I tried to put some real-world context into what these amounts of money mean because \$1 trillion or \$1 billion are numbers that are hard to understand. I said in that speech that \$1 billion laid edge to edge in one-dollar bills would cover the city of Key West, FL, about 3.4 square miles, and \$1 trillion would cover Rhode Island twice. Another way to think of it is if you had one-dollar bills and you stacked up \$1 trillion, it would be 678 miles high. These are staggering amounts of money.

So where will all of this spending lead us? Well, I think we know. When you have too much spending, you have to increase taxes. When you increase taxes, you reduce prosperity. We know this 1,990-page bill already increases taxes.

In the Wall Street Journal this weekend, Peggy Noonan talked about the problems of New York. I do not mean to single out my friends from New York, but I thought what she said in her article was telling because here is a State with high taxes. She said that the Post reported this week that 1½ million people have left high-taxed New York State between 2000 and 2008, more than a million of them from ever higher tax New York City. They took their tax dollars with them, more than \$4 billion in 2006 alone.

I do not know that people are going to leave the United States of America because we have taxes that are too high, but, as I said in my maiden speech 2 weeks ago, I am very concerned that one of my three sons—Max, Taylor, or Chase—or maybe the baby we have on the way is going to come to me when they are an adult and say: Dad, my opportunities are better in another country because I do not want to pay 60-percent taxes to pay for the deficit and the debt you have laid on my shoulders. I hope that day never comes.

So what should we do? Instead of focusing on new entitlement programs, perhaps we should try to fix the ones we already have. Medicare, health care for seniors, and Medicaid, health care for the poor, have huge amounts of waste, fraud, and abuse, an estimated \$60 billion in waste, fraud, and abuse in Medicare alone—\$60 billion. There could be as much as \$225 billion in fraud and abuse and waste across the whole health care system.

I seek to be a problem solver in this Chamber, and I seek to bring Democrats and Republicans together. So last week, I introduced my first bill, S. 2128, the Prevent Health Care Fraud Act of 2009. What that bill does is simply three things: No. 1, it creates in the Department of Health and Human

Services a Deputy Secretary, the No. 2 person in the agency who will be the chief health care fraud prevention officer of the United States.

They will be responsible for only one job—to make sure we ferret out health care fraud. No. 2, we will bring predictive modeling to health care administration in this government. What is predictive modeling? An easy way to understand it is, it is the same way your credit cards work. If you make a credit card purchase and your credit card company thinks it is a questionable transaction, the computer has a model, and you get a phone call or an e-mail. If you don't call and validate that transaction, the vendor doesn't get paid. It happened to me a week or two ago. I went to buy a television. I am from Florida. I get an e-mail on my BlackBerry before I walk out the door, saying: Did you authorize this purchase? We don't do that in health care. Instead, we chase the bad guys later and try to get the money back. That would stop the money from ever being paid.

The third thing it would do is require background checks for health care providers. The American people would be surprised to learn we don't do this right now. We have people ripping off Medicare and Medicaid, \$10, \$20 million a shot. My State, specifically in southeast Florida, is the health care fraud capital of the world.

We need to do a better job of spending the money of the people now before we embark upon new programs to spend trillions more. Senator KYL mentioned the Wall Street Journal's editorial of today. It called this bill the worst bill ever—that is a heck of a name—because it implements a spending surge to the tune of more than \$1 trillion. It has \$572 billion in new taxes, and it threatens to bankrupt the States. Senator JOHANNIS mentioned this as a former Governor. I was the chief of staff to a Governor. I know how difficult it is to make ends meet in a State system where you actually have to balance budgets, not like the Federal Government where you can just spend more money and print more money. The States actually have to balance budgets. In Florida, we spend more than 30 percent on health care. If you spend more money on health care, specifically Medicaid, guess what you spend less money on. Education and other good programs. With these increased Medicaid obligations, the States will be in more of a difficult place. They will have to either cut other programs or raise taxes.

The Wall Street Journal said we can't regulate our way out of the reality that we live in a world of finite resources and infinite wants.

We should focus on the programs we have before we embark upon new programs. The majority wants to focus on new programs and not on effectively and efficiently running programs we have.

I hope my colleagues from both sides of the aisle will join me in supporting

S. 2128, the Prevent Health Care Fraud Act of 2009.

I yield the floor.
The ACTING PRESIDENT pro tempore. The Senator from California.

HISTORY OF THE MEDICAL INSURANCE INDUSTRY

Mrs. FEINSTEIN. Mr. President, since most people have some form of health insurance, I decided, after many calls from constituents who have said to me: I can't afford a 20-percent increase in my medical health insurance premium; I had a 10-percent one last year, I began to look into the history of the medical insurance industry in America. I have come to the floor to discuss the current state of the private, publicly owned, for-profit health insurance industry and the ways this system must be changed during health care reform. Bottom line: Our country is the biggest health care spender in the world. In return, we get very average results.

It wasn't always this way in America. I wish, for a moment, to briefly review the history of health insurance in our country. Because understanding its development and its transition to the for-profit, commercial health insurance model is actually critical to this debate.

The story began to take shape about 90 years ago. There were very few health insurance plans before the 1920s. As a matter of fact, there was not much in the way of medical services to insure. Options for medical care were primitive by today's standards. In 1900, the average American spent \$5 each year on health care-related expenses. This amounts to roughly \$100 in today's dollars. Health insurance was not necessary because the cost of care was low. Over 90 percent of medical expenses were paid out of pocket. Most patients were treated in their homes, and medical technology and treatment options were very limited. The earliest private health insurance plans in the United States were fairly basic agreements, primarily sponsored through employers or unions. Employers deducted funds from participating workers' salaries and contracted with local physicians for treatment.

During the 1920s, medical technology was advancing and the treatment of acute illnesses shifted from homes to hospitals. But on the heels of the Great Depression, an increasing number of Americans were unable to afford medical services, which were becoming more costly. In 1929, the Baylor University Hospital developed a plan to guarantee affordable treatment options for patients while ensuring a steady stream of revenue for the hospital. According to author Paul Starr, the Baylor plan provided up to 21 days of hospital care and certain services to 1,500 local teachers in Dallas, TX, for \$6 a year or 50 cents a month, if we can believe it.

A hospital official promoting the plan at the time said:

We spend a dollar or so at a time for cosmetics and do not notice the high cost. The ribbon-counter clerk can pay 50 cents, 75 cents or \$1 a month, yet it would take about 20 years to set aside [enough money for] a large hospital bill.

The Baylor plan proved popular and was soon expanded. It served as the foundation for what would become Blue Cross, the first example of a major, nonprofit medical insurance provider. Throughout the 1930s, the number of Blue Cross plans grew and enrollments expanded. By 1937, 1 million subscribers were covered.

In response to the lack of coverage by Blue Cross for physician services, in 1939, the precursor to Blue Shield, called the California Physicians Service, was developed. This plan reimbursed physicians for the cost of services based on negotiated payment schedules. According to the Congressional Research Service, in 1945, nonprofit Blue Cross and Blue Shield plans had expanded to cover 19 million subscribers nationally in most States. These nonprofit Blue Cross and Blue Shield plans dominated the health insurance industry. At this same moment, Congress was reviewing the matter of insurance regulation, generally. In 1945, after significant lobbying by the industry, the McCarran-Ferguson Act was enacted. By passing this law, the Federal Government committed to a hands-off approach to insurance regulation, generally, including the regulation of for-profit, commercial health insurance companies.

This is where things began to change. The McCarran-Ferguson Act gave States, not the Federal Government, primary responsibility for overseeing the insurance business. It meant, as a practical matter, that whether insurance companies would be regulated forcefully or with little care would be left up to individual insurance commissioners in each of the 50 States. Additionally, the McCarran-Ferguson Act included a specific antitrust exemption for the business of medical insurance. As a result, practices such as price fixing, bid rigging, and market allocation, prohibited by Federal law in every other industry, were left up to the States and their enforcement mechanisms.

If insurance companies colluded to raise prices above competitive levels, Federal officials would not and could not investigate or intervene. All regulation was up to the States and, in fact, very little regulation has taken place.

During World War II, for-profit, employer-based health insurance plans expanded rapidly and took a firm hold in our country. Due to price and wage controls, employers competed for workers by offering health insurance benefits. In 1944, the unemployment rate was 2 percent. Additionally, unions were able to collectively bargain health insurance benefits and employer contributions for health insurance which were excluded from a worker's taxable income. By the 1950s, for-

profit commercial health insurers, such as Aetna and the Connecticut General Life Insurance Company, known now as CIGNA, became very active. Then things started to change. The market share of Blue Cross and Blue Shield was significantly reduced in many parts of the country. As of 1953, commercial insurers provided hospital insurance to 29 percent of Americans versus Blue Cross's 27 percent.

The widespread entry of commercial insurance into the health insurance market had a dramatic impact. First, the commercial health insurers did not operate under the same rate restrictions as Blue Cross. Second, Blue Cross premium rates were based on the average cost of medical services in a defined geographic area or community. Commercial insurers, on the other hand, calculated premiums based upon the claims of particular groups or individuals and adjusted these premiums each year depending on their health status. This also allowed commercial insurers to evaluate coverage on an individual rather than use the community rating system of Blue Cross. Therefore, commercial insurers were able to underbid Blue Cross for firms with very healthy workers who were cheaper to insure.

Right then and there, we begin to see the skewing of the system away from a community rate toward an individual assessment; whereby companies could cherry-pick only the healthiest and, therefore, make more money.

The loss of these healthier groups then raised average costs among the remaining employees, placing Blue Cross at a competitive disadvantage with commercial insurers. This competition from commercial insurers eventually resulted in Blue Cross changing the way its premiums were calculated. The single, community-wide premium pricing model was replaced in favor of the commercial approach. This shift toward charging premiums based on claims of particular groups or individuals changed the nature of competition in the health insurance market. Insurers could reduce costs by shifting risk and recruiting employers with healthier workers, and they did. Furthermore, because they could choose whom to insure, many large, for-profit commercial insurers left the individual market altogether in favor of large-scale employers because they carried lower operating costs.

Where does that leave us today? Today we have a health insurance industry where the first and foremost goal is to maximize profits for shareholders and CEOs, not to cover patients who have fallen ill or to compensate doctors and hospitals for their services. It is an industry that is increasingly concentrated and where Americans are paying more to receive less.

Here is the bottom line: According to the Kaiser Family Foundation, in the last 9 years, American families have seen their health insurance premiums

more than double, while benefits have been getting worse and the industry has been growing less competitive.

A snapshot of the American health insurance industry today presents an alarming picture.

As of 2007, just two carriers—WellPoint and UnitedHealth Group—had gained control of 36 percent of the national market for commercial health insurance. Both these companies had more than doubled since 2000. Since 1998, there have been more than 400 mergers—that is in 11 years—400 mergers of health insurance companies, as larger carriers have purchased, absorbed, and enveloped smaller competitors.

In 2004 and 2005 alone, this industry had 28 mergers, valued at more than \$53 billion. That is more merger activity in health insurance than in the 8 previous years combined.

Today, according to a study by the American Medical Association, more than 94 percent of American health insurance markets are highly concentrated under U.S. Department of Justice guidelines. This means these companies could raise premiums or reduce benefits with little fear that consumers will end their contracts and move to a more competitive carrier.

In 10 States—Alabama, Alaska, Arkansas, Hawaii, Iowa, Maine, Montana, Rhode Island, Vermont, and Wyoming, these 10 States—two health insurance companies control 80 percent or more of the State market. So 10 States, 2 health insurance companies control more than 80 percent of the statewide market.

In my State of California—nearly 40 million people—just two companies—WellPoint and Kaiser Permanente—control more than 58 percent of the market. The market presence of these two companies is up a combined 14 percent in 1 year. Let me repeat that. The market presence of two companies in California is up 14 percent in 1 year.

When you look at specific health markets, the situation is even worse. In 2007, the two largest health insurance companies in Bakersfield, CA, controlled 76 percent of the market there. In Salinas, the top two controlled 65 percent. In Los Angeles, the top two carriers controlled 51 percent of the market. This is a huge market. It is a 12-million-person market, and two companies control over half of that insurance market.

The American Medical Association described it this way:

The United States is headed toward a system dominated by a few publicly traded companies that operate in the interest of shareholders and not primarily in the interest of patients.

I think that is a very sobering statement.

The effects of this market concentration are being felt by consumers and families. They are being felt by American businesses. They are being felt by doctors and health care providers.

Premiums are skyrocketing for employers and for individuals trying to

buy health insurance. According to the Kaiser Family Foundation, since 1999, the average health insurance premium has more than doubled, rising 119 percent. That is an increase of four times the national wage growth over the same period and more than four times the rate of inflation. So it is “open sesame.”

This is an amazing factor. Between 1999 and 2007, the average American worker saw his wages increase 29 percent. His insurance premiums rose more than 120 percent during that same period. This is how disproportionate it is, and it is wrong.

For some people, this means their employer is paying more and struggling more to stay in business. For some, it means they are personally paying more and struggling to make ends meet. For some, it means they have been forced to join the ever-growing group of 47 million Americans who simply cannot afford health insurance coverage today.

While premiums are going up, there is no evidence coverage is improving. We have heard countless stories from consumers about the way insurers are cutting costs and saving money by denying coverage to people with pre-existing conditions, rescinding care when people fall ill and haggling administratively over coverage and benefits.

These stories come from health care providers too. When just a few companies control the market, physicians and hospitals have fewer places to turn when they believe they are not being reimbursed fairly. Just as American families and their employers have fewer choices for purchasing insurance, health care providers have less bargaining power over reimbursement rates. The net result is, consumers and health care providers are losing out, while health insurance companies and their shareholders are bringing in record profits.

According to Health Care for America Now, between 2000 and 2007, profits at the 10 largest publicly traded health insurance companies soared up 428 percent, from \$2.4 billion in 2000 to \$12.9 billion in 2007.

The CEOs of these companies took in record earnings. In 2007, these 10 CEOs made a combined \$118.6 million. The CEO of CIGNA took home \$25.8 million. The CEO of Aetna took home \$23 million. The CEO of UnitedHealth took home \$13.2 million. The CEO of WellPoint took home \$9.1 million.

This history, and this failed market, is a uniquely American story. I recently read “The Healing of America” by T.R. Reid. He is a former Washington Post journalist who has a bum shoulder. So he decided he would go from country to country and go to doctors in that country, examine their health care sector, see what would help him, what they recommended, and it is a very interesting book. He writes about the health care systems of the countries he visits.

A few things are clear. First, as Reid says:

The United States is the only developed country that relies on profit-making health insurance companies to pay for essential and elective care.

So in every country that has health care reform—the United Kingdom, France, Switzerland, Germany, Canada—the United States is the only one that allows this open, ribald, for-profit health insurance industry that we do in this country.

Profit-seeking motives do influence insurance companies. Today, insurance companies have a financial reason to deny coverage to people who may actually get sick, so they exclude people with even the most minor preexisting conditions.

Secondly, if you get sick, insurance companies will comb through past records to find a reason to retroactively deny coverage. This means people lose their health coverage when they need it the most.

In other nations, with not-for-profit insurance, there is no motivation for companies to engage in these practices. Everyone is covered regardless of his or her health history. This allows risk to be effectively spread across the entire population.

Other countries accomplish this with employer responsibility and an individual requirement to become part of the insurance system.

A few examples: In Germany, most people enroll in sickness funds, with premiums split between workers and employers. Only the very wealthy can opt out to buy separate insurance.

In Switzerland, everyone must purchase basic, nonprofit insurance. Companies can only make a profit on the extra benefits they sell, such as for cosmetic surgery or a private room in a hospital, but not by providing basic coverage.

In France, everyone is enrolled in one of several large health insurance funds, which are closely regulated by the federal government.

In the United Kingdom, everyone is automatically covered by the National Health Service.

Americans like to criticize other nations' systems as bureaucratic. But in truth, it is our system that is wasteful and inefficient. Many other countries are able to deliver better health care for lower prices than we do currently. I wish to point this out.

As T.R. Reid points out, our system, with for-profit insurance and medical underwriting, has some of the highest administrative costs in the world because, in the United States, roughly 20 percent of every premium dollar is spent on administration. This includes advertising, profits, and paperwork—20 percent goes to this.

Let's compare this: Canada, on the other hand, spends about 6 percent. France spends about 5 percent. One of France's advantages comes from an electronic form, a personal health record. It is called the Carte Vitale.

Here is a picture of it I have in the Chamber. I had actually asked some of my family, newly returned from living in France for a long time, if they would send me their actual Carte Vitale, which I have seen. Unfortunately, they have not arrived. But, as shown in this picture, this is what they look like.

As shown on this part of the picture, this is a small chip. In this chip is the entire medical history of a patient—every shot received, every diagnosis made, everything about the patient. So the patient goes in for a physician's visit, which costs about \$27 in France today, and the doctor takes the Carte Vitale, puts it into his computer, and the entire background of the individual pops up.

Let's say he prescribes certain medication. That then goes into this small chip. Every French citizen over the age of 15 carries a Carte Vitale, which has taken the place of the walls of paper records we see at our physicians' offices in this country.

Also, this system allows French physicians to bill automatically for the care they provide without paperwork or bureaucracy. The Carte Vitale has helped the French achieve what many consider to be the world's best health care system.

As we have seen, other industrialized nations spend less on administrative costs. They have nonprofit insurance. They use employers and individual responsibility to provide basic health care to everyone. This structure does, by independent analysis, provide better results because, whatever the indicator, the United States lags behind the rest of the industrialized world.

This is painful, but I believe we have to look at it. According to the World Health Organization, France leads the world in overall system performance, followed by Italy. America is 37th. These are the top health care systems: France, Italy—and, as you can see, the rest. We are No. 37.

In avoidable mortality, which measures a system's effectiveness in caring for people who contract a potentially serious medical condition, again, France tops the list, again, followed by Japan. The United States is 15th.

The United States lags other developed nations in infant mortality. Here it is, as shown on this chart. This is according to the Commonwealth Fund. The leader is Japan, with 3 deaths per 1,000 births. We are No. 22 on that list.

This is surprising because you would think, particularly with infant mortality, we would be a real leader, but we are not.

To summarize, I think action is needed.

Other countries are far from perfect, and I am not saying anything other than that. But these lessons show that high-quality health care can be delivered for less than we currently spend. Our system of relying on for-profit medical insurance, I believe, is broken. We are spending more for worse results than the rest of the world. That is what I hope to show.

That is why it is essential that we take action, and take action now. I basically believe the medical insurance industry should be nonprofit, not profit-making. There is no way a health reform plan will work when it is implemented by an industry that seeks to return money to shareholders instead of using that money to provide health care. This is difficult to accomplish today, but there are a number of steps that can be taken in this direction.

The first is to repeal the antitrust exemption. I believe we must take strong action to stop illegal, anti-competitive activity in the industry. The Justice Department currently has authority to review certain health insurance mergers. But although almost 400 health insurance mergers took place during the past administration, the Department brought challenges to only two of those mergers. Even those that were challenged were later allowed to proceed with relatively minor adjustments.

When a dominant market player tries to subsume a smaller competitor, the Justice Department should review the acquisition carefully to ensure that consumers, employers, and health care providers still have bargaining power. We should also repeal the antitrust exemption for health insurance companies. This exception is a relic of the past, and it has no current justification.

The Justice Department should be able to investigate and sue health insurance companies when they engage in price fixing, bid rigging, or market allocation. These kinds of collusive activities are not fair play. They are not allowed in other industries, and they should not be allowed in this one.

I also believe a public option is an essential piece of any effort. It will provide robust, nonprofit competition for an industry that is broken and profit-ridden. In concentrated markets, the public option will provide consumers with real choice. Remember, the largest market in America is the Los Angeles market, and a majority of that market is controlled by two health insurance companies.

Because it will not attempt to make a profit, the public option will not turn anyone away. It may be able to charge lower premiums because its goal will be to provide health care coverage, not to return profits to shareholders. Whether it is opt-in or opt-out, States that strongly object to providing nonprofit competition to residents should have the opportunity not to participate. But make no mistake; the public option alone will not solve our Nation's problem with health care. It will be available to a relatively few Americans at first. Only those who will purchase insurance in newly created exchanges will have the opportunity to buy it. But I believe it is a building block as we work to construct a new system.

In addition to creating a public option, we must put health insurance companies on a path toward more responsible behavior. That is why I am

proposing a Federal medical insurance rate authority.

My proposal for a medical insurance rate authority builds on the successful and well-accepted model of utility commissions. Throughout this country, providers of gas, water, and electricity need to justify any proposed rate increase. This is required because the services they provide—water, gas, and power—are considered necessities for life.

Well, are they more a necessity for life than health insurance? I don't think so. Health insurance should be no different. Access to affordable medical care is certainly a necessity of life.

Under my proposal, the Federal Government would be required to establish a medical insurance rate authority which would oversee premiums charged by the for-profit medical insurance industry. Premium increases above a certain threshold would need to be approved. The medical insurance rate authority would conduct basic oversight insuring that premium funds are spent on medical care and not for profit or overhead.

These safeguards will ensure that the health insurance industry does not continue their pattern of astronomic premium increases. It is fair for the price of insurance to reflect the actual price of medical care, but it is not fair for insurance companies to increase their profits while Americans pay higher and higher premiums.

It has taken many decades for our health system to evolve and break down as it has, and we cannot expect to fix it overnight. We need to remember what health insurance originally was in this country, nonprofit; and what it is around the world, nonprofit; and a way to ensure that people can get basic care to stay healthy and they are protected from financial ruin when they get sick. I believe strongly this must be the underlying goal of any health reform the Senate approves this year.

Mr. President, I ask unanimous consent that a list of sources be printed in the RECORD.

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

SOURCES

1. Congressional Research Service, *The Market Structure of the Health Insurance Industry*, 10/21/09.
2. Congressional Research Service, *Health Care Reform: An Introduction*, 8/31/09.
3. Alex Blumberg, *All Things Considered*, National Public Radio, October 22, 2009, "Accidents of History Created U.S. Health System."
4. Paul Starr, *The Social Transformation of American Medicine*, 1982.
5. Melissa Thomasson, "The Importance of Group Coverage: How Tax Policy Shaped U.S. Health Insurance," *American Economic Review*, 2003.
6. Blue Cross and Blue Shield, *A Historical Compilation*. Accessed 10/30/09 at www.consumersunion.org.
7. Kaiser Family Foundation & Health Research and Education Trust, "Employee Health Benefits: 2008 Annual Survey."
8. American Medical Association, *Competition in Health Insurance: A Comprehensive Study of U.S. Markets*, 2007.
9. American Medical Association, *Competition in Health Insurance: A Comprehensive Study of U.S. Markets*, 2008.
10. David Balto, *Testimony Before the Senate Judiciary Committee Subcommittee on Antitrust*, July 31, 2008, Hearing on "The Right Prescription? Consolidation in the Pennsylvania Health Insurance Industry."
11. Corporate Research Group, *The Manged Care M&A Explosion*, 2005.
12. Health Care for America Now, *Premiums Soaring in Consolidated Health Insurance Market*, May 2009, citing U.S. Securities and Exchange Commission filings.
13. T.R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*, 2009.

Mrs. FEINSTEIN. I thank the Chair and I yield the floor.

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

Mr. GRASSLEY. Thank you, Mr. President.

Mr. President, I come to the floor to address the issue of health care reform. In order to demonstrate the complicated issues that face us, I have with me the House of Representatives health care reform bill, approximately 2,000 pages; I have over here the Senate HELP Committee bill, approximately 1,000 pages; and over here, the Senate Finance Committee bill, approximately 1,500 pages.

Some on the other side of the aisle are saying their bills do not represent a government takeover of the health care system. I want to believe that. I would really like to believe it, but the facts seem to tell a different story. If we look at the specifics of the bill reported by the Senate HELP Committee or the House bill released last week, I don't see how one could call it anything but a government takeover.

So I wish to start with the Senate HELP Committee bill.

On September 17, the HELP Committee finally released what I previously said was a bill containing about 1,000 pages—more accurately, 839 pages—over 2 months after the majority party on the HELP Committee voted to report it. When I was back in my State of Iowa for the August recess, I held 17 townhall meetings. Due to the controversial health care bill the HELP Committee and the three House committees had just voted on, the attendance was the highest I have seen in the 2,871 townhalls I have held during my years in the Senate.

Many of the people who attended were citing sections from the health reform bills. They had good questions. I heard repeatedly about the new powers being granted to the government in these bills. So I decided we should have a catalog of how many times these bills grant new powers to the Secretary of Health and Human Services.

Well, I have the HELP Committee bill with me today, and there is a lot going on in the 839 pages of that bill. We have gone through the 20,725 lines of legislative text just to see how many new government authorities it creates, and here is what we found: This bill creates a total of 87 new government programs.

In addition to the 87 new government programs created by this legislation, a substantial amount of new regulatory authority has been granted to the Secretary of Health and Human Services. I know the other side doesn't like to hear that this bill calls for a government takeover of our health care system, but let's let the facts speak for themselves. If it isn't a government takeover of our health care system, why does the word "Secretary"—meaning Secretary of HHS—appear 982 times in this bill? Maybe the other side needs a reminder that the Secretary of Health and Human Services is an agent of the Federal Government appointed by the President, confirmed by the Senate.

Iowans keep telling me that Congress needs to just slow down, consider all ideas, and, of course, common sense tells us to actually read the legislation. But the HELP Committee bill makes it clear that the majority leadership and the White House would rather push something through quickly and leave the important decisions to an unelected, unaccountable government official.

The long list of new powers granted to the Secretary begin on page 11 of the HELP Committee bill, and I quote:

The Secretary shall by regulation establish a minimum size for community ratings areas.

So let me put it in common language rather than statutory language.

This bill includes a number of controversial rating reforms, and one of those reforms would set a 2-to-1 age rating band. That means premiums for the oldest person could be no more than twice the cost of the premiums to the youngest person. Now, that is going to reduce premiums substantially for older people, and that is a fine goal, but the money has to come from somewhere. So to pay for those lower premiums for older people means much higher premiums for younger people. It is a new hidden tax being imposed on young people. It will increase premiums for young people by at least 50 percent.

This bill would give the Secretary the regulatory power to draw the map in each State for these rating areas, and that is where we go back to the quote I just cited:

The Secretary shall by regulation establish a minimum size for community ratings areas.

Keep in mind, under current law this sort of policy is presently decided by 50 different State legislatures or by 50 different insurance commissioners. But some in Congress want to take this responsibility away from the States and turn it over to unelected bureaucrats in Washington, DC.

I spoke on the Senate floor earlier last week about how the Democratic proposals for health care will increase premiums and overall health care spending. Quite the opposite: I think to most people hearing us talk in Washington, DC, about health care reform, the word "reform" would mean to

them not increasing premiums and overall health care spending.

To offset the increase in premiums, they say they will subsidize them using taxpayer dollars. But guess who is given the power to decide what benefits are eligible for these new subsidies? I will read the answer straight from the bill on page 90, line 11. It says:

The Secretary shall establish . . . the essential health care benefits eligible for credits. . . .

My friends on the other side of the aisle claim their proposal will increase choice and competition in the health insurance industry. But after reading this bill, it is clear that only 1 percent will have a choice, and that person is the Secretary of HHS.

On page 74, line 17, the Secretary is given the power to regulate what type of health plan works best for you and your family. I will read that quote:

The Secretary shall, by regulation, establish criteria for certification of health plans as qualified health plans.

After the Secretary chooses what plan works best for you and your family, the Secretary can choose what conditions your doctor must meet in order to contract with the plan chosen for you.

On page 80, line 14, it says that a qualified health plan may contract with “ . . . a health care provider if such provider implements such mechanisms to improve health care quality as the Secretary may by regulation require.”

That means if you want to purchase coverage through a new exchange established by this bill, the Secretary of HHS will be deciding what health plan and what doctor is best for you and your family.

This bill also extends the Secretary's influence into classrooms, where our future doctors are being trained. On page 685 of the bill, line 10, it says:

The Secretary shall support development, evaluation, and dissemination of model curricula for . . . use in health professions schools . . . and for other purposes determined appropriate by the Secretary.

That is a lot of power in a sentence of the law that says “and for other purposes determined appropriate by the Secretary.”

Are all of these new requirements and regulations going to help our health care system? Will they make Americans healthier? The truth is, we have no way of knowing since so much in this bill, including what I have highlighted, is left to the regulatory decisions of an unelected government bureaucrat.

The proponents of this bill say it isn't a government takeover of health care. But after reading only a fraction of the bill out loud, as I have done, it is hard to argue the fact that the Secretary of HHS is granted a lot of power over our health care system.

The Secretary will determine the size of new rating areas. The Secretary will decide what benefits health care plans have to cover. The Secretary will de-

cide what health plan works best for you and your family. The Secretary will decide what conditions your doctor must meet to be included in your plan. The Secretary will decide what curriculum should be taught in our medical schools.

You may be tired of hearing me say “Secretary,” because I am tired of saying it. I have only said it 25 times in this speech. But this bill uses the word “Secretary” another 957 times, which is an indication that the HELP Committee bill is moving control of our health care system in what many people in this country consider the wrong direction.

That brings me to the House bill that was released last week. The House bill, right here—2,000-some pages—seems to be heading in the wrong direction also. In fact, a spokesman for the small business industry said to the Hill newspaper:

[The House bill] is a “how to” on how not to do health care reform.

That is pretty disappointing, since the bill costs about \$2.2 million per word. You would think we would be getting something for that kind of investment.

The Wall Street Journal today calls the House bill “the worst bill ever.” Quoting, “Epic new spending and taxes, pricier insurance, rationed care, dishonest accounting: the Pelosi bill has it all.”

Again, that was from the Wall Street Journal.

Let's start with what is in the 2,000 pages and \$1 trillion in spending in this new bill.

The bill includes a government-run insurance provision. All the caveats aside, it is still a government insurance plan—or let me say government insurance company, plain and simple.

Interestingly, after all the promises about lower costs, the Congressional Budget Office has said that premiums in the government-run plan would be more expensive than premiums in the private market. That report just came out within the last couple of days.

The bill also locks every American with an income below 150 percent into Medicaid. Today, a family of 4 with an income of \$33,000 is at 150 percent of the poverty level. Under this new House bill, that family would not get any assistance to get private health coverage. In other words, they would not have choice.

Let me point out that Medicaid is already financially unsustainable in its current form. This is the biggest expansion of Medicaid in its history. With this Medicaid expansion, the new House bill continues to leave States liable for a significant share of that new spending—a share States cannot afford. Ultimately, that will force States to raise taxes to pay for their share of this expansion of Medicaid. That is a hidden tax, although it will come separately among the 50 States.

The bill also proposes a host of new Federal insurance market reforms that

will actually raise costs for most individual Americans.

With the creation of a new unelected Federal bureaucrat, called the “health choices commissioner,” the Federal Government will now be in charge of deciding what insurance you have to buy.

If this isn't a government takeover of health care, I don't know what it is. If you don't like what the new health choices commissioner comes up with or you cannot afford it, you will be hit with a new individual mandate tax penalty, and that will be enforced by the IRS.

Despite all the promises about being able to keep what you have, the bill cuts more than \$150 billion from Medicare Advantage plans, endangering the existing coverage for millions of seniors.

Don't take my word for it, because the Office of the Actuary—that is a professional office, not a political office—at the Department of Health and Human Services said that with this level of cuts “enrollment in [Medicare Advantage] plans would decrease by 64 percent.”

The CBO has taken a look at some of the changes in the Medicare Part D drug benefit and concluded that the changes will actually raise premiums.

So whether you are in Medicare Advantage, Medicare Part D, or private insurance, this new House bill means higher costs, more government interference, and less choice. I don't think that is what people in my State of Iowa have in mind when they ask us to fix the health care system.

The House bill also includes a part that is called the CLASS Act, which creates a new long-term care entitlement. I happen to be very supportive of taking steps to improve long-term care for Americans. But the CLASS Act is fiscally irresponsible. I am not going to name the prominent Senate Democrat, but one has been quoted as calling the CLASS Act a Ponzi scheme that Bernie Madoff would have been proud of.

Finally, I hope everyone out there pays special attention to what House Democrats call “shared responsibility.”

If you make money in America, the House Democrats expect you to do some extra sharing. Lots. The bill includes a massive tax increase to pay for it.

Now I wish to go to what is not in the bill. Even though President Obama continues to support medical liability reform, as I do, the House still refuses to consider it. In the “devil's in the details” category, I find it particularly worrisome that the House bill failed to include a prohibition on rationing that was in their original discussion draft. The discussion draft of H.R. 3200 stated that the committee should “ensure that essential benefit coverage does not lead to rationing of health care.”

Every time you get the government more involved in health care, the issue at grassroots America comes up: Will

we have rationing? A lot of committees have tried to say that there would not be any rationing coming from this, and that was in the original House bill. But as it is put together as one final package, as it is here, that section, unfortunately, was dropped. In other words, the prohibition on rationing is not in this bill.

This is what the latest House bill proposes: more taxes, more spending, higher premiums, fewer choices, a government-run plan, the biggest Medicaid expansion in history, unsustainable new entitlement programs, and 2,000 pages.

Despite all the promises, the facts don't lie. The House bill and the HELP Committee bill I referred to during these remarks represent an unprecedented government takeover of our Nation's health care system—a takeover that this country cannot afford, and a takeover that the American people don't want.

I thank my colleagues for giving me this time beyond the hour of 4, when the unemployment compensation bill was to be taken up, so I could keep another obligation.

I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

UNEMPLOYMENT COMPENSATION EXTENSION ACT OF 2009

The PRESIDING OFFICER (Mr. MERKLEY). Under the previous order, the Senate will resume consideration of H.R. 3548, which the clerk will report.

The bill clerk read as follows:

A bill (H.R. 3548) to amend the Supplemental Appropriations Act, 2008, to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.

Pending:

Reid (for Baucus/Reid) amendment No. 2712, in the nature of a substitute.

Reid amendment No. 2713 (to amendment No. 2712), to change the enactment date.

Reid amendment No. 2714 (to amendment No. 2713), of a perfecting nature.

Reid amendment No. 2715 (to the language proposed to be stricken by amendment No. 2712), to change the enactment date.

Reid amendment No. 2716 (to amendment No. 2715), of a perfecting nature.

Reid motion to commit the bill to the Committee on Finance, with instructions to report back forthwith, with Reid amendment No. 2717, to change the enactment date.

Reid amendment No. 2718 (to the instructions (amendment No. 2717) of the motion to commit), of a perfecting nature.

Reid amendment No. 2719 (to amendment No. 2718), of a perfecting nature.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I yield to the Senator from Illinois such time as he desires.

Mr. DURBIN. Mr. President, I thank the chairman of the Finance Com-

mittee. He will be discussing a matter of grave importance in Illinois and all across the Nation, the extension of unemployment benefits, which we have been trying to bring to the floor for 27 days. Our Republican colleagues have opposed it, stopped it, delayed it, and demanded every vote they can think of to stop the extension of unemployment benefits, even though there are millions of Americans out of work and desperately looking for jobs. Many of them have exhausted their family savings trying to avoid foreclosure, to feed their families, and they need these benefits desperately. But we have been held up time and again because several Republican Senators have insisted on amendments that have nothing to do with unemployment and nothing or little to do with the economy. I hope today we can break through that. I hope we can find bipartisan support to extend the unemployment benefits.

I thank the Senator from Montana for yielding a moment to me.

I wish to respond to my friend—and he is my friend—my colleague, Senator GRASSLEY of Iowa, my neighboring State. He and I have worked on many things together. Our political views differ, that is for sure, but I believe he is a hard-working, good representative of his State. In fact, when I said that once on the floor, he ended up quoting it in one of his campaign brochures, which got me in trouble with the Iowa Democratic Party. But so be it. I like him, and I hope he feels the same.

We have worked together on many issues, but for the Senator from Iowa to come to the floor and be critical of a bill saying it is too many pages—that is what I have heard over and over again from the Republican side. They have argued that health care reform in the Senate is going to run over 1,000 pages in length, and they say it over and over again.

I don't know historically what major legislation considered on the Senate floor is comprised in the number of pages, but we have had some pretty big bills in the past—in the Senate Appropriations Committee and other places—because those bills take on big issues and big subjects. Nothing is bigger than our health care system in America. To talk about 1,000 pages really does not do justice to the enormity of the task we are tackling, to try to bring costs under control so people and businesses across America have secure and stable health care.

We ought to make sure as well that the health insurance companies stop exploiting those who have health insurance policies. We want to eliminate preexisting conditions as an exclusion. We want to make sure when you are sick, your health care will be there; that when you change jobs, you can take your health care with you. We want to make sure your children are covered for longer periods of time than they are now under current law. It takes a few pages to put that together. You cannot put it in a few sentences if

you want to change the law and make it work.

So to come here and criticize the bill which has not been presented in a final form as I stand here I don't think makes a very strong case.

I asked the other day for the Republicans to tell me how many pages their health care reform bill is. The Senator from Tennessee said they were working on several different bills but they would be shorter in length. The closest we can come to the Republican health care reform bill I hold in my hand. It is 2½ pages long, and it consists of a press release from MITCH MCCONNELL, the Senate Republican leader. That is as far as the Republicans have gone in writing health care reform for the American people. It is a press release. In this press release, there are no positive things they stand for, only criticisms of our efforts to write a health care reform bill.

To my right is the Senator from Montana, the chairman of the Senate Finance Committee. He has spent the better part of a year—at least a year—trying to put together a health care bill. He has engaged others in trying to bring them into this conversation. Unfortunately, at the end of the day, only one Republican Senator, Ms. SNOWE of Maine, joined Senate Democrats in voting for health care reforms. So far, she is the only Republican in the House or the Senate who has voted for health care reform even at the committee level. The Republicans have been standing on the sidelines while we have been trying our best to put together good legislation which will bring the cost of health care down, protect those beneficiaries who are denied coverage under their health insurance plans, and extend the reach of competition and choice so more Americans have places to turn. When the Senator from Iowa complains about so-called rationing, I think he overstates the case.

We know there is too much money spent on the current health care system. There is duplication, waste, and fraud, and we want it to come to an end. If Medicare is going to be on sound financial footing, if we can say to seniors today and for years to come that they can count on Medicare being there when they need it, we have to cut out unnecessary spending.

One of the areas in that particular program that is highly controversial is called Medicare Advantage.

Medicare Advantage was proposed by the insurance industry. They said years ago: The government has tried to run Medicare for 40 years, but they haven't done a very good job. Why don't you let the private insurance companies offer a Medicare plan. We will show you what you can do when you use the genius of the insurance industry in America to offer Medicare.

We took them up on their challenge and said to them: Present the insurance policy to seniors that will provide Medicare benefits.

They called it Medicare Advantage, and there are literally millions of these policies all across America today.

We stepped back after a number of years and said: How did they do?

They challenged the government and said: We can do it better.

Some did. But we also found Medicare Advantage plans that were overcharging the government 14 percent more than the cost of basic Medicare the government offered. So instead of bringing the costs down, the costs went up 14 percent. We were creating a subsidy to private health insurance companies to offer Medicare plans. That is a waste of dollars. The health insurance industry, although they used those dollars to their own benefit, are not helping Medicare, and they are not helping the taxpayers of this country.

The recent news about profits of the insurance giant Humana explains why the major health insurance companies and most of the Republicans oppose health care reform and why they have gone to such great lengths to defeat our efforts.

Last quarter, Humana saw their profits rise 65 percent, mostly due to the participation in the Medicare Advantage Program, the subsidies the taxpayers are sending them. This one company made \$301 million in profits in the last 3 months alone, and they did it, by their own admission, on the backs of Medicare and Medicare Advantage beneficiaries.

The insurance industry is making billions by gaming the Medicare Advantage system at the expense of seniors' traditional Medicare coverage, and taxpayers are picking up the bill. For some reason, the Senate Republicans feel the need to defend them at every turn. When you hear the opposition to health care reform, it is inspired not exclusively but to a great extent by the opposition to health care reform from the private health insurance companies.

Why are these companies opposed to health care reform? Because it means competition. A public option plan that is available around this country will create in many parts in our country the first real competition for health insurance. It means consumers have a fighting chance to get a lower monthly premium because there will be a not-for-profit company there offering health insurance benefits. It is a company that is not focused on the bottom line of showing profits for shareholders. It will be a company that is not marketing and spending a fortune on advertising. It will be a company that is not spending so much on administrative help to say no to those covered by insurance policies. This will lower costs, and this is what drives the private health insurance companies wild.

Secondly, they hate to hear two words—McCarran-Ferguson—because they refer to a law passed by Congress 64 years ago which exempted the insurance industry and health insurance in-

dustry from antitrust regulations. Currently under the law, health insurance companies can legally conspire and collude to establish the premiums they will charge all across America. There is no real competition. When they set premiums, they have sat down and agreed on what they are going to charge. And they can allocate markets. They can make sure they dominate markets so there is no real choice there for consumers.

I think McCarran-Ferguson is outdated. It is a travesty under the law to allow it continue, and it should end. You will not hear one single Republican Senator say that—at least I haven't yet. I hope they join us in calling for real health insurance reform, in ending McCarran-Ferguson protection and exclusions based on preexisting conditions, for example, and giving real choice to consumers across this country. Instead, what we hear from them is the language of the health insurance companies opposing fundamental health insurance reform.

The American people have run out of patience with those who tolerate and encourage the current system—a system that fails us, as premiums go up even as wages do not; a system that, unfortunately, is not offering health care protection for millions of Americans working for businesses that even last year offered health insurance protection but they just cannot afford to do it anymore.

We are going to keep pressing forward. The Republican plan consists of a three-page press release. It will take more than that to bring meaningful change to health care in America.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, we are now on the provision to extend unemployment insurance, as well as extend the home buyers tax credit, as well as expand the net operating loss provision. I wish to speak about that provision because I think it is so important that it pass.

The British mathematical physicist Lord Kelvin once said:

Until you can measure something and express it in numbers, you have only the beginning of understanding.

The numbers now measure the beginning of a recovery, and we are beginning to understand the depth of the great recession of 2008 and 2009. It has been the longest recession since World War II. The numbers show that the American economy has been shrinking from the middle of last year to the middle of this year—shrinking. For January through March, it declined at a 6.4-percent annual rate. It has been the sharpest decline in 27 years. But last week, the Commerce Department reported that from July through September, the numbers show the economy grew at a 3.5-percent annual rate.

When economists talk about the end of a recession, however, they mean the time when things stop getting worse,

not necessarily getting better but stop getting worse. For most Americans, it will still be some time before things start getting better. Even though the economists can measure some improvement and express it in the numbers, we still have only the beginning of a recovery.

Economists say that the stimulus package we passed last winter is part of the reason for the growth. On Friday, the Obama administration reported that the stimulus package has created or saved more than 640,000 jobs so far. Economists also credit consumer spending for the latest growth. In particular, economists credit automobile and housing sales. From July through September, housing sales rose at a 23.4-percent annual rate. The home buyer tax credit played a big part in that growth. That is one of the provisions we are considering in the amendment before us today.

It will still take some time for the job picture to improve. Job growth turns around more slowly than the economy as a whole. Economists call this a lagging indicator. Last month, the jobless rate reached 9.8 percent. That is the highest rate in 26 years. Economists expect this week's report will show that unemployment rose again this month. Economists will say jobs will still be hard to find well into 2010.

Last week, the Labor Department reported that 530,000 people filed their first jobless claims. That number has been heading down, but at more than half a million people, it is still far too high.

We still need to do more to help the economy recover, and we still need to do more to help Americans get and keep good jobs. The extension of unemployment benefits and the tax relief in this legislation are part of the answer. I hope that today the Senate can act to bring relief to millions of Americans waiting for this important legislation. Unemployment insurance is a vital lifeline for millions of Americans. It is a lifeline many families and communities continue to need just to keep afloat.

Along with the rest of the Nation, my State of Montana has felt the effects of this great recession. Our unemployment rate is up to 6.5 percent, and although it is not as high as the national average, many in my State are suffering. This is particularly true in the Montana mining, lumber, and construction industries. The national demand for lumber is expected to fall below 30 million board feet this year. The amount of lumber used to build new homes is expected to drop from 28 billion board feet to about 5 billion board feet, and that hits Montana very hard.

When we help unemployed Americans, let's remember, we help their communities. When we help our unemployed neighbors, we also help keep open the neighborhood grocery store and the neighborhood gas station.

When we help our unemployed neighbors, we also help our economy and ourselves.

I am gratified that a majority of my colleagues appear to agree that it is important to extend unemployment benefits. I am also hopeful that we will deliver those benefits very soon.

The amendment before us today also includes an extension of the Federal unemployment tax. This extension covers the cost of the extended unemployment benefits. The Federal unemployment tax has been extended every year since 1982.

The amendment before us today would also provide tax relief to help our economy recover. The pending amendment would extend the home buyers tax credit and provide employers important tax relief.

The home buyers tax credit has helped millions of Americans to buy their first homes. The tax credit has boosted demand and it has helped reduce the inventory of unsold homes. This, in turn, has helped to bring much needed stability to the housing market.

But in the housing market, like the labor market, we are not yet in the clear. The housing market is still recovering from the implosion of the subprime mortgage market. In many parts of the country, housing prices remain at record lows and foreclosures continue as Americans continue to lose their jobs and the means to pay their mortgages.

That is why it is important to extend the home buyers tax credit. In the amendment before us today, we have raised the income limitations to open the tax credit to millions more who are thinking about buying a home. Our amendment also extends the credit to include home buyers seeking to move up to a new home—not just for first-time home buyers but those who want to move up to a new home. For those who have lived in their current residence for 5 years or more, they would be eligible for a \$6,500 tax credit if they want to buy a new home. It is \$8,000 for first-time buyers and a \$6,500 tax credit for those who want to move up—for those who have stayed in their current residence for 5 years.

The home buyers tax credit would be extended to April 30 of next year. We also include new binding contract language. This language would effectively make the credit available until June 30 of next year, as long as the home buyer entered into a binding contract before May 1.

I think this temporary extension of the home buyers tax credit is the right approach. It would provide a much needed stimulus of the housing market, and it would remain fiscally responsible.

Our amendment also would add net operating loss relief for businesses. Under current law, small businesses are able to carry back their 2008 losses to profitable years for up to 5 years. Senator SNOWE and I worked together

on a bill that would expand this provision to all businesses. The amendment before us today includes that legislation. It would provide all businesses with the ability to carry back losses from 2008 and 2009 for 5 years—not just 2 years but 5 years. That is 3 years longer than under current law. This type of relief will help small and large businesses alike.

This tax relief is paid for also in a fiscally responsible manner. Our amendment would delay a tax break for multinational corporations, many of which would benefit from the expanded NOL relief. We also included increases and penalties for taxpayers who fail to timely file partners and S corporation returns. We believe these provisions will increase compliance with the tax law and also help us close the tax gap.

This package provides timely and essential relief to American families and businesses that have been affected by our economy. Our amendment would extend benefits to the unemployed Americans who are hurting the most and would help home buyers to buy homes. It would provide support for all businesses that are having trouble meeting their payroll in these tough economic times.

This amendment would help to speed the recovery from the great recession. It would help to improve our economy, and it would help the American people. I urge my colleagues to support the legislation and vote for cloture on the amendment.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, a few moments ago, the Senator from Illinois was on the Senate floor essentially responding to comments that had been made by the Senator from Iowa, Mr. GRASSLEY, regarding the health care debate and the legislation that has been reported out of the House and that is going to be voted on this week—legislation which is 1,990 pages long.

The Senator from Illinois asked: Where is the Republican bill, if they do not like the Democratic bill? Well, there are a number of Republican bills out there, but I would say to the Senator from Illinois or anybody on the Democratic side who is waiting for Republicans to produce a 2,000-page bill, it is not likely to happen. We don't believe legislating with 2,000-page bills makes a lot of sense when we are talking about one-sixth of the American economy. We believe it makes a lot more sense to approach that in a way that fixes and addresses the problems that exist with the health care economy in this country today in a step-by-step way, not with a huge, massive expansion of the Federal Government in Washington, DC.

The bill that came out of the House last week—at least according to the CBO—was a \$1 trillion increase in spending. But that is before it is fully implemented. When it is fully implemented, it will be \$2 trillion in additional spending—a massive expansion

of the Federal Government in Washington, DC, with massive tax increases on small businesses and working families in this country, massive cuts to Medicare Programs upon which seniors across this country rely and depend. And that doesn't even include what happens if those cuts in Medicare don't happen. And we have reason to believe based on historical patterns they would not happen. Then it probably gets borrowed, and we add more trillions of dollars to the Federal debt—a debt which is already growing at \$1 trillion a year every year for the next 10 years.

So we have a massive expansion of government—a \$2 trillion expansion of government, massive tax increases, massive cuts to Medicare, and perhaps massive borrowing and additions to the Federal debt. That is what happens with the 2,000-page bill which is being proposed by the Democratic leadership in the House of Representatives.

So if the Senator from Illinois or anybody on the other side is waiting for Republicans to produce a 2,000-page bill that expands the government by \$2 trillion and raises taxes on small businesses—which are the economic engine of our economy and that will create the jobs and get us back on a path toward recovery—I would suggest they are going to be waiting a very long time.

That isn't to say for 1 minute that there aren't lots of ideas that Republicans are putting forward that will help drive the cost of health care down—contrary to the big government schemes put forward by the other side which, in addition to raising taxes, cutting Medicare, and borrowing more—if you can believe this—increases the cost of health care by raising premiums for everybody who currently has health insurance in this country.

So the 2,000-page bill isn't coming from us. We have a lot of great ideas that we will have an opportunity to debate and amendments we can offer, if and when we get on this bill. But the 2,000-page bills—the massive expansion of the Federal Government in Washington, DC—is not the way we believe we should fix and address the health care economy.

That brings me to my point because in contrast to a 1,990-page bill some are calling reform—which doesn't reform but certainly wrecks one-sixth of the American economy—I have a simple one-page amendment. It is four lines long. I would like to have the opportunity to offer it to the underlying legislation that is a matter of debate on the unemployment insurance extension, which I think most people on both sides of this aisle support. I think both Republicans and Democrats in the Senate believe it makes sense for us to extend unemployment benefits coverage to people who are losing it, and the underlying bill would do that by 14 weeks.

We also believe when a bill comes before the Senate, under the historical practices of the Senate, typically it is

open to amendment. That is what makes the Senate different from the House of Representatives. Our Founders, in their infinite wisdom, conceived of two institutions—one, the House of Representatives; two, the Senate. The Senate has a more deliberative role. In doing so, it allows for open consideration and debate and votes on amendments.

What has happened today is that the majority leader has decided to fill the tree; in other words, not to allow votes on any amendments. So my one-page amendment, which is very simple and straightforward, isn't going to get voted on.

Mr. President, all my amendment does is end, on December 31 of this year, TARP. If the Congress doesn't take action, the Treasury Secretary can extend TARP. What is important to note about that is TARP has over \$200 billion that hasn't been spent, and with payments that have come back into that fund, over \$300 billion in funds that are unexpended. If we don't spend those—and it doesn't become a political slush fund to be spent on other priorities the Federal Government in Washington comes up with—that goes to pay down the Federal debt.

I can't think of anything more important now than trying to pay down the Federal debt. If we are worrying about trying to help the economy recover and helping taxpayers, let's take the unobligated balance in the TARP fund, end that program at the end of the year, and use those proceeds to apply to the Federal debt so we can start making a dent in these massive deficits and this massive debt building in Washington, DC.

So that is all my amendment does. It just ends TARP at the end of the year. I think it is significant that since Congress created TARP, Congress ought to have a say in whether it gets extended. If we are going to have that say, it has to happen between now and the end of the year.

I couldn't find many opportunities between now and the end of the year to get this amendment offered, and as we had this piece of legislation moving through the Senate, the sort of natural inclination of this institution is to allow for amendments to be considered. So I offered that amendment so that Congress can be on the record as to whether we think TARP ought to be extended or whether it ought to be ended and those unobligated balances be used to pay down the Federal debt, which, as I said, is growing at \$1 trillion a year for the next 10 years.

So I think it is a very straightforward, simple amendment, and simple enough that it can be put on one page. It doesn't take 1,990 pages to explain this. That is all it does. I think it is important to the taxpayers that we have this vote and that the Senate be on the record, that we be heard with respect to whether we think TARP ought to be extended or not, since Con-

gress created TARP a year ago to bring stabilization to the financial services industry of this country.

That having been accomplished, it seems to me the next step ought to be to focus on getting the Federal debt under control and paying down the debt. We can do that by taking those unexpended balances and the unobligated balances in TARP and put those toward the Federal debt.

What is being done today is filling the tree and preventing us from having votes in the Senate. It has been done before; it is not like this is entirely new. But it is important to bear in mind what my colleagues on the other side have said in the past when it was done back when the Republicans were in charge of the Senate. I want to quote what some of the Democrats who are in leadership positions in the Senate today said back then.

This is in February of 2006.

This is a very bad practice. It runs against the basic nature of the Senate.

That was Senator HARRY REID.

This is a bad way, in my opinion, to run the Senate.

HARRY REID in March of 2006.

I have a right, under the procedures of the Senate, to offer this amendment. I should have the right to offer it at the moment, but I am not because there is—I guess the word "obstruction" is to be used—obstruction at the moment is the tree is filled so that no one can offer an amendment.

That was Senator BYRON DORGAN back in February 2006.

If you don't want to cast controversial votes, don't run for the Senate. That is what this is all about. You have to face the music and face the voters.

That was the Senator from Illinois, DICK DURBIN, back in May of 2006.

Those are just a few examples of what my colleagues on the other side have said about the very practice that is being employed by the leader today to prevent Republicans from offering amendments. Those are statements, as I said, made by Members of the now majority back when they were in the minority.

So we are going to have a cloture vote at 5 o'clock—in a few minutes—on whether to proceed to this substitute that is pending before us and whether we are going to allow this practice of filling the amendment tree to be used to prevent not only Members on the Republican side but Members on the Democratic side from offering amendments.

Filling the tree is, as I said, not without precedent. It has been done. But it has been used rarely, historically, up until now. This will mark the 22nd time the Democratic leader has filled the amendment tree in an attempt to prevent an open and fair debate and a vote on amendments that are offered by the Senate.

I served as a Member of the House of Representatives for three terms. There, the Rules Committee regulates what legislation comes to the floor, what amendments are made in order, how

much time is allocated to each amendment, and it is an orderly process. That is the way the House was designed by our Founders.

The Senate is a very different institution. The Senate is supposed to be the place where we have open debate, where we have a fair process that allows amendments to be heard and allows amendments to be voted on. I think we have been very reasonable in seeking to offer amendments to the underlying unemployment insurance bill. But as I said, Mr. President, the majority leader has chosen to "fill the amendment tree" and thereby prevent those amendments from being offered, those amendments from being debated, and those amendments from being voted on.

Mr. President, I know the Senator from Nebraska is here as well. He also has an amendment he would like to offer that would offset in a different way the extension of the unemployment coverage to the people who are losing their coverage and should have their benefits extended by the additional 14 weeks. His is an amendment I also think should be voted on in the Senate.

But I would like an opportunity to have this amendment voted on. It is one page. But we will not have that opportunity because the majority leader has opted to fill the amendment tree and prevent votes on those amendments.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I wish to make a couple of points, not get into a knockdown, drag-out argument with my good friend from South Dakota.

First, he is saying the Democratic side is limiting his opportunity to offer amendments. I want to remind my friend that actually there has been a lot of to and fro here. The majority leader has offered many other opportunities for your side to offer amendments, back and forth, but it has gotten to the point where the leader had to draw the line and say we have to get moving here, we have to get moving on extending unemployment insurance. The point is, there were many opportunities to offer amendments, both ways. We have to get moving here and get unemployment insurance extended.

The other main point I think is important, just to raise it, basically suggesting this bill is not paid for. The Congressional Budget Office is the gold standard here. The Congressional Budget Office says at least the Finance Committee bill—we don't have another bill before us yet in the Senate, but the Finance Committee bill, the committee I chair—the CBO said the Finance Committee bill was deficit neutral for 10 years. That is their assessment. The CBO is the gold standard. They make these determinations. That is what they said.

They also concluded that the Finance Committee bill would reduce the deficit in future years—reduce the deficit

in future years—and significantly reduce the deficit in subsequent 10-year intervals.

I must say, they also made another very interesting conclusion that rebuts the charge that this health care legislation is more government. The fact is, the Congressional Budget Office concluded, in a letter to our committee, the bill would “reduce the Government’s overall commitment to health care.”

Reduce the Federal Government’s overall commitment to health care—not the same, not increase, but reduce. That is the Congressional Budget Office, in a letter: Reduce it. They gave a percentage. I think reduce it by a quarter or half percent GDP over time.

We do not have legislation before us now because the leader is melding two bills together, the HELP Committee and Finance Committee bills. Then we have to go to conference and so on and so forth, but it would be my hope, be my expectation, be my interest, to see that continues, namely that the bill we pass out of this body is deficit neutral, when it comes back from conference it is deficit neutral over 10 years, actually does reduce the budget deficit over time, and actually reduces the Federal Government’s commitment to health care. That is, the Federal Government would be paying less in health care over time. I hope that will be the case and that will be my expectation. That is something I will strive for.

I want to make it clear: not more government, less government—according to CBO anyway. Also the proposal out of the Finance Committee was deficit neutral.

I reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from Nebraska is recognized.

Mr. JOHANNES. Mr. President, may I inquire how much time is remaining?

The PRESIDING OFFICER. There remains 4 minutes 12 seconds.

Mr. JOHANNES. Mr. President, I rise today to speak to the amendment process with this unemployment bill. It is a very important point that we are making this afternoon.

A few hours ago the very distinguished Member from Illinois, the senior Senator, got up and talked about how the unemployment insurance bill had been stalled by Republicans. He claimed that Republicans had been stalling it for 4 weeks. I rise today to respectfully disagree with that. We have come forward with a series of amendments. That is what the Senate is about. The other side has resisted votes on the amendments. So we started this process of trying to scale this back. We started out with eight amendments. The majority leader said, no, it could only be six. So Republicans got together and said we will come back with only three Republican amendments. Then, lo and behold, there was an objection to that.

Let me repeat: We said eight, they said six, we said three, and they said no.

It turns out there is one significant vote and it is the Senator from South Dakota who I think very appropriately and, I think, wisely put an amendment forward that would put TARP to an end at the end of the year.

I am new to this process. But I have to tell you, in the first weeks I was here when we were voting on amendments I said to myself: This is the most remarkable institution. Somebody from the minority could literally come with an idea from a citizen back home, put that idea out here, and get a vote on that. There cannot be anything like this anywhere in the world.

What is happening today, if I might point out, is that this is being thwarted by filling the tree. For those who are listening to this and saying what does this filling the tree mean, all it means is that the majority leader, who is in control of the process, simply puts all the amendments out there and there is no opportunity for anybody else to offer an amendment. It is called filling the tree.

Look at what is happening. This is what does concern me as a Member of this great institution. If you go back through the history of majority leaders, you can see what has happened. Tom Daschle, when he was majority leader, I think used this once. Bill Frist, when he was majority leader, used this I think it was 12 times, if I remember correctly.

Today, this will be 22 times that the majority leader has done this. What this graph means is if you have an amendment, as I do, that basically says I like what you are doing here. I don’t have any problem with extending unemployment. I voted for the tax credit for homes. I voted, or I would vote, for the loss carryback. I talked about it on the campaign trail. But I have an amendment that says we should pay for this the way we did originally, with stimulus funding. That is simple. This is not complicated. All I am asking is for a vote on that. I think that makes a tremendous amount of sense.

What I am saying is if we are going to act like a Senate, if we are going to give each Member the ability to make their case, then what we have to do is stop this and bring these issues to a vote.

I yield the floor.

Mr. KYL. Mr. President, I intend to vote in favor of the H.R. 3548, the Unemployment Compensation Extension Act.

When the Bureau of Labor Statistics recently released jobless figures for September, they showed an estimated 287,300 people unemployed in my home State of Arizona. The State’s unemployment rate now stands at 9.1 percent—the highest since 1983.

And as if that weren’t bad enough, the Bureau reports that Arizona’s unemployment rate approaches 17.2 percent when the number of people who are underemployed are taken into account, along with those who are so discouraged that they have given up on their job search.

The construction industry in Arizona has been particularly hard hit. A report in the East Valley Tribune earlier this week noted that while there were nearly 248,000 people employed in construction in June of 2006, that number had declined to just 137,700 by September. That is a decline of 44 percent. The State’s trade and transportation sector is off 15 percent from its peak, and manufacturing is down nearly as much.

The unemployed need the support that this benefit extension will provide. It is a shame, though, that we couldn’t have passed this legislation sooner to speed the delivery of these benefits to those who need them.

The House of Representatives passed its version of the unemployment benefits extension bill on September 22, but it was not until 2½ weeks later, on October 8, that the majority leader finally brought a different version before the Senate for consideration. Senators were then given just an hour and a half to review the bill and vote, with no opportunity to consider amendments.

In other words, the majority leader proposed that Senators either pass his bill or no bill at all.

And that is a problem because there are changes that should be made to the bill, yet there is no opportunity for Senators of either party to offer amendments. Acting in my capacity as minority whip, I objected on behalf of other Senators to the leader’s short-circuited procedure, fully expecting that we could promptly come to an agreement to allow votes on a limited number of amendments and then vote on final passage. Had the leader agreed, we could have disposed of the bill nearly 3 weeks ago, and it would probably be law by now.

Instead, the majority leader continued to insist that Senators vote on his bill and only his bill, without amendment.

Only within the last few days has there been some willingness to work with us on the important amendments Senators wanted to address. For example, both Republican and Democratic Senators want to include an extension of the homebuyer tax credit, which some credit with reviving the homebuilding industry.

Another colleague would like to offer an amendment to better use E-Verify to prevent fraudulent claims of unemployment benefits. This amendment would help ensure that people who claim benefits are who they say they are.

In addition, colleagues want to offer amendments on net operating loss as a stimulus to struggling companies. Others would sunset the TARP program, provide nongovernment management of the TARP, and prevent TARP recipients from providing funds to ACORN.

Another amendment proposes an alternative offset for the \$2.4 billion cost of extending unemployment benefits. The majority’s version offsets the cost by extending the Federal unemployment surtax, but imposing a direct tax

on job creation is perhaps one of the worst things we could do when the economy continues to lose jobs. The alternative that some Senators would like to offer would offset the cost of the bill with unspent funds from the so-called stimulus package instead.

How these amendments will be addressed is not yet clear; we do not have the right to offer any of them under the majority leader's closed process.

We should also recognize that we are engaged in this exercise of extending unemployment benefits for one simple reason: Our economy continues to lose more jobs than it is producing. That is because the President's stimulus program is simply not working as intended.

According to an October 29 Associated Press report, the Obama administration is overstating the impact of the stimulus and the number of jobs the program has created. According to the AP report, "the review found some counts were more than 10 times as high as the actual number of jobs; some jobs were credited to stimulus spending when, in fact, none were produced."

AP went on to note that "there's no evidence the White House sought to inflate job numbers in the report, but the administration embraced the flawed figures the moment they were released."

An October 21 report in the Phoenix Business Journal recalled that while President Obama projected that the stimulus bill would create 70,000 new jobs in Arizona, the State has actually lost 77,300 jobs since the stimulus was signed into law.

If the stimulus isn't working, we ought to consider alternatives or at least try to put some of the remaining unspent funds to better use.

After all, we can and should extend unemployment benefits, but unless new jobs are being created, the unemployed will be no better off once the additional benefits we are providing run out.

Mr. President, I wish the majority leader had allowed this bill to move forward sooner under an open process. We could have passed it weeks ago. But I intend to vote for it today.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, how much time is remaining on each side?

The PRESIDING OFFICER. The time remaining is 7 minutes 8 seconds on the Democratic side, and 4 seconds on the Republican side.

Mr. BAUCUS. Four seconds. That is interesting.

I want to set the record straight for my good friend from Nebraska. I don't know how wise it would be to pay for this unemployment extension by stopping stimulus payments. Our economy is still coming out, still in recovery. We are by no means out of the woods yet. I think it would not make sense to pay for the extension of unemployment insurance benefits by going back to stimulus money and stopping the payment of stimulus dollars. I do not know

exactly how many stimulus dollars are not yet spent, but I think it is significant and I think it would be unwise for us to stop them at this point.

Beyond that, I think we should get on, vote, and pass this legislation. People are out of jobs. There is a record number of people seeking unemployment. There are, I think, about 15 million Americans chasing 3 million jobs. They can't find jobs, can't get them; they are unavailable. It seems to me it only makes sense for us to extend the underlying unemployment insurance for another 14 weeks for all States and 6 weeks for those high unemployment States.

I mentioned earlier how important it is for us to keep spending stimulus dollars. I chuckled when I heard my good friend talk about filling the tree. Frankly, in my State we need not to fill up trees, we need to fell more trees so we can get more jobs in our State, and that is one reason for the extension of the home buyer's tax credit.

The people in our home States, as we know, are more worried about jobs than anything else. That is what it comes down to is jobs, good-paying jobs. With this legislation, hopefully, if we get enough cloture votes so we can invoke cloture and get to the passage of the legislation, it is about jobs—extending the homeowners tax credit, it is expanding the net operating loss provision, which is so important to so many companies. Add to that, it is extending unemployment insurance to those people who need benefits because they are out of work, looking for jobs.

Let me repeat two figures I mentioned earlier: There are about 15 million people in our country unemployed who are looking for about 3 million jobs. That is about one out of five. That is unconscionable in a country such as ours.

Let's get on with this, let's pass this legislation so people can get some help.

I yield the remainder of my time. I guess there is only 4 seconds left on this side. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. BAUCUS. Mr. President, I ask all remaining time be yielded back and I ask consent we proceed to the vote on the underlying measure.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. BAUCUS. I thank the Chair.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will report.

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the

Standing Rules of the Senate, hereby move to bring to a close debate on the Baucus-Reid amendment No. 2712 to H.R. 3548, the Unemployment Compensation Extension Act of 2009.

MAX BAUCUS, BYRON L. DORGAN, EDWARD E. KAUFMAN, MARK L. PRYOR, JEFF BINGAMAN, TOM UDALL, ROLAND W. BURRIS, TIM JOHNSON, MARY L. LANDRIEU, PATTY MURRAY, AL FRANKEN, MICHAEL F. BENNET, BENJAMIN L. CARDIN, RICHARD DURBIN, HERB KOHL, MARK BEGICH.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call is waived. The question is, Is it the sense of the Senate that debate on amendment No. 2712, the Baucus-Reid substitute to H.R. 3548, the Unemployment Compensation Extension Act of 2009, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Vermont (Mr. LEAHY), the Senator from Missouri (Mrs. MCCASKILL), and the Senator from New Jersey (Mr. MENENDEZ) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Utah (Mr. BENNETT), the Senator from Kentucky (Mr. BUNNING), the Senator from Oklahoma (Mr. COBURN), the Senator from Tennessee (Mr. CORKER), the Senator from Texas (Mr. CORNYN), the Senator from New Hampshire (Mr. GREGG), the Senator from Texas (Mrs. HUTCHISON), the Senator from Georgia (Mr. ISAKSON), the Senator from Alaska (Ms. MURKOWSKI), and the Senator from Alabama (Mr. SESSIONS).

Further, if present and voting, the Senator from Kentucky (Mr. BUNNING) would have voted "yea," and the Senator from Texas (Mr. CORNYN) would have voted "yea."

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

The yeas and nays resulted—yeas 85, nays 2, as follows:

[Rollcall Vote No. 332 Leg.]

YEAS—85

Akaka	Enzi	McCain
Alexander	Feingold	McConnell
Barrasso	Feinstein	Merkley
Baucus	Franken	Mikulski
Bayh	Gillibrand	Murray
Begich	Graham	Nelson (NE)
Bennet	Grassley	Nelson (FL)
Bingaman	Hagan	Pryor
Boxer	Harkin	Reed
Brown	Hatch	Reid
Brownback	Inhofe	Risch
Burr	Inouye	Roberts
Burris	Johanns	Rockefeller
Byrd	Johnson	Sanders
Cantwell	Kaufman	Schumer
Cardin	Kerry	Shaheen
Carper	Kirk	Shelby
Casey	Klobuchar	Snowe
Chambliss	Kohl	Specter
Cochran	Kyl	Stabenow
Collins	Landrieu	Tester
Conrad	Lautenberg	Thune
Crapo	LeMieux	Udall (CO)
Dodd	Levin	Udall (NM)
Dorgan	Lieberman	Vitter
Durbin	Lincoln	
Ensign	Lugar	

Voinovich	Webb	Wicker
Warner	Whitehouse	Wyden

NAYS—2

Bond DeMint

NOT VOTING—13

Bennett	Gregg	Menendez
Bunning	Hutchison	Murkowski
Coburn	Isakson	Sessions
Corker	Leahy	
Cornyn	McCaskill	

The PRESIDING OFFICER. On this vote, the yeas are 85, the nays are 2. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

Cloture having been invoked on amendment No. 2712, the motion to commit falls.

The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I ask unanimous consent to speak as in morning business.

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

Mrs. SHAHEEN. Mr. President, the Senate has just voted on a motion to advance the Unemployment Compensation Extension Act. This is the second time—that is right, the second time—we voted on this critical legislation. But, unfortunately, opponents of the extension are still holding it up.

The bill under consideration today incorporates important ideas from both sides of the aisle. When the House bill included additional weeks only for workers in States with unemployment rates above 8.5 percent, the chairman and the majority leader allowed us to work out a compromise that would support jobless workers in all 50 States.

An amendment by Senator ISAKSON to extend the home buyers tax credit has now been incorporated into the Senate bill, as well as an important amendment from Senator BUNNING to extend the carryback of net operating losses for up to 5 years. Both of these are good ideas that will help homeowners, help our housing market, and provide relief to businesses that are trying to weather this economic recession. Both have now been included in the Unemployment Compensation Extension Act.

Now it is time for all of us to stop playing politics and to focus on the critical issue we started to address a month ago: the devastating rates of unemployment and the nearly 2 million Americans who are exhausting their benefits at the rate of 7,000 a day.

This is good legislation. It is legislation that provides at least 14 additional weeks of unemployment insurance for those Americans who have been hardest hit by this recession and those whose benefits are starting to be exhausted. I was pleased that once again the motion to advance this bill received broad bipartisan support. The vote was 85 to 2. The first vote was 87 to 13. It should receive this kind of support because unemployment isn't a New England problem or a Montana problem or a southern problem; it isn't a Republican or an Independent or a

Democratic problem; it is a hardship that hits every community in every State in every part of our country.

Last week, I spoke about my constituent Jane McDermott from Stoddard, NH. Jane wrote me last week that without this extension, she doesn't know how she is going to pay for the gas she needs to get out and look for a job, she doesn't know how she is going to pay for groceries for her family or any of the other family necessities. I was hoping that today Jane would get the news she has been waiting for—that this extension will be put into effect and that she, along with millions of other Americans who need it, will get the help to be able to continue to look for a job and continue to get the family necessities while she does that.

I think it is time—again, way past time—for us to put politics aside. We shouldn't make Jane or any of the other hundreds of thousands of Americans who have been waiting for this extension wait one more day.

Mr. President, I yield the floor with the hopes that we will get an agreement today, tomorrow, as soon as possible, to help the people who need help. Thank you.

I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mrs. SHAHEEN. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each, and that the time during morning business count against the postcloture time.

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

HONORING OUR ARMED FORCES

Mr. LAUTENBERG. Mr. President, another 6 months have passed, and more American troops have lost their lives overseas in Iraq and Afghanistan. I wish to honor their service and sacrifice by including their names in the CONGRESSIONAL RECORD.

Since I last included the names of our fallen troops on April 23, 2009, the Pentagon has announced the deaths of 310 troops in Iraq and in Operation Enduring Freedom, which includes Afghanistan. They will not be forgotten and today I submit their names into the RECORD:

PFC Lukas C. Hopper, of Merced, CA; SPC Adrian L. Avila, of Opelika, AL; Frank R. Walker, of Oklahoma City, OK; PFC Brian R. Bates, of Gretna, LA; SPC Joseph L. Gallegos, of Questa, NM; SPC Robert K. Charlton, of Malden, MO; SSG Keith R.

Bishop, of Medford, NY; SFC David E. Metzger, of San Diego, CA; SGT Nikolas A. Mueller, of Little Chute, WI; SGT Josue E. Hernandez Chavez, of Reno, NV; SSG Shawn H. McNabb, of Terrell, TX; CW3 Niall Lyons, of Spokane, WA; CW4 Michael P. Montgomery, of Savannah, GA; PFC Christopher I. Walz, of Vancouver, WA; SPC Jared D. Stanker, of Evergreen Park, IL; SGT Patrick O. Williamson, of Broussard, LA; SGT Issac B. Jackson, of Plattsburg, MO; SGT Dale R. Griffin, of Terre Haute, IN; SGT Fernando Delarosa, of Alamo, TX; SSG Luis M. Gonzalez, of South Ozone Park, NY.

LCpl Cody R. Stanley, of Rosanky, TX; SPC Brandon K. Steffey, of Sault Sainte Marie, MI; MAJ David L. Audon, of Saint Joseph, IL; PFC Devin J. Michel, of Stockton, IL; SGT Eduvigis G. Wolf, of Hawthorne, CA; Capt Kyle R. Van De Giesen, of North Attleboro, MA; Capt David S. Mitchell, of Loveland, OH; Capt Eric A. Jones, of Westchester, NY; CPL Gregory M.W. Fleury, of Anchorage, AK; PFC Kimble A. Han, of Lehi, UT; SPC Eric N. Lembke, of Tampa, FL; SPC Kyle A. Coumas, of Lockeford, CA; SSG Bradley Espinoza, of Mission, TX; LCpl David R. Baker, of Painesville, OH; SPC Michael A. Dahl Jr., of Moreno Valley, CA; PFC Daniel J. Rivera, of Rochester, NY; PFC Brandon M. Styer, of Lancaster, PA; SPC Daniel C. Lawson, of Deerfield Beach, FL; SPC Jesus O. Flores, Jr., of La Mirada, CA; SSG Glen H. Stivison, Jr., of Blairsville, PA.

SPC Anthony G. Green, of Matthews, NC; SSG Chris N. Staats, of Fredericksburg, TX; SGT Christopher M. Rudzinski, of Rantoul, IL; SSgt Aaron J. Taylor, of Bovey, MN; LCpl Alfonso Ochao Jr., of Armona, CA; SPC George W. Cauley, of Walker, MN; SFC Kenneth W. Westbrook, of Shiprock, NM; SPC Kevin O. Hill, of Brooklyn, NY; PFC Kevin C. Thomson, of Reno, NV; SPC Stephan L. Mace, of Lovettsville, VA; SPC Christopher T. Griffin, of Kincheloe, MI; SGT Michael P. Scusa, of Villas, NJ; SGT Joshua J. Kirk, of South Portland, ME; SGT Joshua M. Hardt, of Applegate, CA; SGT Justin T. Gallegos, of Tucson, AZ; SSG Vernon W. Martin, of Savannah, GA; MAJ Tad T. Hervas, of Coon Rapids, MN; PFC Alan H. Newton Jr., of Asheboro, NC; CPT Benjamin A. Sklaver, of Medford, MA; SPC Paul E. Andersen, of Dowagiac, MI.

SSG Thomas D. Rabjohn, of Litchfield Park, AZ; SPC Brandon A. Owens, of Memphis, TN; SGT Aaron M. Smith, of Manhattan, KS; SGT Roberto D. Sanchez, of Satellite Beach, FL; SGT Ryan C. Adams, of Rhinelander, WI; SPC Russell S. Hercules Jr., of Murfreesboro, TN; SSG Jack M. Martin, III, of Bethany, OK; SFC Christopher D. Shaw, of Markham, IL; SSG Alex French, IV, of Milledgeville, GA; SPC Ross E. Vogel, III, of Red Lion, PA; LCpl Jordan L. Chrobot, of Frederick, MD; SPC Kevin J. Graham, of Benton, KY; SPC Joseph V. White, of Bellevue, WA; SGT Edward B. Smith, of Homestead, FL; SGT Titus R. Reynolds, of Columbus, OH; LCpl John J. Malone, of Yonkers, NY; PFC William L. Meredith, of Virginia Beach, VA; TSgt James R. Hornbarger, of Castle Rock, WA; SGT David A. Davis, of Dalhart, TX.

SPC Damon G. Winkleman, of Lakeville, OH; SPC Corey J. Kowall, of Murfreesboro, TN; SPC Michael S. Cote Jr., of Denham Springs, LA; SrA Matthew R. Courtois, of Lucas, TX; PFC Jeremiah J. Monroe, of Niskayuna, NY; SSG Joshua M. Mills, of El Paso, TX; SFC Shawn P. McCloskey, of Peachtree City, GA; SFC Bradley S. Bohle, of Glen Burnie, MD; SGT Robert D. Gordon, II, of River Falls, AL; 1LT David T. Wright, II, of Moore, OK; SGT Andrew H. McConnell, of Carlisle, PA; SPC Demetrius L. Void, of Orangeburg, SC; SSgt Bryan D. Berky, of

Melrose, FL; SPC Daniel L. Cox, of Parsons, KS; SSG Nekl B. Allen, of Rochester, NY; PFC Matthew M. Martinek, of DeKalb, IL; SFC Duane A. Thornsbury, of Bridgeport, WV; SGT Tyler A. Juden, of Winfield, KS; 1LT Tyler E. Parten, of AR; LCpl Christopher S. Fowlkes, of Gaffney, SC.

PFC Zachary T. Myers, of Delaware, OH; PFC Thomas F. Lyons, of Fernley, NV; SSG Shannon M. Smith, of Marion, OH; SGT Youvert Loney, of Pohnpei, Micronesia; SSgt Aaron M. Kenefick, of Roswell, GA; 1LT Michael E. Johnson, of Virginia Beach, VA; GySgt Edwin W. Johnson Jr., of Columbus, GA; PO3 James R. Layton, of Riverbank, CA; Capt Joshua S. Meadows, of Bastrop, TX; 1st Lt Joseph D. Helton, of Monroe, GA; SSG Michael C. Murphrey, of Snyder, TX; SGT Randy M. Haney, of Orlando, FL; 2LT Darryn D. Andrews, of Dallas, TX; LCpl Christopher S. Baltazar Jr., of San Antonio, TX; PO3 Benjamin P. Castiglione, of Howell, MI; SPC Jordan M. Shay, of Salisbury, MA; SSG Todd W. Selge, of Burnsville, MN; SPC Tyler R. Walshe, of Shasta, CA; PFC Jordan M. Brochu, of Cumberland, ME; SPC Jonathan D. Welch, of Yorba Linda, CA.

LCpl David R. Hall, of Elyria, OH; PFC Eric W. Hario of Monroe, MI; SSG Jason S. Dahlke of Orlando, FL; SPC Abraham S. Wheeler, III, of Columbia, SC; PVT Taylor D. Marks, of Monmouth, OR; SGT Earl D. Werner, of Mondovi, WI; SSG Kurt R. Curtiss, of Murray, UT; PFC Matthew E. Wildes, of Hammond, LA; SPC Dennis M. Williams, of Federal Way, WA; SFC Ronald W. Sawyer, of Trenton, MO; CPT Cory J. Jenkins, of AZ; CPT John L. Hallett, III, of Concord, CA; LCpl Donald J. Hogan, of San Clemente, CA; CPL Darby T. Morin, of Victoria, Canada; 2LT Joseph D. Fortin, of St. Johnsbury, VT; SSG Andrew T. Lobosco, of Somerville, NJ; PFC Jonathan C. Yannev, of Litchfield, MN; SPC Troy O. Tom, of Shiprock, NM; SGT Matthew L. Ingram, of Pearl, MS; SPC Justin R. Pellerin, of Boscaawen, NH.

PFC Brian M. Wolverton, of Oak Park, CA; 1SG Jose S.N. Crisostomo, of Inarajan, Guam; SSG Clayton P. Bowen, of San Antonio, TX; PFC Morris L. Walker, of Chapel Hill, NC; SPC Paul E. Dumont, of Williamsburg, VA; SPC Matthew D. Hastings, of Claremore, OK; SPC William Z. Van Osdol, of Pinson, AL; GySgt Adam F. Benjamin, of Garfield Heights, OH; LCpl Leopold F. Damas, of Floral Park, NY; SFC William B. Woods Jr., of Chesapeake, VA; CPL Nicholas R. Roush, of Middleville, MI; LCpl Joshua M. Bernard, of New Portland, ME; SGT William J. Cahir, of Washington, DC; CPT John Tinsley, of Tallahassee, FL; LCpl Bruce E. Ferrell, of Perdido, AL; SPC Richard A. Walters Jr., of Cleveland, OH; LCpl Patrick W. Schimmel, of Winfield, MO; LCpl Javier Olvera, of Palmdale, CA; LCpl Dennis J. Burrow, of Naples, FL; SGT Jerry R. Evans Jr., of Eufaula, AL.

SPC Matthew K.S. Swanson, of Lake Forest, CA; SSG Tara J. Smith, of Nashville, NC; Capt Matthew C. Freeman, of Richmond Hill, GA; Sgt Jay M. Hoskins, of Paris, TX; Cpl Christian A. Guzman Rivera, of Homestead, FL; LCpl Travis T. Babine, of San Antonio, TX; LCpl James D. Argentine, of Farmingdale, NY; PO3 Anthony C. Garcia, of Panama City, FL; PVT Keiffer P. Wilhelm, of Plymouth, OH; SFC Severin W. Summers, III, of Bentonina, MS; SFC Alejandro Granado, of Fairfax, VA; CPT Ronald G. Luce Jr., of Fayetteville, NC; PVT Patrick S. Fitzgibbon, of Knoxville, TN; PFC Richard K. Jones, of Roxboro, NC; CPL Jonathan M. Walls, of West Lawn, PA; SPC Alexander J. Miller, of Clermont, FL; SSG Johnny R. Polk, of Gulfport, MS; LCpl Jonathan F. Stroud, of Cashion, OK; LCpl Gregory A. Posey, of Knoxville, TN; CW2 Douglas M. Vose, III, of Concrete, WA.

SGT Gerrick D. Smith, of Sullivan, IL; AT Andrew Scott Charpentier, of Great Falls, MT; SPC Justin D. Coleman, of Spring Hill, FL; PFC Donald W. Vincent, of Gainesville, FL; SPC Herberth A. Berrios-Campos, of Bealeton, VA; Cpl Nicholas G. Xiarhos, of Yarmouth Port, MA; LCpl Jeremy S. Lasher, of Oneida, NY; Sgt Ryan H. Lane, of Pittsburgh, PA; SPC Randy L.J. Neff, Jr., of Blackfoot, ID; SGT Joshua J. Rimer, of Rochester, PA; SGT Raymundo P. Morales, of Dalton, GA; PFC Dennis J. Pratt, of Duncan, OK; SPC Andrew J. Roughton, of Houston, TX; SGT Anthony M. Lightfoot, of Riverdale, GA; SGT Gregory Owens Jr., of Garland, TX; Cpl Benjamin S. Kopp, of Rosemount, MN; LCpl Brandon T. Lara, of New Braunfels, TX; Capt Mark R. McDowell, of Colorado Springs, CO; Capt Thomas J. Gramith, of Eagan, MN; SPC Carlos E. Wilcox, IV, of Cottage Grove, MN.

SPC James D. Wertish, of Olivia, MN; SPC Daniel P. Drevnick, of Woodbury, MN; SFC Jason J. Fabrizi, of Seffner, FL; Sgt Michael W. Heede, of Delta, PA; SSgt David S. Spicer, of Zanesfield, OH; CW2 Rodney A. Jarvis, of Akron, OH; SSG Eric J. Lindstrom, of Flagstaff, AZ; MSgt Jerome D. Hatfield, of Axton, VA; LCpl Pedro A. Barboza Flores, of Glendale, CA; Cpl Matthew R. Lemke, of Tualatin, OR; SPC Joshua R. Farris, of La Grange, TX; MSgt John E. Hayes, of Middleburg, FL; LCpl Roger G. Hager, of Gibsonville, NC; SPC Gregory J. Missman, of Batavia, OH; PFC Lucas M. Bregg, of Wright City, MO; Sgt Michael C. Roy, of North Fort Myers, FL; AO Darren Ethan Tate, of Canyon, TX; SPC Issac L. Johnson, of Columbus, GA; SPC Chester W. Hosford, of Hastings, MN; SGT Brock H. Chavers, of Bulloch, GA.

2LT Derwin I. Williams, of Glenwood, IL; CPT Mark A. Garner, of Elkin, NC; PFC Nicolas H. J. Gideon, of Murrieta, CA; SPC Christopher M. Talbert, of Galesburg, IL; PO2 Tony Michael Randolph, of Henryetta, OK; LCpl Charles S. Sharp of Adairsville, GA; PFC Aaron E. Fairbairn, of Aberdeen, WA; PFC Justin A. Casillas, of Dunnigan, CA; SPC Robert L. Bittiker, of Jacksonville, NC; SGT Juan C. Baldeosingh, of Newport, NC; SGT Roger L. Adams Jr., of Jacksonville, NC; SFC Edward C. Kramer, of Wilmington, NC; SGT Terry J. Lynch, of Shepherd, MT; SSG Timothy A. David, of Gladwin, MI; PFC Steven T. Drees, of Peshtigo, WI; SPC Joshua L. Hazlewood, of Manvel, TX; 1LT Brian N. Bradshaw, of Steilacoom, WA; SPC Casey L. Hills, of Salem, IL; SGT Rodrigo A. Munguia Rivas, of Germantown, MD; SGT Ricky D. Jones, of Plantersville, AL.

1SG John D. Blair, of Calhoun, GA; MCPO Jeffrey J. Garber, of Hemingford, NE; SPC Chancellor A. Keesling, of Indianapolis, IN; SSG Joshua A. Melton, of Carlyle, IL; SSG Paul G. Smith, of East Peoria, IL; SGT Joshua W. Soto, of San Angelo, TX; MSG Kevin A. Dupont, of Templeton, MA; CPT Kafele H. Sims, of Los Angeles, CA; SPC Jonathan C. O'Neill, of Zephyrhills, FL; SSG Edmond L. Lo, of Salem, NH; CW02 Ricky L. Richardson Jr., of Franklin, MO; MAJ Rocco M. Barnes, of Los Angeles, CA; LCpl Joshua R. Whittle, of Downey, CA; LCpl Robert D. Ulmer, of Landisville, PA; SGT Christopher M. Kurth, of Alamogordo, NM; SPC Charles D. Parrish, of Jasper, AL; SPC Jeffrey W. Jordan, of Rome, GA; SFC John C. Beale, of Riverdale, GA; MAJ Kevin M. Jenrette, of Lula, GA; SGT Jasper K. Obakiraur, of Hilo, HI.

SPC Jarrett P. Griemel, of La Porte, TX; SPC Roberto A. Hernandez, I, of Far Rockaway, NY; SGT Justin J. Duffy, of Cozad, NE; PFC Matthew W. Wilson, of Miller, MO; PFC Matthew D. Ogden, of Corpus Christi, TX; SSG Jeffrey A. Hall, of Huntsville, AL; LCpl Matthew G. Reza, of Austin, TX; SPC Marko M. Samson, of Columbus, OH; SPC

Samuel D. Stone, of Port Orchard, WA; PVT Bradley W. Iorio, of Galloway, NJ; PVT Thomas E. Lee, III, of Dalton, GA; SPC Chad A. Edmundson, of Williamsburg, PA; Dr. Maged M. Hussein, of Cairo, Egypt, 1SGT Blue C. Rowe, of Summers, AR; CDR Duane G. Wolfe, of Port Hueneme, CA; SrA Ashton L. M. Goodman, of Indianapolis, IN; Lt Col Mark E. Stratton, II, of Houston, TX; SFC Brian Naseman, of New Bremen, OH; CW4 Brent S. Cole, of Reedsville, WV; SSG Paul F. Brooks, of Joplin, MO.

1LT Leevi K. Barnard, of Mount Airy, NC; MAJ Jason E. George, of Tehachapi, CA; 1LT Roslyn L. Schulte, of St. Louis, MO; SGT Carlisle M. Lee, III, of Birmingham, AL; SSG Esau I. De la Pena-Hernandez, of La Puente, CA; SPC David A. Schaefer Jr., of Belleville, IL; CPL Ryan C. McGhee, of Fredericksburg, VA; MAJ Steven Hutchison, of Scottsdale, AZ; PFC Michael E. Yates Jr., of Federalsburg, MD; SPC Jacob D. Barton, of Lenox, MO; SSG Christian E. Bueno-Galdos, of Paterson, NJ; MAJ Matthew P. Houseal, of Amarillo, TX; SGT Lukasz D. Saczek, of Lake in the Hills, IL; SPC Omar M. Albrak, of Chicago, IL; CDR Charles K. Springle, of Wilmington, NC; PVT Justin P. Hartford, of Elmira, NY; SSG Randy S. Agno, of Pearl City, HI; SPC Shawn D. Sykes, of Portsmouth, VA; SPC Jake R. Velloza, of Inverness, CA; SPC Jeremiah P. McCleery, of Portola, CA.

SPC Ryan C. King, of Dallas, GA; SGT James D. Pirtle, of Colorado; Springs, CO; SGT Christopher D. Loza, of Abilene, TX; PO2 Tyler J. Trahan, of East Freetown, MA; SSgt Mark A. Wojciechowski, of Cincinnati, OH; Sgt James R. McIlvaine, of Olney, MD; SSG Leroy O. Webster, of Sioux Falls, SD; CSM Benjamin Moore Jr., of Waycross, GA; CPL Brad A. Davis, of Garfield Heights, OH; Cpl William C. Comstock, of Van Buren, AR.

We cannot forget these men and women and their sacrifice. These brave souls left behind parents, spouses, children, siblings, and friends. We want them to know the country pledges to preserve the memory of our fallen soldiers who gave their lives for our country.

SERGEANT MICHAEL P. SCUSA

Mr. Ben NELSON of Nebraska. Mr. President, I rise today to honor Army SGT Michael P. Scusa, who lost his life as the result of an attack in Kamdesh, Afghanistan, on October 3, 2009.

As a child in Crete, NE, Michael Scusa had his sights set on a military career. He joined the U.S. Army in 2005, immediately following his high school graduation in Villas, NJ, where he had been living with his mother. After basic training in Kentucky, Scusa was assigned to Fort Carson, CO.

While stationed at Fort Carson, Sergeant Scusa met his wife Alyssa. She describes her husband as a man with a wonderful sense of humor who always brightened other people's spirits. He never complained and always wore a smile. The two had been married for 2 years and had a son Connor, named after one of Scusa's close friends who was also killed while serving his country. Scusa was deployed to Afghanistan when Connor was just 8 months old.

Sergeant Scusa had been in Afghanistan for 5 months and was on his second tour overseas, having deployed to Iraq from October 2006 to December 2007. He and seven other soldiers out of

Fort Carson, all of the 3rd Squadron, 61st Cavalry Regiment, 4th Brigade Combat Team, 4th Infantry Division, were killed in combat while bravely defending their outpost against a coordinated attack by hundreds of insurgents in the mountainous Nuristan Province. Over the course of his service, Sergeant Scusa received an array of honors and awards, including a Bronze Star, Purple Heart and Army Good Conduct Medal; and he was posthumously promoted from specialist to sergeant.

Upon his wishes, Sergeant Scusa has been laid to rest in Colorado in order to be near his wife and son. He also leaves behind his mother Cindy; father and stepmother George and Kelley; sisters Susan and Kami; brothers John and Jimmy; and numerous other family members and friends.

Sergeant Scusa passed away making the ultimate and most valiant sacrifice. My condolences and prayers go out to his family and friends. His heroism and selflessness will remain an inspiration for all of us.

CALLING UPON TURKEY TO FACILITATE THE REOPENING OF THE HALKI SEMINARY

Mr. CARDIN. Mr. President, this week's visit to Washington by the Ecumenical Patriarch, Bartholomew I, is an appropriate occasion to renew calls for the reopening of the Halki Seminary, without further delay. Founded in 1844, the Theological School of Halki, located outside modern-day Istanbul, served as the principal seminary for Ecumenical Patriarchate until its forcible closure by the Turkish authorities in 1971. Counted among alumni of this preeminent educational institution are numerous prominent Orthodox scholars, theologians, priests, and bishops as well as patriarchs, including Bartholomew I. Many of these scholars and theologians have served as faculty at other institutions serving Orthodox communities around the world. Despite occasional indications by the authorities of pending action to reopen the seminary, to date all have failed to materialize.

Earlier this year, several of my colleagues from the Commission on Security and Cooperation in Europe, which I chair, joined me in a letter to President Obama to underscoring our long-standing concern over the continued closure of this unique institution. The continued denial of requests for the reopening of the seminary stands in clear violation of Turkey's obligations pursuant to the 1989 OSCE Vienna Concluding Document which affirmed the right of religious communities to provide "training of religious personnel in appropriate institutions." While there is no question that the Halki Seminary is the appropriate institution for training Orthodox clergy in Turkey, the Government of Turkey continues to refuse to reopen the school.

In his address to the Turkish Grand National Assembly in April, President

Obama said, "Freedom of religion and expression lead to a strong and vibrant civil society that only strengthens the state, which is why steps like reopening Halki Seminary will send such an important signal inside Turkey and beyond." In a welcomed development, Turkey's Prime Minister, Recep Tayyip Erdoğan met with the Ecumenical Patriarch in August. In an address to a wider gathering of minority religious leaders that day, Erdoğan concluded by stating, "We should not be of those who gather, talk and disperse. A result should come out of this."

Mr. President, I urge Prime Minister Erdoğan to follow through on the sentiment of those remarks by actions that will facilitate the reopening of the Halki Seminary without further delay. I am told that the Theological School of Halki is situated atop the summit of the Hill of Hope. For those of us who have pursued this issue over the years, our hope has been that we would indeed witness the reopening of this historic institution. I remain hopeful and encourage Prime Minister Erdoğan to act decisively and without condition on this matter before his upcoming visit to Washington.

ADDITIONAL STATEMENTS

REMEMBERING GEORGE M. SULLIVAN

• Ms. MURKOWSKI. Mr. President, I wish to remember one of the great public officials in the history of the State of Alaska, the former mayor of Anchorage, George M. Sullivan, who died peacefully in his sleep last month at age 87. George served Alaska during a time of transition in our State's history.

A lifelong Alaskan who was born and raised in Valdez, George worked for the U.S. Army's transportation corps during World War II in the Aleutians. He later won a seat in the Alaska House of Representatives in 1964 and 1965, being an excellent representative for Anchorage to represent the city's vast economic needs in the State legislature. He was a convincing spokesman for Anchorage in securing the aid that the city so desperately needed to rebuild.

George became the mayor of the city of Anchorage in 1967, just 8 years after statehood, but more importantly just 3 years after the Good Friday earthquake of 1964 that destroyed most of downtown Anchorage. The city was still in the early phases of rebuilding when George became the leader of city government. He guided the city through crafting new building and zoning codes as well as implementing land use planning to prevent further earthquake damage from occurring in the future.

Meanwhile, an economic earthquake struck Alaska—the discovery of oil on Alaska's North Slope in December 1968. That discovery did more than any

other event, even the earthquake, to turn Anchorage from a small port city to Alaska's largest city and the center of business, commerce, and supply in the State.

In preparation for the construction of the Trans-Alaska pipeline and the subsequent economic boom, Sullivan had the vision to see that municipal government needed to have greater authority to regulate and supervise growth. He led the effort to bring about the merger of the city of Anchorage with the surrounding borough to build a unified government, helping to write the city-borough's first charter in 1975. He then stayed on to guide the young unified city-borough government, serving as mayor for 14 years, longer than any other person before or since.

While guiding Anchorage to become the State's largest city, he also found time to represent Alaska as the State's first member of the executive board of the National League of Cities in 1972. He also served as the president of the Alaska Municipal League.

George also worked tirelessly to represent Alaska's needs during congressional consideration of the Alaska lands act that eventually passed in 1980. It was then that I first met him since I was working as an aide for the Alaska Legislature. George truly was an inspiration. He could light up a room in Juneau just by entering it and could influence legislation simply with a few words of wisdom.

George did not speak to hear himself talk, but everyone listened when he did talk. That was because everyone who knew George knew he was a straight shooter, a totally honest, fair, dedicated and hard-working man of outstanding judgment. He was a gentleman in every sense of the word.

He worked tirelessly to develop a complete city, one with services for the young which is why the town's sports center the the Sullivan Arena—is named after him. He also worked to build facilities for senior citizens and low-income individuals and he worked to build the infrastructure necessary for a modern city in a cold climate.

While we had known of his ill health and his battle with cancer for some time, there is still a great emptiness at his passing. While his wife Margaret passed away 2 years ago, George is survived by nine children, one of which, Dan, is Anchorage's current mayor.

As much as George was known for his leadership in the community and State, he was also known to be a family man. He and his wife Margaret were married for 59 years and raised nine children. I offer my deepest condolences to all of his children and grandchildren.

George was truly one of Alaska's original pioneers, a giant who will be sorely missed. His many accomplishments will live on in Alaska's history. Many Alaskans, including myself, will continue to remember the good humor, wisdom, and selflessness of the man who will always be called Mr. Mayor.●

TRIBUTE TO ANNA "ANN" ROSS KARY ANDERSON

• Mr. THUNE. Mr. President, today I recognize Anna "Ann" Ross Kary Anderson who served honorably during World War II as a member of the Women Airforce Service Pilots, WASP.

More than 1,000 women answered the call and served as pilots during World War II. However, because WASP records were classified and archived for over 30 years, WASPs have been left out of much of the documented history of World War II.

On July 1, 2009, legislation was signed into law that honors the service of these women with the Congressional Gold Medal, which is given in honor of outstanding service to the United States and is one of the Nation's highest civilian awards. This Congressional Gold Medal finally gives Anna "Ann" Ross Kary Anderson and the rest of these brave women the honor and recognition they deserve.

Between 1942 and 1944, the 1,102 women of WASP were trained in Texas, and then went on to fly noncombat domestic military missions so all their male counterparts could be deployed to combat. WASPs were required to complete the same primary, basic, and advanced training courses as male Army Air Corps pilots, and many went on to specialized flight training. By the conclusion of the war, WASPs logged 60 million miles of flying in every kind of military aircraft.

Following the war, the WASPs were disbanded and the women pilots paid their own way home without pomp or circumstance. Even during the war, the families of the 38 women who died in the line of duty were responsible for the costs to transport their bodies and arrange burials. It was not until 1977 that the WASPs were granted veterans status.

Anna "Ann" Ross Kary Anderson was born in 1920 on her family's homestead in Mellette County in South Dakota. Following high school, she attended the University of South Dakota. After her military service "Kary," as she was known to her students, went on to instruct hundreds of future pilots and was one of the first female FAA inspectors. By the time she retired she had logged over 20,000 flight hours. She still has family living in South Dakota.

While many of the South Dakota WASPs are no longer with us, I would like to recognize all of the women who joined from South Dakota in addition to Anna "Ann" Ross Kary Anderson: Helen (Anderson) Severson of Summit, SD, who was killed in service during a flight training accident in 1943; Marjorie (Redding) Christiansen of Mystic, SD; Loes (Monk) MacKenzie of Salem, SD; Laurine Nielsen of Deadwood, SD; Maxine (Nolt) Wright DeHaven of Sioux Falls, SD. I would also like to honor Violet (Thurn) Cowden formerly of Bowdle, SD, who now lives in California, and Ola Mildred "Millie" Rexroat, who currently resides in Edgemont, SD.

The WASPs served our country with extraordinary bravery, even in the face of discrimination. Their service was essential to the war effort, and this recognition of their heroics is long overdue and rightfully deserved. Though the pages of history have thus far overlooked the accomplishments and even the existence of this group, which served its country so well, this bill ensures forever their rightful place in history.●

TRIBUTE TO BILL GROETHE

• Mr. THUNE. Mr. President, today I recognize Rapid City, SD, resident Bill Groethe on the occasion of his 86th birthday.

Bill has dedicated most of his life to preserving and capturing the history and heritage of Native Americans and South Dakota through his photographs. This means of documentation, which Bill has so aptly and skillfully employed, has allowed for the preservation and study of many of our region's most significant events.

Bill's photographic experiences and services extend beyond the scenery and history of the South Dakota. During World War II, he served his country as a photo reconnaissance technician for the Army Air Force.

Throughout his career, the photographs Bill has taken have not only been masterpieces of great artistic achievement but have also contributed, in a unique way, to memorializing great events of the past and, oftentimes, the people whom these events affected. Examples of this include photographs of Gutzon Borglum and his crew during the carving of Mount Rushmore, the dedication of the Crazy Horse monument, survivors of the 1890 Wounded Knee Massacre, the Rapid City flood of 1972, and, most notably, 1948 photos of the last nine Native American survivors from the Battle of the Little Big Horn. Each of these photographs captures a pivotal and monumental event in our history.

Thanks to the efforts, talents, and generous donations of Bill Groethe, generations to come will have the opportunity to look upon and more fully appreciate the events of the past.●

TRIBUTE TO JUNE CULP ZEITNER

• Mr. THUNE. Mr. President, today I recognize the life and accomplishments of June Culp Zeitner, the "First Lady of Gems," who passed away on October 11, 2009.

June, a longtime South Dakota resident and world-renowned mineralogist, contributed greatly to the study and knowledge of minerals and fossils through her research and published writings. Her written works include 12 books and more than 1,000 scholarly and magazine articles on subjects such as natural history, cutting and polishing techniques, and collection methods.

In 1976, June acquired the nickname of the "First Lady of Gems" during a

ceremony honoring the 25th anniversary of the American Federation of Mineralogical Societies. Those in attendance that day in the White House's Rose Garden to honor and thank June Culp Zeitner included First Lady Betty Ford and Mayor of Washington, DC, Walter Edward Washington.

As the founder of the State Stone Program, June encouraged each State to select an official stone, mineral, and fossil. It is thanks to June's initiative in founding the State Stone Program that South Dakota's official gem is the Fairburn Agate, our mineral is Rose Quartz, and our fossil is the Triceratops.

June's activities extended beyond the purely scientific to include education and journalism, serving as a teacher and, for 38 years, a member of the editorial staff of Lapidary Journal. She also founded the National Rockhound and Lapidary Hall of Fame in my hometown of Murdo, SD. Her other accomplishments include creating a display collection for the Smithsonian Institution and receiving various State and national awards.

The passion and dedication June displayed for mineralogy has done much to influence professionals and hobbyists alike. The people of South Dakota and our Nation are grateful for the contributions and life of June Culp Zeitner.●

MESSAGE FROM THE HOUSE DURING ADJOURNMENT

ENROLLED BILLS SIGNED

Under the authority of the order of the Senate of January 6, 2009, the Secretary of the Senate, on October 30, 2009, during the adjournment of the Senate, received a message from the House of Representatives announcing that the Speaker has signed the following enrolled bills:

S. 1929. An act to provide for an additional temporary extension of programs under the Small Business Act and the Small Business Investment Act of 1958, and for other purposes.

H.R. 2996. An act making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

H.R. 3606. An act to amend the Truth in Lending Act to make a technical correction to an amendment made by the Credit CARD Act of 2009.

The enrolled bills were subsequently signed by the President pro tempore (Mr. BYRD).

MESSAGES FROM THE HOUSE

At 2:06 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 3854. An act to amend the Small Business Act and the Small Business Investment Act of 1958 to improve programs providing access to capital under such Acts, and for other purposes.

At 5:40 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, without amendment:

S. 475. An act to amend the Servicemembers Civil Relief Act to guarantee the equity of spouses of military personnel with regard to matters of residency, and for other purposes.

MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 3854. An act to amend the Small Business Act and the Small Business Investment Act of 1958 to improve programs providing access to capital under such Acts, and for other purposes; to the Committee on Small Business and Entrepreneurship.

MEASURES PLACED ON THE CALENDAR

The following bill was read the first and second times by unanimous consent, and placed on the calendar:

H.R. 3619. An act to authorize appropriations for the Coast Guard for fiscal year 2010, and for other purposes.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. ROCKEFELLER, from the Committee on Commerce, Science, and Transportation, without amendment:

S. 30. A bill to amend the Communications Act of 1934 to prohibit manipulation of caller identification information (Rept. No. 111-96).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. SCHUMER:

S. 2608. A bill to extend temporarily the reduction of duty on certain pesticide chemicals; to the Committee on Finance.

By Mr. SCHUMER:

S. 2609. A bill to extend temporarily the reduction of duty on certain acetamidiprid, whether or not combined with application adjuvants; to the Committee on Finance.

By Mr. SCHUMER:

S. 2610. A bill to suspend temporarily the duty on digital camera lenses; to the Committee on Finance.

By Mr. SCHUMER:

S. 2611. A bill to suspend temporarily the duty on lightweight digital camera lenses measuring approximately 55 mm or more; to the Committee on Finance.

By Mr. SCHUMER:

S. 2612. A bill to suspend temporarily the duty on lightweight digital camera lenses measuring approximately 70 mm or more; to the Committee on Finance.

By Mr. SCHUMER:

S. 2613. A bill to suspend temporarily the duty on certain golf umbrellas; to the Committee on Finance.

By Mr. SCHUMER:

S. 2614. A bill to suspend temporarily the duty on certain printed golf umbrellas; to the Committee on Finance.

By Mr. SCHUMER:

S. 2615. A bill to extend the temporary suspension of duty on C12-18 alkenes; to the Committee on Finance.

By Mr. SCHUMER:

S. 2616. A bill to extend the temporary suspension of duty on cis-3-Hexen-1-ol; to the Committee on Finance.

By Mr. SCHUMER:

S. 2617. A bill to suspend temporarily the duty on certain stick umbrellas; to the Committee on Finance.

By Mr. SCHUMER:

S. 2618. A bill to suspend temporarily the duty on 2-Hydroxypropylmethylcellulose; to the Committee on Finance.

By Mr. SCHUMER:

S. 2619. A bill to suspend temporarily the duty on mixtures containing n-butyl-1,2-benzisothiazolin-3-one (Butyl benzisothiazoline) and application adjuvants; to the Committee on Finance.

By Mr. SCHUMER:

S. 2620. A bill to suspend temporarily the duty on mixtures containing n-butyl-1,2-benzisothiazolin-3-one (Butyl benzisothiazoline), 1-hydroxypyridine-2-thione, zinc salt (Zinc pyridithione) and application adjuvants; to the Committee on Finance.

By Mr. SCHUMER:

S. 2621. A bill to suspend temporarily the duty on 4-Methylbenzenesulfonamide; to the Committee on Finance.

By Mr. SCHUMER:

S. 2622. A bill to suspend temporarily the duty on mixture of calcium hydroxide, magnesium hydroxide, aluminum silicate and stearic acid; to the Committee on Finance.

By Mr. SCHUMER:

S. 2623. A bill to suspend temporarily the duty on 3-(1,3-Benzodioxol-5-yl)-2-methylpropanal (Helional); to the Committee on Finance.

By Mr. SCHUMER:

S. 2624. A bill to extend the temporary suspension of duty on magnesium zinc aluminum hydroxide carbonate coated with stearic acid; to the Committee on Finance.

By Mr. SCHUMER:

S. 2625. A bill to extend the temporary suspension of duty on magnesium aluminum hydroxide carbonate (synthetic hydrotalcite) and magnesium aluminum hydroxide carbonate (synthetic hydrotalcite) coated with stearic acid; to the Committee on Finance.

By Mr. SCHUMER:

S. 2626. A bill to extend the temporary suspension of duty on polytetramethylene ether glycol; to the Committee on Finance.

By Mr. SCHUMER (for himself and

Mrs. GILLIBRAND):

S. 2627. A bill to temporarily suspend the duty on aluminum lamp-holder housings containing sockets; to the Committee on Finance.

By Mr. SCHUMER (for himself and

Mrs. GILLIBRAND):

S. 2628. A bill to extend temporarily the suspension of duty on brass lamp-holder housings containing sockets; to the Committee on Finance.

By Mr. SCHUMER (for himself and

Mrs. GILLIBRAND):

S. 2629. A bill to extend temporarily the suspension of duty on porcelain lamp-holder housings containing sockets; to the Committee on Finance.

By Mr. SCHUMER (for himself and

Mrs. GILLIBRAND):

S. 2630. A bill to extend temporarily the duty on plastic lamp-holder housing containing sockets; to the Committee on Finance.

By Mr. SCHUMER (for himself and

Mrs. GILLIBRAND):

S. 2631. A bill to suspend temporarily the duty on certain time switches; to the Committee on Finance.

By Mr. SCHUMER (for himself and Mrs. GILLIBRAND):

S. 2632. A bill to suspend temporarily the duty on certain electrical connectors; to the Committee on Finance.

By Mr. SCHUMER (for himself and Mrs. GILLIBRAND):

S. 2633. A bill to suspend temporarily the duty on certain tamper resistant ground fault circuit interrupter receptacles; to the Committee on Finance.

By Mr. SCHUMER (for himself and Mrs. GILLIBRAND):

S. 2634. A bill to suspend temporarily the duty on certain occupancy sensor switches; to the Committee on Finance.

By Mr. SCHUMER (for himself and Mrs. GILLIBRAND):

S. 2635. A bill to suspend temporarily the duty on certain surge protective receptacles; to the Committee on Finance.

By Mr. SCHUMER (for himself and Mrs. GILLIBRAND):

S. 2636. A bill to suspend temporarily the duty on certain stage lights of aluminum; to the Committee on Finance.

By Mr. SCHUMER (for himself and Mrs. GILLIBRAND):

S. 2637. A bill to suspend temporarily the duty on certain plastic base material spotlights and nightlights; to the Committee on Finance.

By Mr. SESSIONS:

S. 2638. A bill to extend the temporary suspension of duty on 1,3,5-Triazine-2,4,6-triamine,N,N''-[1,2-ethane-diyl-bis-[[[4,6-bis[butyl (1,2,2,6,6-pentamethyl-4-piperidinyl)amino]-1,3,5-triazine-2-yl]imino]-3,1-propanediyl]]bis[N',N'-dibutyl-N',N'-bis(1,2,2,6,6-pentamethyl-4-piperidinyl)-and Butanedioic acid, dimethylester polymer with 4-hydroxy-2,2,6,6-tetramethyl-1-piperidine ethanol; to the Committee on Finance.

By Mr. SESSIONS:

S. 2639. A bill to extend the temporary suspension of duty on butanedioic acid, dimethyl ester, polymer with 4-hydroxy-2,2,6,6-tetramethyl-1-piperidineethanol; to the Committee on Finance.

By Mr. SESSIONS:

S. 2640. A bill to suspend temporarily the duty on certain unwoven polypropylene zippered sleeping bag carry cases, not under 77.5 cm in circumference and not exceeding 106.7 cm in circumference; to the Committee on Finance.

By Mr. SESSIONS:

S. 2641. A bill to extend the temporary suspension of duty on N,N-Hexane-1,6-diylbis(3-(3,5-di-tert-butyl-4-hydroxyphenylpropionamide)); to the Committee on Finance.

By Mr. SESSIONS:

S. 2642. A bill to suspend temporarily the duty on man-made shells used in the manufacture of sleeping bags; to the Committee on Finance.

By Mr. SESSIONS:

S. 2643. A bill to extend temporarily the reduction of duty on polyethylene HE1878; to the Committee on Finance.

By Mr. BUNNING:

S. 2644. A bill to suspend temporarily the duty on high pressure fuel pump; to the Committee on Finance.

By Mr. BUNNING:

S. 2645. A bill to suspend temporarily the duty on electric vehicle inverter; to the Committee on Finance.

By Mr. BUNNING:

S. 2646. A bill to suspend temporarily the duty on injection fuel injector; to the Committee on Finance.

By Mr. BUNNING:

S. 2647. A bill to suspend temporarily the duty on lithium ion electrical storage battery; to the Committee on Finance.

By Mr. BUNNING:

S. 2648. A bill to suspend temporarily the duty on motor generator units; to the Committee on Finance.

By Mr. BUNNING:

S. 2649. A bill to suspend temporarily the duty on power electronics boxes; to the Committee on Finance.

By Mr. BUNNING:

S. 2650. A bill to suspend temporarily the duty on stator/rotor; to the Committee on Finance.

By Mr. BUNNING:

S. 2651. A bill to extend temporarily the suspension of duty on compound of barium magnesium aluminate phosphor; to the Committee on Finance.

By Mr. BUNNING:

S. 2652. A bill to extend temporarily the suspension of duty on calcium chloride phosphate phosphor; to the Committee on Finance.

By Mr. BUNNING:

S. 2653. A bill to extend temporarily the suspension of duty on compound of strontium chloroapatite-europium; to the Committee on Finance.

By Mr. BUNNING:

S. 2654. A bill to extend temporarily the suspension of duty on lanthanum phosphate phosphor; to the Committee on Finance.

By Mr. BUNNING:

S. 2655. A bill to extend the temporary suspension of duty on mixtures or coprecipitates of lanthanum phosphate, cerium-doped lanthanum phosphate, cerium phosphate, and terbium phosphate; to the Committee on Finance.

By Mr. BUNNING:

S. 2656. A bill to extend temporarily the suspension of duty on mixtures or coprecipitates of yttrium oxide and europium oxide; to the Committee on Finance.

By Mr. BUNNING:

S. 2657. A bill to extend temporarily the suspension of duty on strontium halophosphate doped with europium; to the Committee on Finance.

By Mr. BUNNING:

S. 2658. A bill to extend temporarily the suspension of duty on strontium magnesium phosphate-tin doped inorganic products; to the Committee on Finance.

By Mr. BUNNING:

S. 2659. A bill to extend temporarily the suspension of duty on yttrium vanadate phosphor; to the Committee on Finance.

By Mr. BUNNING:

S. 2660. A bill to extend temporarily the suspension of duty on yttrium oxide phosphor; to the Committee on Finance.

By Mr. KERRY:

S. 2661. A bill to create a 3-year pilot program that makes small, nonprofit child care businesses eligible for loans under title V of the Small Business Investment Act of 1958; to the Committee on Small Business and Entrepreneurship.

By Mr. GRAHAM (for himself and Mr. CHAMBLISS):

S. 2662. A bill to establish Federal standards for the resolution of health care malpractice claims, and for other purposes; to the Committee on the Judiciary.

By Mr. BURR:

S. 2663. A bill to suspend temporarily the duty on DCDNBTF Benzene, 2,4-dichloro-1,3-dinitro-5-(trifluoroethyl)-; to the Committee on Finance.

By Mr. BURR:

S. 2664. A bill to extend the duty suspension on S-[(5-Methoxy-2-oxo-1,3,4-thiadiazol-3(2H)-yl)methyl]-O,O-dimethyl phosphorodithioate; to the Committee on Finance.

By Mr. BURR:

S. 2665. A bill to extend the suspension of duty on mixtures of cyhalothrin and applica-

tion adjuvants; to the Committee on Finance.

By Mr. BURR:

S. 2666. A bill to extend the suspension of duty on cyprodinil; to the Committee on Finance.

By Mr. BURR:

S. 2667. A bill to amend the Harmonized Tariff Schedule of the United States to modify the tariffs of engines with cylinder capacity of less than 1 liter, designed for motor vehicles of heading 8709; to the Committee on Finance.

By Mr. BURR:

S. 2668. A bill to extend temporarily the suspension of duty on erasers of vulcanized rubber other than hard rubber or cellular rubber; to the Committee on Finance.

By Mr. BURR:

S. 2669. A bill to extend temporarily the suspension of duty on electrically operated pencil sharpeners; to the Committee on Finance.

By Mr. BURR:

S. 2670. A bill to suspend temporarily the duty on 1-(4,6-dimethoxypyrimidin-2-yl)-3-[2-(dimethylcarbamoyl)phenylsufamoyl] urea; to the Committee on Finance.

By Mr. BURR:

S. 2671. A bill to suspend temporarily the duty on [(+/-)-2-(2,4-dichlorophenyl)-3-(1H-1,2,4-triazole-1-yl) propyl, 1,1,2,2-tetrafluoroethyl ether]; to the Committee on Finance.

By Mr. BURR:

S. 2672. A bill to suspend temporarily the duty on copper oxychloride and copper hydroxide; to the Committee on Finance.

By Mr. BURR:

S. 2673. A bill to suspend temporarily the duty on certain window shade material in rolls; to the Committee on Finance.

By Mr. BURR:

S. 2674. A bill to extend the temporary suspension of duty on acrylic or modacrylic filament tow; to the Committee on Finance.

By Mr. BURR:

S. 2675. A bill to extend the temporary suspension of duty on acrylic or modacrylic staple fibers, not carded, combed, or otherwise processed for spinning; to the Committee on Finance.

By Mr. BURR:

S. 2676. A bill to suspend temporarily the duty on certain synthetic staple fibers that are not carded, combed, or otherwise processed for spinning; to the Committee on Finance.

By Mr. BURR:

S. 2677. A bill to extend temporarily the suspension of duty on 2,2-(6-(4-methoxyphenyl)-1,3,5-triazine-2,4-diyl)bis(5-((2-ethylhexyl)oxy)phenol); to the Committee on Finance.

By Mr. BURR:

S. 2678. A bill to extend temporarily the suspension of duty on 2,2-Methylenebis[6-(2H-benzotriazolyl-2-yl)-4-(1,1,3,3-tetramethylbutylphenol)phenol]; to the Committee on Finance.

By Mr. BURR:

S. 2679. A bill to suspend temporarily the duty on 4,4'-methylenebis(2-chloroaniline); to the Committee on Finance.

By Mr. BURR:

S. 2680. A bill to extend temporarily the suspension of duty on Butralin; to the Committee on Finance.

By Mr. BURR:

S. 2681. A bill to suspend temporarily the duty on Methyl chloroacetate; to the Committee on Finance.

By Mr. BURR:

S. 2682. A bill to extend the temporary suspension of duty on Pyrimethanil; to the Committee on Finance.

By Mr. BURR:

S. 2683. A bill to suspend temporarily the duty on Pyrasulfotole; to the Committee on Finance.

By Mr. BURR:

S. 2684. A bill to extend the temporary suspension of duty on Fenamidone; to the Committee on Finance.

By Mr. BURR:

S. 2685. A bill to suspend temporarily the duty on 2,2-Dimethylbutanoic acid 3-(2,4-dichlorophenyl)-2-oxo-1-oxaspiro(4.5)dec-3-en-4-yl ester; to the Committee on Finance.

By Mr. BURR:

S. 2686. A bill to extend and modify the temporary reduction of duty on cyclopropane-1,1-dicarboxylic acid, dimethyl ester; to the Committee on Finance.

By Mr. BURR:

S. 2687. A bill to extend and modify the temporary suspension of duty on Aluminum tris (O-ethylphosphonate); to the Committee on Finance.

By Mr. BURR:

S. 2688. A bill to extend the temporary suspension of duty on Triadimefon; to the Committee on Finance.

By Mr. BURR:

S. 2689. A bill to reduce the temporary suspension of duty on B-Cyfluthrin; to the Committee on Finance.

By Mr. BURR:

S. 2690. A bill to reduce and modify the temporary suspension of duty on Iprodione; to the Committee on Finance.

By Mr. BURR:

S. 2691. A bill to reduce temporarily the duty on AE 0172747 Ether; to the Committee on Finance.

By Mr. BURR:

S. 2692. A bill to suspend temporarily the duty on certain laminated rolled filmstock; to the Committee on Finance.

By Mr. BURR:

S. 2693. A bill to suspend temporarily the duty on Methyl acrylate; to the Committee on Finance.

By Mr. BURR:

S. 2694. A bill to suspend temporarily the duty on Hexanedioic acid, polymer with N-(2-aminoethyl)-1,3-propanediamine, aziridine, (chloromethyl)oxirane, 1,2-ethandiamine, N,N-1,2-ethanediylbis(1,3-propanediamine), formic acid and alpha-hydro-omega-hydroxypoly(oxy-1,2-ethandiyl); to the Committee on Finance.

By Mr. BURR:

S. 2695. A bill to suspend temporarily the duty on N-Vinylformamide; to the Committee on Finance.

By Mr. REED (for himself and Mr. WHITEHOUSE):

S. 2696. A bill to extend the temporary suspension of duty on Pigment Red 187; to the Committee on Finance.

By Mr. REED (for himself and Mr. WHITEHOUSE):

S. 2697. A bill to extend the temporary suspension of duty on Acid Blue 80; to the Committee on Finance.

By Mr. REED (for himself and Mr. WHITEHOUSE):

S. 2698. A bill to suspend temporarily the duty on Pigment Orange 43; to the Committee on Finance.

By Mr. REED (for himself and Mr. WHITEHOUSE):

S. 2699. A bill to suspend temporarily the duty on Phosphinic acid, diethyl-, zinc salt; to the Committee on Finance.

By Mr. REED (for himself and Mr. WHITEHOUSE):

S. 2700. A bill to suspend temporarily the duty on Ammonium polyphosphate; to the Committee on Finance.

By Mr. REED (for himself and Mr. WHITEHOUSE):

S. 2701. A bill to extend the temporary suspension of duty on Phosphinic acid, diethyl-, aluminum salt with synergists and encapsulating agents; to the Committee on Finance.

By Mr. REED (for himself and Mr. WHITEHOUSE):

S. 2702. A bill to extend the temporary suspension of duty on Phosphinic acid, diethyl-, aluminum salt; to the Committee on Finance.

By Mr. WHITEHOUSE (for himself and Mr. REED):

S. 2703. A bill to renew the temporary suspension of duty on Pigment Yellow 154; to the Committee on Finance.

By Mr. WHITEHOUSE (for himself and Mr. REED):

S. 2704. A bill to suspend temporarily the duty on Pigment Orange 74; to the Committee on Finance.

By Mr. WHITEHOUSE (for himself and Mr. REED):

S. 2705. A bill to suspend temporarily the duty on Pigment Yellow 191; to the Committee on Finance.

By Mr. WHITEHOUSE (for himself and Mr. REED):

S. 2706. A bill to suspend temporarily the duty on Pigment Yellow 180; to the Committee on Finance.

By Mr. WHITEHOUSE (for himself and Mr. REED):

S. 2707. A bill to suspend temporarily the duty on Pigment Yellow 97; to the Committee on Finance.

By Mr. WHITEHOUSE (for himself and Mr. REED):

S. 2708. A bill to suspend temporarily the duty on Pigment Yellow 194; to the Committee on Finance.

By Mr. WHITEHOUSE (for himself and Mr. REED):

S. 2709. A bill to suspend temporarily the duty on Pigment Yellow 151; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2710. A bill to extend the temporary suspension of duty on certain ion-exchange resins; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2711. A bill to extend the temporary suspension of duty on dimethyl malonate; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2712. A bill to extend the temporary suspension of duty on D-Mannose; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2713. A bill to provide for the liquidation or reliquidation of certain entries of granulated polytetrafluoroethylene resin from Italy; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2714. A bill to suspend temporarily the duty on Propanoic acid, 3-hydroxy-2-(hydroxymethyl)-2-methyl, polymers with 5-iso-cyanato-1-(isocyanatomethyl)-1,3,3-trimethylcyclohexane and reduced methyl esters of reduced polymerized, oxidized tetrafluoroethylene, compounds with trimethylamine; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2715. A bill to suspend temporarily the duty on neoprene expandable polystyrene; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2716. A bill to suspend temporarily the duty on preparations based on polyethylenimine; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2717. A bill to extend the temporary reduction of duty on palm fatty acid distillate; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2718. A bill to extend the temporary suspension of duty on certain ion-exchange resins (cationic H form); to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2719. A bill to extend the temporary suspension of duty on diphenyl (2,4,6-

trimethylbenzoyl) phosphine oxide; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2720. A bill to extend the temporary suspension of duty on 1, 1, 2-2-Tetrafluoroethene, oxidized, polymerized; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 2721. A bill to extend the temporary suspension of duty on Ethene, tetrafluoro-oxidized, polymerized, reduced, methyl esters, reduced; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. CASEY (for himself and Mr. SPECTER):

S. Res. 330. A resolution commending the service of the 56th Stryker Brigade Combat Team of the Pennsylvania Army National Guard; to the Committee on Armed Services.

By Mr. SCHUMER (for himself and Mrs. GILLIBRAND):

S. Res. 331. A resolution congratulating the United States Military Academy at West Point on being named by Forbes magazine as America's Best College for 2009; considered and agreed to.

By Mr. KERRY (for himself, Mr. LUGAR, and Mr. CARDIN):

S. Res. 332. A resolution commemorating the 20th anniversary of the fall of the Berlin Wall, the end of the division of Europe, and the beginning of the peaceful and democratic reunification of Germany; considered and agreed to.

ADDITIONAL COSPONSORS

S. 305

At the request of Mr. SCHUMER, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 305, a bill to amend title IV of the Public Health Service Act to create a National Childhood Brain Tumor Prevention Network to provide grants and coordinate research with respect to the causes of and risk factors associated with childhood brain tumors, and for other purposes.

S. 461

At the request of Mr. CRAPO, the name of the Senator from Indiana (Mr. LUGAR) was added as a cosponsor of S. 461, a bill to amend the Internal Revenue Code of 1986 to extend and modify the railroad track maintenance credit.

S. 545

At the request of Mr. KERRY, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 545, a bill to develop capacity and infrastructure for mentoring programs.

S. 749

At the request of Mr. COCHRAN, the name of the Senator from North Dakota (Mr. CONRAD) was added as a cosponsor of S. 749, a bill to improve and expand geographic literacy among kindergarten through grade 12 students in the United States by improving professional development programs for kindergarten through grade 12 teachers of-

ferred through institutions of higher education.

S. 812

At the request of Mr. BAUCUS, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 812, a bill to amend the Internal Revenue Code of 1986 to make permanent the special rule for contributions of qualified conservation contributions.

S. 883

At the request of Mr. KERRY, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 883, a bill to require the Secretary of the Treasury to mint coins in recognition and celebration of the establishment of the Medal of Honor in 1861, America's highest award for valor in action against an enemy force which can be bestowed upon an individual serving in the Armed Services of the United States, to honor the American military men and women who have been recipients of the Medal of Honor, and to promote awareness of what the Medal of Honor represents and how ordinary Americans, through courage, sacrifice, selfless service and patriotism, can challenge fate and change the course of history.

S. 1055

At the request of Mrs. BOXER, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 1055, a bill to grant the congressional gold medal, collectively, to the 100th Infantry Battalion and the 442nd Regimental Combat Team, United States Army, in recognition of their dedicated service during World War II.

S. 1524

At the request of Mr. KERRY, the names of the Senator from Connecticut (Mr. DODD) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of S. 1524, a bill to strengthen the capacity, transparency, and accountability of United States foreign assistance programs to effectively adapt and respond to new challenges of the 21st century, and for other purposes.

S. 1660

At the request of Ms. KLOBUCHAR, the name of the Senator from Kansas (Mr. BROWNBACK) was added as a cosponsor of S. 1660, a bill to amend the Toxic Substances Control Act to reduce the emissions of formaldehyde from composite wood products, and for other purposes.

S. 1745

At the request of Mrs. MCCASKILL, the name of the Senator from Virginia (Mr. WEBB) was added as a cosponsor of S. 1745, a bill to expand whistleblower protections to non-Federal employees whose disclosures involve misuse of Federal funds.

S. 1778

At the request of Mrs. SHAHEEN, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. 1778, a bill to amend the Federal Food,

Drug, and Cosmetic Act with respect to generic drugs, and for other purposes.

S. 1781

At the request of Mrs. SHAHEEN, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1781, a bill to provide for a demonstration program to reduce frequent use of health services by Medicaid beneficiaries with chronic illnesses by providing coordinated care management and community support services.

S. 1789

At the request of Mr. DURBIN, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 1789, a bill to restore fairness to Federal cocaine sentencing.

S. 1790

At the request of Mr. DORGAN, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 1790, a bill to amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.

S. 1822

At the request of Mr. MERKLEY, the name of the Senator from Colorado (Mr. UDALL) was added as a cosponsor of S. 1822, a bill to amend the Emergency Economic Stabilization Act of 2008, with respect to considerations of the Secretary of the Treasury in providing assistance under that Act, and for other purposes.

S. 1834

At the request of Mr. AKAKA, the names of the Senator from Louisiana (Mr. VITTER) and the Senator from Vermont (Mr. SANDERS) were added as cosponsors of S. 1834, a bill to amend the Animal Welfare Act to ensure that all dogs and cats used by research facilities are obtained legally.

S. 1927

At the request of Mr. DODD, the name of the Senator from Missouri (Mrs. MCCASKILL) was added as a cosponsor of S. 1927, a bill to establish a moratorium on credit card interest rate increases, and for other purposes.

AMENDMENT NO. 2652

At the request of Mr. FEINGOLD, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of amendment No. 2652 intended to be proposed to H.R. 2847, a bill making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

AMENDMENT NO. 2712

At the request of Mr. BAUCUS, the names of the Senator from Ohio (Mr. BROWN), the Senator from Pennsylvania (Mr. CASEY), the Senator from Illinois (Mr. BURRIS), the Senator from Massachusetts (Mr. KIRK), the Senator from New York (Mr. SCHUMER), the Senator from Washington (Mrs. MURRAY), the Senator from Alaska (Mr. BEGICH), the Senator from New York (Mrs. GILLIBRAND), the Senator from

Michigan (Ms. STABENOW), the Senator from Colorado (Mr. UDALL), the Senator from Kentucky (Mr. BUNNING), the Senator from Colorado (Mr. BENNET), the Senator from Vermont (Mr. LEAHY), the Senator from New Jersey (Mr. LAUTENBERG), the Senator from Arkansas (Mrs. LINCOLN), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from New Jersey (Mr. MENENDEZ), the Senator from North Dakota (Mr. CONRAD), the Senator from Minnesota (Mr. FRANKEN), the Senator from West Virginia (Mr. BYRD), the Senator from Massachusetts (Mr. KERRY) and the Senator from California (Mrs. BOXER) were added as cosponsors of amendment No. 2712 proposed to H.R. 3548, a bill to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KERRY:

S. 2661. A bill to create a 3-year pilot program that makes small, nonprofit child care businesses eligible for loans under title V of the Small Business Investment Act of 1958; to the Committee on Small Business and Entrepreneurship.

Mr. KERRY. Mr. President, as we explore ways to help the working families in America, we should not forget the many working parents who face difficulty finding quality, affordable child care. Approximately 6 out of 10 children are cared for by someone other than their parents on a regular basis. And far too many children are left home alone before they are ready. Across America, more households than ever are struggling to make ends meet, while providing safe, nurturing environments for their children to grow up in. For many, child care is not a choice, but a necessity. We owe it to America's families to increase the availability of quality child care.

I believe one way to support this goal is to expand financing options for nonprofit child care centers. That is why I am reintroducing the Child Care Lending Pilot Act, which establishes a three-year pilot program enabling small, non-profit child care businesses to be eligible for the SBA's 504 loans. Under current law, for-profit child care small businesses have access to these loans to finance facility expansions and building repairs but non-profit centers are shut out. Since the majority of child care centers in many states are non-profit, this exclusion blocks needed resources from the facilities serving the majority of our families. The Child Care Lending Pilot Act addresses this problem and allows the centers to better serve the children they care for. With low, predictable monthly payments, these non-profit centers can improve their buildings and materials without breaking the bank or raising fees.

This industry is not one with high-earnings overall, so access to capital is particularly difficult. Balancing the needs of maintaining a qualified staff while providing care that families can afford is difficult at best. Calling for reductions in operating costs can result in decreased safety and quality in the children's environment that should be structured to foster their learning and development. The cost of child care—ranging anywhere from around \$4,000 to over \$15,000 a year—is highly prohibitive for many families and limited options only exacerbate this problem.

Not only is child care extremely expensive, but there are simply not enough spaces. Nearly 14.5 million children under the ages 6 years old have working parents and need child care. But there are only an estimated 10.8 million legally-operating spaces for both young and school-aged children.

Non-profit child care centers are a resource for America's working families and deserve the same opportunities for-profit centers have with access to SBA's 504 loans. This is one clear step forward that we can take to help solve this problem and invest in our children. I urge my colleagues to support this bill.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 330—COM-MENDING THE SERVICE OF THE 56TH STRYKER BRIGADE COMBAT TEAM OF THE PENNSYLVANIA ARMY NATIONAL GUARD

Mr. CASEY (for himself and Mr. SPECTER) submitted the following resolution; which was referred to the Committee on Armed Services:

S. RES. 330

Whereas the members of the Army National Guard and Air National Guard of the State of Pennsylvania reside throughout the State and come from a number of different backgrounds, professions, and communities;

Whereas members and units of the Pennsylvania National Guard have been deployed in support of United States military operations at home and in Iraq, Afghanistan, and dozens of other countries;

Whereas one such unit, the 56th Stryker Brigade Combat Team of the Pennsylvania Army National Guard, is composed of approximately 4,000 citizen-soldiers from throughout the State of Pennsylvania;

Whereas the 56th Stryker Brigade Combat Team is the only National Guard Stryker Brigade serving in the United States Army;

Whereas the 56th Stryker Brigade Combat Team, following mobilization and deployment to Kosovo in 2003, was placed on Federal active duty for a second overseas mobilization on September 19, 2008, and deployed to Iraq on January 15, 2009;

Whereas during the deployment of the 56th Stryker Brigade Combat Team in Taji, Iraq, the brigade was primarily engaged in convoy security, force protection, provincial reconstruction, and base operations missions;

Whereas the members of the 56th Stryker Brigade Combat Team performed more than 800 combined operations, captured 7 brigade-level high-value targets, and discovered more than 80 enemy weapon caches; and

Whereas in September 2009, upon completion of 1 year of service in support of military operations in Iraq, the 56th Stryker Brigade Combat Team returned to the United States and demobilized: Now, therefore, be it

Resolved, That the Senate—

(1) expresses its gratitude to the members of the Army National Guard and Air National Guard of the State of Pennsylvania and their families for their service and sacrifice on behalf of the United States;

(2) commends the members of the 56th Stryker Brigade Combat Team of the Pennsylvania Army National Guard on the completion of their deployment to Iraq;

(3) recognizes the achievements of the members of the 56th Stryker Brigade Combat Team, as well as all other formerly and presently deployed Pennsylvania Army National Guard and Air National Guard units and members, for their exemplary service; and

(4) offers its condolences to the family and friends of Specialist Chad Edmundson of Williamsburg, Pennsylvania, and Staff Sergeant Mark Baum of Quakertown, Pennsylvania, who died in service to their country.

Mr. CASEY. Mr. President, I would like to recognize the contributions of the 56th Stryker Brigade, which recently returned to homes and families across Pennsylvania. For nine months, the 56th Stryker Brigade has been deployed to Camp Taji, Iraq. Here, these civilian soldiers, known as the Independence Brigade, worked side by side with their Iraqi counterparts to continue to bring stability and security to the Iraqi people.

On the front lines, they patrolled neighborhoods in unrelenting conditions, targeted insurgents, and swept for improvised explosion devices, IEDs. They performed more than 800 combined operations, captured seven brigade-level high valued targets, and discovered more than 80 enemy weapon caches. Any success we have had in Iraq is not only the result of military achievements. In this regard, it is equally important to recognize the \$22 million in reconstruction efforts that the 56th Stryker Brigade assisted with in coordination with an embedded U.S. provincial reconstruction team.

While these young men and women are now home, we must also remember those who fell in battle. Two members of the 56th gave "the last full measure of devotion." Specialist Chad Edmundson of Williamsburg was killed by an IED and Staff Sergeant Mark Baum of Quakertown was killed by enemy small arms fire. To these soldiers' families and friends, I want to express condolence and gratitude on behalf of the people of Pennsylvania for their sacrifice. Please know that our prayers are with you, and that we will never take for granted their personal courage and sacrifice. We pray for Chad and Mark and ourselves that we may be worthy of their valor.

While deployed, many things may have changed for these members of the Pennsylvania National Guard. For example, some service members met their sons and daughters for the first time. Nevertheless for all, a time of readjustment and reintegration back into their communities and daily lives lies ahead.

I want the National Guard to know that I will always be committed to helping them during this phase. I know that there are other Guard members who bear scars from battle, some visible and some not. The U.S. Senate must ensure that our citizen soldiers' jobs are maintained while they are deployed and we must provide opportunities for them to find employment upon their return. For this reason, I will continue to urge my colleagues to take up and adopt the Service Members Access to Justice Act and the FORCE Act, which will make National Guard assistance programs more effective and responsive, and ensure that National Guard troops keep their jobs and employment benefits as required under law.

Again, I want to express my appreciation to the 56th Stryker Brigade and all of our men and women in service.

SENATE RESOLUTION 331—CONGRATULATING THE UNITED STATES MILITARY ACADEMY AT WEST POINT ON BEING NAMED BY FORBES MAGAZINE AS AMERICA'S BEST COLLEGE FOR 2009

Mr. SCHUMER (for himself and Mrs. GILLIBRAND) submitted the following resolution; which was considered and agreed to:

S. RES. 331

Whereas Forbes magazine has named the United States Military Academy at West Point as America's Best College for 2009;

Whereas the United States has had a military presence at West Point since the Revolutionary War because of its strategic position overlooking the Hudson River;

Whereas General George Washington selected Thaddeus Kosciuszko to design West Point's fortifications in 1778;

Whereas West Point is the oldest continuously occupied military post in the United States;

Whereas President Thomas Jefferson established the United States Military Academy at West Point in 1802;

Whereas West Point has educated many of the United States Army's commissioned officers;

Whereas West Point instructs 4,400 cadets per year in academics, military tactics, physical fitness, and leadership;

Whereas approximately 1,000 cadets graduate each year and are commissioned in the United States Armed Services;

Whereas 2 Presidents of the United States, 74 Congressional Medal of Honor recipients, 88 Rhodes Scholars, 33 Marshall Scholars, and 28 Truman Scholars have graduated from West Point;

Whereas in addition to academics and military training, West Point offers extracurricular activities that include the Eisenhower Hall Theatre and 115 athletic and non-sport clubs; and

Whereas West Point offers a well-rounded, highly regarded education to the next generation of the Nation's leaders: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the United States Military Academy at West Point on being named by Forbes magazine as America's Best College for 2009;

(2) supports West Point's mission "to educate, train, and inspire the Corps of Cadets so that each graduate is a commissioned

leader of character committed to the values of Duty, Honor, Country and prepared for a career of professional excellence and service to the Nation as an officer in the United States Army"; and

(3) respectfully requests the Secretary of the Senate to transmit a copy of this resolution to the Superintendent of West Point.

SENATE RESOLUTION 332—COMMEMORATING THE 20TH ANNIVERSARY OF THE FALL OF THE BERLIN WALL, THE END OF THE DIVISION OF EUROPE, AND THE BEGINNING OF THE PEACEFUL AND DEMOCRATIC REUNIFICATION OF GERMANY

Mr. KERRY (for himself, Mr. LUGAR, and Mr. CARDIN) submitted the following resolution; which was considered and agreed to:

S. RES. 332

Whereas, between 1945 and 1961, more than 2,500,000 people, or 15 percent of the total population of the German Democratic Republic (referred to in this preamble as "East Germany"), left the country to pursue economic opportunity and enjoy the benefits of liberty and political freedom in the Federal Republic of Germany (referred to in this preamble as "West Germany") and other countries;

Whereas, at midnight on August 13, 1961, East Germany sealed its border with West Berlin and began construction of a 100-mile barrier that would later include bunkers, watchtowers, searchlights, minefields, barbed wire, concrete walls, and armed guards, to prevent the emigration of the people of East Germany to seek freedom and opportunity elsewhere;

Whereas, during the 28 years the Berlin Wall existed, approximately 5,000 people successfully fled East Germany for West Germany and West Berlin, more than 75,000 people were imprisoned for attempting to leave East Germany, and an estimated 1,200 people were killed trying to escape;

Whereas Presidents John F. Kennedy and Ronald Reagan declared their vision of Berlin as a free city, in the heart of a free Germany;

Whereas Chancellor Willi Brandt of West Germany and others demonstrated great foresight in their pursuit of "Ostpolitik", a policy of engagement that lowered tensions and ultimately helped undermine the authoritarian rule of the wall-builders;

Whereas more than 22,000,000 Americans served in the Cold War, supporting the efforts to bring military, economic, and diplomatic pressure to bear in the defense of Germany and the West, and ultimately helping more than 400,000,000 people gain their freedom from the bondage of communism in the Soviet Bloc;

Whereas the Solidarity Movement in Poland demonstrated that the will of a people united could not be silenced by winning a surprise landslide victory in elections to the Contract Sejm in June 1989;

Whereas, on August 23, 1989, Hungary officially opened the border between Hungary and Austria, resulting in 13,000 refugees from East Germany fleeing into West Germany through Hungary;

Whereas, on September 4, 1989, after prayers for peace in the Nikolai Church, crowds that would eventually number in the hundreds of thousands gathered in Leipzig, East Germany, to repeatedly and peacefully protest the authoritarian regime of East Germany and to demand basic freedoms;

Whereas, in September 1989, thousands of people in East Germany took refuge in the

embassy of West Germany in Prague, Czechoslovakia, in order to emigrate to West Germany and the West;

Whereas, on October 18, 1989, faced with widespread civil unrest and a deteriorating political situation, East German leader Erich Honecker, who had predicted that the Wall "will stand in fifty or a hundred years," resigned;

Whereas, on November 4, 1989, more than 1,000,000 people gathered in Alexanderplatz in East Berlin and 40 other cities and towns in East Germany to demand free elections and basic civil rights, such as freedoms of opinion, movement, press, and assembly;

Whereas, on November 9, 1989, East German politbureau member Günter Schabowski announced that the government would allow "every citizen of the German Democratic Republic to leave the GDR through any of the border crossings," and East German leader Egon Krenz promised "free, general, democratic and secret elections";

Whereas thousands of people in East Berlin immediately flooded the border checkpoints at the Berlin Wall and demanded entry into West Berlin, causing the overwhelmed border guards of East Germany to open the checkpoints to allow people to cross into West Berlin;

Whereas, in the days following the fall of the Berlin Wall, hundreds of thousands of people from East Germany freely crossed the border into West Berlin and West Germany for the first time in more than 28 years;

Whereas the Chancellor of West Germany Helmut Kohl and Foreign Minister Hans Dietrich Genscher managed the political situation and foreign diplomacy with great tact and in close cooperation with Western allies, leading to the peaceful reunification of Germany as a sovereign, democratic state on October 3, 1990;

Whereas, on November 9, 2009, the people of Germany will celebrate on both sides of the Brandenburg Gate the 20th anniversary of the fall of the Berlin Wall with the "Festival of Freedom";

Whereas the fall of the Berlin Wall was one of the milestones of the 20th century, brought about by the actions of many ordinary and some extraordinary people; and

Whereas the fall of the Berlin Wall embodied the end of the division of Europe, the opening of the Iron Curtain, and the triumph of democracy over communism: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the 20th anniversary of the fall of the Berlin Wall;

(2) celebrates 20 years of an undivided Europe, free from the oppression of authoritarianism, with the people of the former communist countries and Western Europe;

(3) honors the service and sacrifice of the people of Germany, the United States, and other countries who served in the Cold War to bring freedom to Central and Eastern Europe;

(4) expresses its appreciation to the people of Germany for their commitment to preserving the dignity and freedom of others in their leadership on international assistance, peacekeeping, and security efforts, including in Afghanistan, Bosnia and Herzegovina, Georgia, Kosovo, Lebanon, Sudan, and off the coast of the Horn of Africa; and

(5) reaffirms the friendship between the Government and people of the United States and the Government and people of Germany.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2721. Mr. CORKER submitted an amendment intended to be proposed by him to the

bill H.R. 3548, to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes; which was ordered to lie on the table.

SA 2722. Mr. JOHANNIS submitted an amendment intended to be proposed by him to the bill H.R. 3548, supra; which was ordered to lie on the table.

SA 2723. Mr. ENZI (for himself and Mrs. HUTCHISON) submitted an amendment intended to be proposed by him to the bill H.R. 3548, supra; which was ordered to lie on the table.

SA 2724. Mr. SCHUMER (for himself and Mr. MENENDEZ) submitted an amendment intended to be proposed by him to the bill H.R. 3548, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 2721. Mr. CORKER submitted an amendment intended to be proposed by him to the bill H.R. 3548, to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ TARP MANAGEMENT IMPROVEMENTS.

(a) SHORT TITLE.—This section may be cited as the "TARP Recipient Ownership Trust Act of 2009".

(b) AUTHORITY OF THE SECRETARY OF THE TREASURY TO DELEGATE TARP ASSET MANAGEMENT.—Section 106(b) of the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5216(b)) is amended by inserting before the period at the end the following: "and the Secretary may delegate such management authority to a private entity established under section 101(c)(4), except as to the supervision of the Secretary, as the Secretary determines appropriate, with respect to the assets of any designated TARP recipient, as required under subsection (c) of the TARP Recipient Ownership Trust Act of 2009".

(c) CONFORMING AMENDMENT.—Section 101(c)(4) of the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5211(c)(4)) is amended by inserting before the period at the end the following: "provided that a TARP Trust established and operated in accordance with subsection (d) of the TARP Recipient Ownership Trust Act of 2009 shall satisfy the requirements of this section."

(d) CREATION OF MANAGEMENT AUTHORITY FOR DESIGNATED TARP RECIPIENTS.—

(1) TRANSFERS TO TARP TRUST.—Notwithstanding any provision of the Emergency Economic Stabilization Act of 2008, or any other provision of law, the Secretary shall transfer all voting, nonvoting, and common equity in any designated TARP recipient to a limited liability company established by the Secretary for such purpose, to be held and managed on behalf of United States taxpayers and to be known as a "TARP Trust".

(2) TRANSFER TIMING.—Transfers under paragraph (1) shall occur not later than 120 days after—

(A) the date of enactment of this Act, with respect to any entity that is a designated TARP recipient on that date of enactment; and

(B) the date on which an entity becomes a designated TARP recipient, with respect to any entity that becomes a designated TARP recipient after that date of enactment.

(3) LIMITATION.—Nothing in this Act may be construed to limit the authority of the

Secretary of the Treasury to sell or dispose of, or enter into contracts, commitments, or arrangements to sell or dispose of, any asset to be transferred to TARP Trust under this subsection during the period beginning on the date of enactment of this Act and ending on the date on which all assets are transferred to a TARP Trust.

(4) APPOINTMENT OF TRUSTEES.—

(A) IN GENERAL.—The President shall appoint 3 trustees, managers, or directors (in this section referred to as "trustees"), to manage the equity held in a TARP Trust.

(B) CRITERIA.—A trustee appointed under this subsection—

(i) may not be an elected or appointed Government official;

(ii) may not be an employee, director, or officer of any designated TARP recipient or have any financial interest in any designated TARP recipient that is material, in accordance with the regulations or guidelines of the Secretary issued under this section;

(iii) may be removed by the Secretary for cause; and

(iv) shall be paid at a rate equal to the rate payable for positions at level III of the Executive Schedule under section 5311 of title 5, United States Code.

(C) INDEMNIFICATION.—The TARP Trust shall indemnify the trustees, and the trustees shall be held harmless, with respect to any claim made by a third party arising out of the actions of the trustees, to the extent that such actions were taken in the normal course of the duties of the trustees, and were taken in good faith in the fulfillment of the fiduciary duty of the trustees.

(5) DUTIES OF TRUST.—Consistent with the goal of protecting the interests and investment of the United States taxpayer, with the purpose of maintaining economic stability and maximizing the return on investment to the taxpayer in a reasonable period of time, the trustees of the TARP Trust shall—

(A) exercise the voting rights of any shares held by the TARP Trust, in accordance with the voting principles;

(B) not participate in the day-to-day management of any designated TARP recipient;

(C) develop and implement a plan of disposition;

(D) develop an annual operating budget for its operations, which shall be subject to the approval of the Secretary, and conduct the operations of the TARP Trust in accordance with that budget;

(E) provide for an accounting of the books and records of the TARP Trust that is audited on an annual basis, as well as monthly unaudited accounting and reporting, and such other reports as the Secretary shall require;

(F) hire such employees, advisors, and agents as may be required, define their duties, and determine their compensation, without regard to the provisions of title 5, United States Code, or other laws related to the appointment, compensation, or termination of Federal employees;

(G) enter into such contracts as may be required, including contracts for services authorized by section 3109 of title 5, United States Code, without regard to any other provision of law regarding public contracts;

(H) comply with standards and practices of the Secretary with respect to custody of assets, cash management services, and related activities including depositing the net cash proceeds of any disposition of assets in an account established by the Secretary pursuant to the Emergency Economic Stabilization Act of 2008; and

(I) comply with the requirements of the Federal Credit Reform Act of 1990 (2 U.S.C. 661 et seq.) and the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5221 et

seq.) with respect to budgeting, accounting, and financial reporting.

(6) LIQUIDATION.—

(A) IN GENERAL.—The trustees shall liquidate a TARP Trust, including the assets held by such trust, not later than December 24, 2011, unless—

(i) the trustees submit a report to the Congress that liquidation would not maintain financial stability or maximize the return on investment to the taxpayer; and

(ii) not later than 15 calendar days after the date on which the Congress receives such report, there is not enacted into law a joint resolution disapproving the extension, as described in subparagraph (B).

(B) CONTENTS OF JOINT RESOLUTION.—For purposes of this paragraph, the term “joint resolution” means only a joint resolution—

(i) that is introduced not later than 3 calendar days after the date on which the report referred to in subparagraph (A)(i) is received by the Congress;

(ii) which does not have a preamble;

(iii) the title of which is as follows: “Joint resolution relating to the disapproval of the extension of a TARP Trust”; and

(iv) the matter after the resolving clause of which is as follows: “That Congress disapproves the extension of a TARP Trust established under the TARP Recipient Ownership Trust Act of 2009.”

(C) FAST TRACK CONSIDERATION IN HOUSE OF REPRESENTATIVES.—

(i) RECONVENING.—Upon receipt of a report under subparagraph (A)(i), the Speaker, if the House would otherwise be adjourned, shall notify the Members of the House that, pursuant to this paragraph, the House shall convene not later than the second calendar day after the date of receipt of such report.

(ii) REPORTING AND DISCHARGE.—Any committee of the House of Representatives to which a joint resolution is referred shall report it to the House not later than 5 calendar days after the date of receipt of the report described in subparagraph (A)(i). If a committee fails to report the joint resolution within that period, the committee shall be discharged from further consideration of the joint resolution and the joint resolution shall be referred to the appropriate calendar.

(iii) PROCEEDING TO CONSIDERATION.—After each committee authorized to consider a joint resolution reports it to the House or has been discharged from its consideration, it shall be in order, not later than the sixth day after Congress receives the report described in subparagraph (A)(i), to move to proceed to consider the joint resolution in the House. All points of order against the motion are waived. Such a motion shall not be in order after the House has disposed of a motion to proceed on the joint resolution. The previous question shall be considered as ordered on the motion to its adoption without intervening motion. The motion shall not be debatable. A motion to reconsider the vote by which the motion is disposed of shall not be in order.

(iv) CONSIDERATION.—The joint resolution shall be considered as read. All points of order against the joint resolution and against its consideration are waived. The previous question shall be considered as ordered on the joint resolution to its passage without intervening motion except two hours of debate equally divided and controlled by the proponent and an opponent. A motion to reconsider the vote on passage of the joint resolution shall not be in order.

(D) FAST TRACK CONSIDERATION IN SENATE.—

(i) RECONVENING.—Upon receipt of a report under subparagraph (A)(i), if the Senate has adjourned or recessed for more than 2 days, the majority leader of the Senate, after consultation with the minority leader of the Senate, shall notify the Members of the Sen-

ate that, pursuant to this paragraph, the Senate shall convene not later than the second calendar day after receipt of such message.

(ii) PLACEMENT ON CALENDAR.—Upon introduction in the Senate, the joint resolution shall be placed immediately on the calendar.

(iii) FLOOR CONSIDERATION.—

(I) IN GENERAL.—Notwithstanding Rule XXII of the Standing Rules of the Senate, it is in order at any time during the period beginning on the 4th day after the date on which Congress receives a report of the plan of the Secretary described in subparagraph (A)(i) and ending on the 6th day after the date on which Congress receives a report of the plan of the Secretary described in subparagraph (A)(i) (even though a previous motion to the same effect has been disagreed to) to move to proceed to the consideration of the joint resolution, and all points of order against the joint resolution (and against consideration of the joint resolution) are waived. The motion to proceed is not debatable. The motion is not subject to a motion to postpone. A motion to reconsider the vote by which the motion is agreed to or disagreed to shall not be in order. If a motion to proceed to the consideration of the resolution is agreed to, the joint resolution shall remain the unfinished business until disposed of.

(II) DEBATE.—Debate on the joint resolution, and on all debatable motions and appeals in connection therewith, shall be limited to not more than 10 hours, which shall be divided equally between the majority and minority leaders or their designees. A motion further to limit debate is in order and not debatable. An amendment to, or a motion to postpone, or a motion to proceed to the consideration of other business, or a motion to recommit the joint resolution is not in order.

(III) VOTE ON PASSAGE.—The vote on passage shall occur immediately following the conclusion of the debate on a joint resolution, and a single quorum call at the conclusion of the debate if requested in accordance with the rules of the Senate.

(IV) RULINGS OF THE CHAIR ON PROCEDURE.—Appeals from the decisions of the Chair relating to the application of the rules of the Senate, as the case may be, to the procedure relating to a joint resolution shall be decided without debate.

(E) RULES RELATING TO SENATE AND HOUSE OF REPRESENTATIVES.—

(i) COORDINATION WITH ACTION BY OTHER HOUSE.—If, before the passage by one House of a joint resolution of that House, that House receives from the other House a joint resolution, then the following procedures shall apply:

(I) The joint resolution of the other House shall not be referred to a committee.

(II) With respect to a joint resolution of the House receiving the resolution—

(aa) the procedure in that House shall be the same as if no joint resolution had been received from the other House; but

(bb) the vote on passage shall be on the joint resolution of the other House.

(ii) TREATMENT OF JOINT RESOLUTION OF OTHER HOUSE.—If one House fails to introduce or consider a joint resolution under this paragraph, the joint resolution of the other House shall be entitled to expedited floor procedures under this paragraph.

(iii) TREATMENT OF COMPANION MEASURES.—If, following passage of the joint resolution in the Senate, the Senate then receives the companion measure from the House of Representatives, the companion measure shall not be debatable.

(iv) CONSIDERATION AFTER PASSAGE.—

(I) IN GENERAL.—If Congress passes a joint resolution, the period beginning on the date

the President is presented with the joint resolution and ending on the date the President takes action with respect to the joint resolution shall be disregarded in computing the 15-calendar day period described in subparagraph (A)(i).

(II) VETOES.—If the President vetoes the joint resolution—

(aa) the period beginning on the date the President vetoes the joint resolution and ending on the date the Congress receives the veto message with respect to the joint resolution shall be disregarded in computing the 15-calendar day period described in subparagraph (A)(i); and

(bb) debate on a veto message in the Senate under this paragraph shall be 1 hour equally divided between the majority and minority leaders or their designees.

(V) RULES OF HOUSE OF REPRESENTATIVES AND SENATE.—This subparagraph, and subparagraphs (B), (C), and (D) are enacted by Congress—

(I) as an exercise of the rulemaking power of the Senate and House of Representatives, respectively, and as such it is deemed a part of the rules of each House, respectively, but applicable only with respect to the procedure to be followed in that House in the case of a joint resolution, and it supersedes other rules only to the extent that it is inconsistent with such rules; and

(II) with full recognition of the constitutional right of either House to change the rules (so far as relating to the procedure of that House) at any time, in the same manner, and to the same extent as in the case of any other rule of that House.

(7) REPORTING.—The trustees of any TARP Trust shall provide reports to the Secretary, with respect to the assets of any such trust and their operations, as the Secretary may request, and shall provide reports to Congress that are similar to the reports that the Secretary would be required to provide under the Emergency Economic Stabilization Act of 2008.

(8) OVERSIGHT AND AUDIT.—A TARP Trust established in accordance with this section shall be subject to audit and oversight, to the same extent and in the same manner as provided under sections 104, 116, 121, and 125 of the Emergency Economic Stabilization Act of 2008, with respect to the TARP generally.

(9) CONFLICTS.—The Secretary shall issue regulations or guidelines necessary to address and manage or to prohibit conflicts of interest that may arise in connection with the administration and execution of the authorities provided under this section and the operations of any TARP Trust, as soon as practicable after the date of enactment of this Act.

(10) FUNDING.—The operating expenses of each TARP Trust shall be administrative expenses payable under section 118 of the Emergency Economic Stabilization Act of 2008, until such time as the TARP Trust generates sufficient income to support the expenses, as approved by the Secretary as part of the annual operating budget of the TARP Trust.

(e) DEFINITIONS.—As used in this section—

(1) the term “designated TARP recipient” means any entity that has received, or receives, financial assistance under the Troubled Asset Relief Program or any other provision of the Emergency Economic Stabilization Act of 2008 (Public Law 110-343), such that the Department of the Treasury holds or controls, as of the date of enactment of this Act, or will hold or control at a future date, not less than a 10 percent ownership stake in the outstanding equity that ordinarily votes in the election of directors (except that warrants to acquire voting equity shall not be included in such determination,

unless and until exercised) in the company as a result of such assistance, other than any investment fund created under the Public Private Investment Partnership Program under TARP or any other special purpose vehicle that was created in connection with purchasing or insuring troubled assets, except that stock held in a trust of which the trustees were appointed by the Federal Reserve Bank of New York shall not be deemed held or controlled by the Department of the Treasury for purposes of this section;

(2) the term "Secretary" means the Secretary of the Treasury or the designee of the Secretary;

(3) the terms "director", "issuer", "securities", and "securities laws" have the same meanings as in section 3 of the Securities Exchange Act of 1934 (15 U.S.C. 78c);

(4) the term "plan of disposition" with respect to any TARP Trust, means a plan to dispose of the assets of such trust in a timely and orderly manner and in a manner that is consistent with the duties of the TARP Trust; and

(5) the term "Voting Principles" means, with respect to any voting rights of equity shares in any designated TARP recipient, that the trustees shall—

(A) exercise such voting rights on—

(i) the membership of the board of directors (or similar governing body) of the company;

(ii) amendments to the corporate charter or bylaws (or similar operating document) of the company;

(iii) mergers, liquidations, substantial asset sales, and other major corporate transactions involving the company; and

(iv) the issuance of securities on which shareholders are entitled to vote; and

(B) vote on any other issue proportionally with the other shareholders of the company.

(f) OVERSIGHT OF TRUSTEES.—Section 121 of the Emergency Economic Stability Act of 2008 (12 U.S.C. 5231) is amended—

(1) by redesignating subsection (k) as subsection (l); and

(2) by inserting after subsection (j) the following:

"(k) OVERSIGHT OF TRUSTEES.—Notwithstanding any other provision of law, and in addition to the authorities set forth in this Act, the Special Inspector General may audit, investigate, and conduct other oversight activities of the operations of any TARP Trust established or trustee appointed in connection with the Federal Government equity or other ownership interest in any institution that has received financial assistance pursuant to section 101(c)(4)."

SA 2722. Mr. JOHANNIS submitted an amendment intended to be proposed by him to the bill H.R. 3548, to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes; which was ordered to lie on the table; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Worker, Homeownership, and Business Assistance Act of 2009".

SEC. 2. REVISIONS TO SECOND-TIER BENEFITS.

(a) IN GENERAL.—Section 4002(c) of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by striking "If" and all that follows through "paragraph (2))" and inserting "At

the time that the amount established in an individual's account under subsection (b)(1) is exhausted";

(B) in subparagraph (A), by striking "50 percent" and inserting "54 percent"; and

(C) in subparagraph (B), by striking "13" and inserting "14";

(2) by striking paragraph (2); and

(3) by redesignating paragraph (3) as paragraph (2).

(b) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of the Supplemental Appropriations Act, 2008, except that no amount shall be payable by virtue of such amendments with respect to any week of unemployment commencing before the date of the enactment of this Act.

SEC. 3. THIRD-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.

(a) IN GENERAL.—Section 4002 of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended by adding at the end the following new subsection:

"(d) THIRD-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.—

"(1) IN GENERAL.—If, at the time that the amount added to an individual's account under subsection (c)(1) (hereinafter 'second-tier emergency unemployment compensation') is exhausted or at any time thereafter, such individual's State is in an extended benefit period (as determined under paragraph (2)), such account shall be further augmented by an amount (hereinafter 'third-tier emergency unemployment compensation') equal to the lesser of—

"(A) 50 percent of the total amount of regular compensation (including dependents' allowances) payable to the individual during the individual's benefit year under the State law; or

"(B) 13 times the individual's average weekly benefit amount (as determined under subsection (b)(2)) for the benefit year.

"(2) EXTENDED BENEFIT PERIOD.—For purposes of paragraph (1), a State shall be considered to be in an extended benefit period, as of any given time, if—

"(A) such a period would then be in effect for such State under such Act if section 203(d) of such Act—

"(i) were applied by substituting '4' for '5' each place it appears; and

"(ii) did not include the requirement under paragraph (1)(A) thereof; or

"(B) such a period would then be in effect for such State under such Act if—

"(i) section 203(f) of such Act were applied to such State (regardless of whether the State by law had provided for such application); and

"(ii) such section 203(f)—

"(I) were applied by substituting '6.0' for '6.5' in paragraph (1)(A)(i) thereof; and

"(II) did not include the requirement under paragraph (1)(A)(ii) thereof.

"(3) LIMITATION.—The account of an individual may be augmented not more than once under this subsection."

(b) CONFORMING AMENDMENT TO NON-AUGMENTATION RULE.—Section 4007(b)(2) of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended—

(1) by striking "then section 4002(c)" and inserting "then subsections (c) and (d) of section 4002"; and

(2) by striking "paragraph (2) of such subsection (c) or (d) (as the case may be))".

(c) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of the Supplemental Appropriations Act, 2008, except that no amount shall be payable by virtue of such amendments with respect to any week of un-

employment commencing before the date of the enactment of this Act.

SEC. 4. FOURTH-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.

(a) IN GENERAL.—Section 4002 of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note), as amended by section 3(a), is amended by adding at the end the following new subsection:

"(e) FOURTH-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.—

"(1) IN GENERAL.—If, at the time that the amount added to an individual's account under subsection (d)(1) (third-tier emergency unemployment compensation) is exhausted or at any time thereafter, such individual's State is in an extended benefit period (as determined under paragraph (2)), such account shall be further augmented by an amount (hereinafter 'fourth-tier emergency unemployment compensation') equal to the lesser of—

"(A) 24 percent of the total amount of regular compensation (including dependents' allowances) payable to the individual during the individual's benefit year under the State law; or

"(B) 6 times the individual's average weekly benefit amount (as determined under subsection (b)(2)) for the benefit year.

"(2) EXTENDED BENEFIT PERIOD.—For purposes of paragraph (1), a State shall be considered to be in an extended benefit period, as of any given time, if—

"(A) such a period would then be in effect for such State under such Act if section 203(d) of such Act—

"(i) were applied by substituting '6' for '5' each place it appears; and

"(ii) did not include the requirement under paragraph (1)(A) thereof; or

"(B) such a period would then be in effect for such State under such Act if—

"(i) section 203(f) of such Act were applied to such State (regardless of whether the State by law had provided for such application); and

"(ii) such section 203(f)—

"(I) were applied by substituting '8.5' for '6.5' in paragraph (1)(A)(i) thereof; and

"(II) did not include the requirement under paragraph (1)(A)(ii) thereof.

"(3) LIMITATION.—The account of an individual may be augmented not more than once under this subsection."

(b) CONFORMING AMENDMENT TO NON-AUGMENTATION RULE.—Section 4007(b)(2) of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note), as amended by section 3(b), is amended—

(1) by striking "and (d)" and inserting " , (d), and (e) of section 4002"; and

(2) by striking "or (d)" and inserting " , (d), or (e) (as the case may be))".

(c) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of the Supplemental Appropriations Act, 2008, except that no amount shall be payable by virtue of such amendments with respect to any week of unemployment commencing before the date of the enactment of this Act.

SEC. 5. COORDINATION.

Section 4002 of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note), as amended by section 4, is amended by adding at the end the following new subsection:

"(f) COORDINATION RULES.—

"(1) COORDINATION WITH EXTENDED COMPENSATION.—Notwithstanding an election under section 4001(e) by a State to provide for the payment of emergency unemployment compensation prior to extended compensation, such State may pay extended compensation to an otherwise eligible individual prior to any emergency unemployment compensation under subsection (c), (d),

or (e) (by reason of the amendments made by sections 2, 3, and 4 of the Worker, Homeownership, and Business Assistance Act of 2009), if such individual claimed extended compensation for at least 1 week of unemployment after the exhaustion of emergency unemployment compensation under subsection (b) (as such subsection was in effect on the day before the date of the enactment of this subsection).

“(2) COORDINATION WITH TIERS II, III, AND IV.—If a State determines that implementation of the increased entitlement to second-tier emergency unemployment compensation by reason of the amendments made by section 2 of the Worker, Homeownership, and Business Assistance Act of 2009 would unduly delay the prompt payment of emergency unemployment compensation under this title by reason of the amendments made by such Act, such State may elect to pay third-tier emergency unemployment compensation prior to the payment of such increased second-tier emergency unemployment compensation until such time as such State determines that such increased second-tier emergency unemployment compensation may be paid without such undue delay. If a State makes the election under the preceding sentence, then, for purposes of determining whether an account may be augmented for fourth-tier emergency unemployment compensation under subsection (e), such State shall treat the date of exhaustion of such increased second-tier emergency unemployment compensation as the date of exhaustion of third-tier emergency unemployment compensation, if such date is later than the date of exhaustion of the third-tier emergency unemployment compensation.”.

SEC. 6. TRANSFER OF FUNDS.

Section 4004(e)(1) of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended by striking “Act;” and inserting “Act and sections 2, 3, and 4 of the Worker, Homeownership, and Business Assistance Act of 2009;”.

SEC. 7. EXPANSION OF MODERNIZATION GRANTS FOR UNEMPLOYMENT RESULTING FROM COMPELLING FAMILY REASON.

(a) IN GENERAL.—Clause (i) of section 903(f)(3)(B) of the Social Security Act (42 U.S.C. 1103(f)(3)(B)) is amended to read as follows:

“(i) One or both of the following offenses as selected by the State, but in making such selection, the resulting change in the State law shall not supercede any other provision of law relating to unemployment insurance to the extent that such other provision provides broader access to unemployment benefits for victims of such selected offense or offenses:

“(I) Domestic violence, verified by such reasonable and confidential documentation as the State law may require, which causes the individual reasonably to believe that such individual’s continued employment would jeopardize the safety of the individual or of any member of the individual’s immediate family (as defined by the Secretary of Labor); and

“(II) Sexual assault, verified by such reasonable and confidential documentation as the State law may require, which causes the individual reasonably to believe that such individual’s continued employment would jeopardize the safety of the individual or of any member of the individual’s immediate family (as defined by the Secretary of Labor).”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to State applications submitted on and after January 1, 2010.

SEC. 8. TREATMENT OF ADDITIONAL REGULAR COMPENSATION.

The monthly equivalent of any additional compensation paid by reason of section 2002 of the Assistance for Unemployed Workers and Struggling Families Act, as contained in Public Law 111-5 (26 U.S.C. 3304 note; 123 Stat. 438) shall be disregarded after the date of the enactment of this Act in considering the amount of income and assets of an individual for purposes of determining such individual’s eligibility for, or amount of, benefits under the Supplemental Nutrition Assistance Program (SNAP).

SEC. 9. ADDITIONAL EXTENDED UNEMPLOYMENT BENEFITS UNDER THE RAILROAD UNEMPLOYMENT INSURANCE ACT.

(a) BENEFITS.—Section 2(c)(2)(D) of the Railroad Unemployment Insurance Act, as added by section 2006 of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), is amended—

(1) in clause (iii)—

(A) by striking “June 30, 2009” and inserting “June 30, 2010”; and

(B) by striking “December 31, 2009” and inserting “December 31, 2010”; and

(2) by adding at the end of clause (iv) the following: “In addition to the amount appropriated by the preceding sentence, out of any funds in the Treasury not otherwise appropriated, there are appropriated \$175,000,000 to cover the cost of additional extended unemployment benefits provided under this subparagraph, to remain available until expended.”.

(b) ADMINISTRATIVE EXPENSES.—Section 2006 of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 445) is amended by adding at the end of subsection (b) the following: “In addition to funds appropriated by the preceding sentence, out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Railroad Retirement Board \$807,000 to cover the administrative expenses associated with the payment of additional extended unemployment benefits under section 2(c)(2)(D) of the Railroad Unemployment Insurance Act, to remain available until expended.”.

SEC. 10. USE OF STIMULUS FUNDS TO OFFSET COSTS OF PROGRAM CHANGES.

Notwithstanding section 5 of the American Recovery and Reinvestment Act of 2009 (Pub. Law 111-5), from the amounts appropriated or made available and remaining unobligated under Division A of such Act (other than under title X of such Division A), there is hereby rescinded a total of \$9,110,000,000. The Director of the Office of Management and Budget shall determine how to apply the rescission to which accounts and in what amounts. Not later than 30 days after the date of the enactment of this Act, the Director of the Office of Management and Budget shall report to each congressional committee the amounts so rescinded within the jurisdiction of such committee.

SEC. 11. EXTENSION AND MODIFICATION OF FIRST-TIME HOMEBUYER TAX CREDIT.

(a) EXTENSION OF APPLICATION PERIOD.—

(1) IN GENERAL.—Subsection (h) of section 36 of the Internal Revenue Code of 1986 is amended—

(A) by striking “December 1, 2009” and inserting “May 1, 2010”;

(B) by striking “SECTION.—This section” and inserting “SECTION.—

“(1) IN GENERAL.—This section”, and

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

“(2) EXCEPTION IN CASE OF BINDING CONTRACT.—In the case of any taxpayer who enters into a written binding contract before May 1, 2010, to close on the purchase of a principal residence before July 1, 2010, para-

graph (1) shall be applied by substituting ‘July 1, 2010’ for ‘May 1, 2010’.”.

(2) WAIVER OF RECAPTURE.—

(A) IN GENERAL.—Subparagraph (D) of section 36(f)(4) of such Code is amended by striking “, and before December 1, 2009”.

(B) CONFORMING AMENDMENT.—The heading of such subparagraph (D) is amended by inserting “AND 2010” after “2009”.

(3) ELECTION TO TREAT PURCHASE IN PRIOR YEAR.—Subsection (g) of section 36 of such Code is amended to read as follows:

“(g) ELECTION TO TREAT PURCHASE IN PRIOR YEAR.—In the case of a purchase of a principal residence after December 31, 2008, a taxpayer may elect to treat such purchase as made on December 31 of the calendar year preceding such purchase for purposes of this section (other than subsections (c), (f)(4)(D), and (h)).”.

(b) SPECIAL RULE FOR LONG-TIME RESIDENTS OF SAME PRINCIPAL RESIDENCE.—Subsection (c) of section 36 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(6) EXCEPTION FOR LONG-TIME RESIDENTS OF SAME PRINCIPAL RESIDENCE.—In the case of an individual (and, if married, such individual’s spouse) who has owned and used the same residence as such individual’s principal residence for any 5-consecutive-year period during the 8-year period ending on the date of the purchase of a subsequent principal residence, such individual shall be treated as a first-time homebuyer for purposes of this section with respect to the purchase of such subsequent residence.”.

(c) MODIFICATION OF DOLLAR AND INCOME LIMITATIONS.—

(1) DOLLAR LIMITATION.—Subsection (b)(1) of section 36 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(D) SPECIAL RULE FOR LONG-TIME RESIDENTS OF SAME PRINCIPAL RESIDENCE.—In the case of a taxpayer to whom a credit under subsection (a) is allowed by reason of subsection (c)(6), subparagraphs (A), (B), and (C) shall be applied by substituting ‘\$6,500’ for ‘\$8,000’ and ‘\$3,250’ for ‘\$4,000’.”.

(2) INCOME LIMITATION.—Subsection (b)(2)(A)(i)(II) of section 36 of such Code is amended by striking “\$75,000 (\$150,000)” and inserting “\$125,000 (\$225,000)”.

(d) LIMITATION ON PURCHASE PRICE OF RESIDENCE.—Subsection (b) of section 36 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(3) LIMITATION BASED ON PURCHASE PRICE.—No credit shall be allowed under subsection (a) for the purchase of any residence if the purchase price of such residence exceeds \$800,000.”.

(e) WAIVER OF RECAPTURE OF FIRST-TIME HOMEBUYER CREDIT FOR INDIVIDUALS ON QUALIFIED OFFICIAL EXTENDED DUTY.—Paragraph (4) of section 36(f) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(E) SPECIAL RULE FOR MEMBERS OF THE ARMED FORCES, ETC.—

“(i) IN GENERAL.—In the case of the disposition of a principal residence by an individual (or a cessation referred to in paragraph (2)) after December 31, 2008, in connection with Government orders received by such individual, or such individual’s spouse, for qualified official extended duty service—

“(I) paragraph (2) and subsection (d)(2) shall not apply to such disposition (or cessation), and

“(II) if such residence was acquired before January 1, 2009, paragraph (1) shall not apply to the taxable year in which such disposition (or cessation) occurs or any subsequent taxable year.

“(ii) QUALIFIED OFFICIAL EXTENDED DUTY SERVICE.—For purposes of this section, the

term ‘qualified official extended duty service’ means service on qualified official extended duty as—

- “(I) a member of the uniformed services,
- “(II) a member of the Foreign Service of the United States, or
- “(III) an employee of the intelligence community.

“(iii) DEFINITIONS.—Any term used in this subparagraph which is also used in paragraph (9) of section 121(d) shall have the same meaning as when used in such paragraph.”.

(f) EXTENSION OF FIRST-TIME HOMEBUYER CREDIT FOR INDIVIDUALS ON QUALIFIED OFFICIAL EXTENDED DUTY OUTSIDE THE UNITED STATES.—

(1) IN GENERAL.—Subsection (h) of section 36 of the Internal Revenue Code of 1986, as amended by subsection (a), is amended by adding at the end the following:

“(3) SPECIAL RULE FOR INDIVIDUALS ON QUALIFIED OFFICIAL EXTENDED DUTY OUTSIDE THE UNITED STATES.—In the case of any individual who serves on qualified official extended duty service (as defined in section 121(d)(9)(C)(i)) outside the United States for at least 90 days during the period beginning after December 31, 2008, and ending before May 1, 2010, and, if married, such individual’s spouse—

“(A) paragraphs (1) and (2) shall each be applied by substituting ‘May 1, 2011’ for ‘May 1, 2010’, and

“(B) paragraph (2) shall be applied by substituting ‘July 1, 2011’ for ‘July 1, 2010’.”.

(g) DEPENDENTS INELIGIBLE FOR CREDIT.—Subsection (d) of section 36 of the Internal Revenue Code of 1986 is amended by striking “or” at the end of paragraph (1), by striking the period at the end of paragraph (2) and inserting “, or”, and by adding at the end the following new paragraph:

“(3) a deduction under section 151 with respect to such taxpayer is allowable to another taxpayer for such taxable year.”.

(h) IRS MATHEMATICAL ERROR AUTHORITY.—Paragraph (2) of section 6213(g) of the Internal Revenue Code of 1986 is amended—

(1) by striking “and” at the end of subparagraph (M),

(2) by striking the period at the end of subparagraph (N) and inserting “, and”, and

(3) by inserting after subparagraph (N) the following new subparagraph:

“(O) an omission of any increase required under section 36(f) with respect to the recapture of a credit allowed under section 36.”.

(i) COORDINATION WITH FIRST-TIME HOMEBUYER CREDIT FOR DISTRICT OF COLUMBIA.—Paragraph (4) of section 1400C(e) of the Internal Revenue Code of 1986 is amended by striking “and before December 1, 2009.”.

(j) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by subsections (b), (c), (d), and (g) shall apply to residences purchased after the date of the enactment of this Act.

(2) EXTENSIONS.—The amendments made by subsections (a), (f), and (i) shall apply to residences purchased after November 30, 2009.

(3) WAIVER OF RECAPTURE.—The amendment made by subsection (e) shall apply to dispositions and cessations after December 31, 2008.

(4) MATHEMATICAL ERROR AUTHORITY.—The amendments made by subsection (h) shall apply to returns for taxable years ending on or after April 9, 2008.

SEC. 12. PROVISIONS TO ENHANCE THE ADMINISTRATION OF THE FIRST-TIME HOMEBUYER TAX CREDIT.

(a) AGE LIMITATION.—

(1) IN GENERAL.—Subsection (b) of section 36 of the Internal Revenue Code of 1986, as amended by this Act, is amended by adding at the end the following new paragraph:

“(4) AGE LIMITATION.—No credit shall be allowed under subsection (a) with respect to

the purchase of any residence unless the taxpayer has attained age 18 as of the date of such purchase. In the case of any taxpayer who is married (within the meaning of section 7703), the taxpayer shall be treated as meeting the age requirement of the preceding sentence if the taxpayer or the taxpayer’s spouse meets such age requirement.”.

(2) CONFORMING AMENDMENT.—Subsection (g) of section 36 of such Code, as amended by this Act, is amended by inserting “(b)(4),” before “(c)”.

(b) DOCUMENTATION REQUIREMENT.—Subsection (d) of section 36 of the Internal Revenue Code of 1986, as amended by this Act, is amended by striking “or” at the end of paragraph (2), by striking the period at the end of paragraph (3) and inserting “, or”, and by adding at the end the following new paragraph:

“(4) the taxpayer fails to attach to the return of tax for such taxable year a properly executed copy of the settlement statement used to complete such purchase.”.

(c) RESTRICTION ON MARRIED INDIVIDUAL ACQUIRING RESIDENCE FROM FAMILY OF SPOUSE.—Clause (i) of section 36(c)(3)(A) of the Internal Revenue Code of 1986 is amended by inserting “(or, if married, such individual’s spouse)” after “person acquiring such property”.

(d) CERTAIN ERRORS WITH RESPECT TO THE FIRST-TIME HOMEBUYER TAX CREDIT TREATED AS MATHEMATICAL OR CLERICAL ERRORS.—Paragraph (2) of section 6213(g) of the Internal Revenue Code of 1986, as amended by this Act, is amended by striking “and” at the end of subparagraph (N), by striking the period at the end of subparagraph (O) and inserting “, and”, and by inserting after subparagraph (O) the following new subparagraph:

“(P) an entry on a return claiming the credit under section 36 if—

“(i) the Secretary obtains information from the person issuing the TIN of the taxpayer that indicates that the taxpayer does not meet the age requirement of section 36(b)(4),

“(ii) information provided to the Secretary by the taxpayer on an income tax return for at least one of the 2 preceding taxable years is inconsistent with eligibility for such credit, or

“(iii) the taxpayer fails to attach to the return the form described in section 36(d)(4).”.

(e) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply to purchases after the date of the enactment of this Act.

(2) DOCUMENTATION REQUIREMENT.—The amendments made by subsection (b) shall apply to returns for taxable years ending after the date of the enactment of this Act.

(3) TREATMENT AS MATHEMATICAL AND CLERICAL ERRORS.—The amendments made by subsection (d) shall apply to returns for taxable years ending on or after April 9, 2008.

SEC. 13. 5-YEAR CARRYBACK OF OPERATING LOSSES.

(a) IN GENERAL.—Subparagraph (H) of section 172(b)(1) of the Internal Revenue Code of 1986 is amended to read as follows:

“(H) CARRYBACK FOR 2008 OR 2009 NET OPERATING LOSSES.—

“(i) IN GENERAL.—In the case of an applicable net operating loss with respect to which the taxpayer has elected the application of this subparagraph—

“(I) subparagraph (A)(i) shall be applied by substituting any whole number elected by the taxpayer which is more than 2 and less than 6 for ‘2’,

“(II) subparagraph (E)(ii) shall be applied by substituting the whole number which is one less than the whole number substituted under subclause (I) for ‘2’, and

“(III) subparagraph (F) shall not apply.

“(ii) APPLICABLE NET OPERATING LOSS.—For purposes of this subparagraph, the term ‘applicable net operating loss’ means the taxpayer’s net operating loss for a taxable year ending after December 31, 2007, and beginning before January 1, 2010.

“(iii) ELECTION.—

“(I) IN GENERAL.—Any election under this subparagraph may be made only with respect to 1 taxable year.

“(II) PROCEDURE.—Any election under this subparagraph shall be made in such manner as may be prescribed by the Secretary, and shall be made by the due date (including extension of time) for filing the return for the taxpayer’s last taxable year beginning in 2009. Any such election, once made, shall be irrevocable.

“(iv) LIMITATION ON AMOUNT OF LOSS CARRYBACK TO 5TH PRECEDING TAXABLE YEAR.—

“(I) IN GENERAL.—The amount of any net operating loss which may be carried back to the 5th taxable year preceding the taxable year of such loss under clause (i) shall not exceed 50 percent of the taxpayer’s taxable income (computed without regard to the net operating loss for the loss year or any taxable year thereafter) for such preceding taxable year.

“(II) CARRYBACKS AND CARRYOVERS TO OTHER TAXABLE YEARS.—Appropriate adjustments in the application of the second sentence of paragraph (2) shall be made to take into account the limitation of subclause (I).

“(III) EXCEPTION FOR 2008 ELECTIONS BY SMALL BUSINESSES.—Subclause (I) shall not apply to any loss of an eligible small business with respect to any election made under this subparagraph as in effect on the day before the date of the enactment of the Worker, Homeownership, and Business Assistance Act of 2009.

“(v) SPECIAL RULES FOR SMALL BUSINESS.—

“(I) IN GENERAL.—In the case of an eligible small business which made or makes an election under this subparagraph as in effect on the day before the date of the enactment of the Worker, Homeownership, and Business Assistance Act of 2009, clause (iii)(I) shall be applied by substituting ‘2 taxable years’ for ‘1 taxable year’.

“(II) ELIGIBLE SMALL BUSINESS.—For purposes of this subparagraph, the term ‘eligible small business’ has the meaning given such term by subparagraph (F)(iii), except that in applying such subparagraph, section 448(c) shall be applied by substituting ‘\$15,000,000’ for ‘\$5,000,000’ each place it appears.”.

(b) ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION.—Subclause (I) of section 56(d)(1)(A)(ii) of the Internal Revenue Code of 1986 is amended to read as follows:

“(I) the amount of such deduction attributable to an applicable net operating loss with respect to which an election is made under section 172(b)(1)(H), or”.

(c) LOSS FROM OPERATIONS OF LIFE INSURANCE COMPANIES.—Subsection (b) of section 810 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(4) CARRYBACK FOR 2008 OR 2009 LOSSES.—

“(A) IN GENERAL.—In the case of an applicable loss from operations with respect to which the taxpayer has elected the application of this paragraph, paragraph (1)(A) shall be applied by substituting any whole number elected by the taxpayer which is more than 3 and less than 6 for ‘3’.

“(B) APPLICABLE LOSS FROM OPERATIONS.—For purposes of this paragraph, the term ‘applicable loss from operations’ means the taxpayer’s loss from operations for a taxable year ending after December 31, 2007, and beginning before January 1, 2010.

“(C) ELECTION.—

“(i) IN GENERAL.—Any election under this paragraph may be made only with respect to 1 taxable year.

“(ii) PROCEDURE.—Any election under this paragraph shall be made in such manner as may be prescribed by the Secretary, and shall be made by the due date (including extension of time) for filing the return for the taxpayer's last taxable year beginning in 2009. Any such election, once made, shall be irrevocable.

“(D) LIMITATION ON AMOUNT OF LOSS CARRYBACK TO 5TH PRECEDING TAXABLE YEAR.—

“(i) IN GENERAL.—The amount of any loss from operations which may be carried back to the 5th taxable year preceding the taxable year of such loss under subparagraph (A) shall not exceed 50 percent of the taxpayer's taxable income (computed without regard to the loss from operations for the loss year or any taxable year thereafter) for such preceding taxable year.

“(ii) CARRYBACKS AND CARRYOVERS TO OTHER TAXABLE YEARS.—Appropriate adjustments in the application of the second sentence of paragraph (2) shall be made to take into account the limitation of clause (i).”.

(d) ANTI-ABUSE RULES.—The Secretary of the Treasury or the Secretary's designee shall prescribe such rules as are necessary to prevent the abuse of the purposes of the amendments made by this section, including anti-stuffing rules, anti-churning rules (including rules relating to sale-leasebacks), and rules similar to the rules under section 1091 of the Internal Revenue Code of 1986 relating to losses from wash sales.

(e) EFFECTIVE DATES.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply to net operating losses arising in taxable years ending after December 31, 2007.

(2) ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION.—The amendment made by subsection (b) shall apply to taxable years ending after December 31, 2002.

(3) LOSS FROM OPERATIONS OF LIFE INSURANCE COMPANIES.—The amendment made by subsection (d) shall apply to losses from operations arising in taxable years ending after December 31, 2007.

(4) TRANSITIONAL RULE.—In the case of any net operating loss (or, in the case of a life insurance company, any loss from operations) for a taxable year ending before the date of the enactment of this Act—

(A) any election made under section 172(b)(3) or 810(b)(3) of the Internal Revenue Code of 1986 with respect to such loss may (notwithstanding such section) be revoked before the due date (including extension of time) for filing the return for the taxpayer's last taxable year beginning in 2009, and

(B) any application under section 6411(a) of such Code with respect to such loss shall be treated as timely filed if filed before such due date.

(f) EXCEPTION FOR TARP RECIPIENTS.—The amendments made by this section shall not apply to—

(1) any taxpayer if—

(A) the Federal Government acquired before the date of the enactment of this Act an equity interest in the taxpayer pursuant to the Emergency Economic Stabilization Act of 2008,

(B) the Federal Government acquired before such date of enactment any warrant (or other right) to acquire any equity interest with respect to the taxpayer pursuant to the Emergency Economic Stabilization Act of 2008, or

(C) such taxpayer receives after such date of enactment funds from the Federal Government in exchange for an interest described in subparagraph (A) or (B) pursuant to a pro-

gram established under title I of division A of the Emergency Economic Stabilization Act of 2008 (unless such taxpayer is a financial institution (as defined in section 3 of such Act) and the funds are received pursuant to a program established by the Secretary of the Treasury for the stated purpose of increasing the availability of credit to small businesses using funding made available under such Act), or

(2) the Federal National Mortgage Association and the Federal Home Loan Mortgage Corporation, and

(3) any taxpayer which at any time in 2008 or 2009 was or is a member of the same affiliated group (as defined in section 1504 of the Internal Revenue Code of 1986, determined without regard to subsection (b) thereof) as a taxpayer described in paragraph (1) or (2).

SEC. 14. EXCLUSION FROM GROSS INCOME OF QUALIFIED MILITARY BASE REALIGNMENT AND CLOSURE FRINGE.

(a) IN GENERAL.—Subsection (n) of section 132 of the Internal Revenue Code of 1986 is amended—

(1) in subparagraph (1) by striking “this subsection) to offset the adverse effects on housing values as a result of a military base realignment or closure” and inserting “the American Recovery and Reinvestment Tax Act of 2009”;

(2) in subparagraph (2) by striking “clause (1) of”.

(b) EFFECTIVE DATE.—The amendments made by this act shall apply to payments made after February 17, 2009.

SEC. 15. DELAY IN APPLICATION OF WORLDWIDE ALLOCATION OF INTEREST.

(a) IN GENERAL.—Paragraphs (5)(D) and (6) of section 864(f) of the Internal Revenue Code of 1986 are each amended by striking “December 31, 2010” and inserting “December 31, 2017”.

(b) CONFORMING AMENDMENT.—Section 864(f) of the Internal Revenue Code of 1986 is amended by striking paragraph (7).

(c) EFFECTIVE DATES.—The amendments made by this section shall apply to taxable years beginning after December 31, 2010.

SEC. 16. INCREASE IN PENALTY FOR FAILURE TO FILE A PARTNERSHIP OR S CORPORATION RETURN.

(a) IN GENERAL.—Sections 6698(b)(1) and 6699(b)(1) of the Internal Revenue Code of 1986 are each amended by striking “\$89” and inserting “\$195”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to returns for taxable years beginning after December 31, 2009.

SEC. 17. CERTAIN TAX RETURN PREPARERS REQUIRED TO FILE RETURNS ELECTRONICALLY.

(a) IN GENERAL.—Subsection (e) of section 6011 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(3) SPECIAL RULE FOR TAX RETURN PREPARERS.—

“(A) IN GENERAL.—The Secretary shall require that any individual income tax return prepared by a tax return preparer be filed on magnetic media if—

“(i) such return is filed by such tax return preparer, and

“(ii) such tax return preparer is a specified tax return preparer for the calendar year during which such return is filed.

“(B) SPECIFIED TAX RETURN PREPARER.—For purposes of this paragraph, the term ‘specified tax return preparer’ means, with respect to any calendar year, any tax return preparer unless such preparer reasonably expects to file 10 or fewer individual income tax returns during such calendar year.

“(C) INDIVIDUAL INCOME TAX RETURN.—For purposes of this paragraph, the term ‘individual income tax return’ means any return

of the tax imposed by subtitle A on individuals, estates, or trusts.”.

(b) CONFORMING AMENDMENT.—Paragraph (1) of section 6011(e) of the Internal Revenue Code of 1986 is amended by striking “The Secretary may not” and inserting “Except as provided in paragraph (3), the Secretary may not”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to returns filed after December 31, 2010.

SEC. 18. TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.

The percentage under paragraph (1) of section 202(b) of the Corporate Estimated Tax Shift Act of 2009 in effect on the date of the enactment of this Act is increased by 33.0 percentage points.

SEC. 19. EMERGENCY DESIGNATION.

For purposes of Senate enforcement, the amount resulting from the provisions of, and amendments made by, this Act is designated as an emergency requirement and necessary to meet emergency needs pursuant to section 403 of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.

SA 2723. Mr. ENZI (for himself and Mrs. HUTCHISON) submitted an amendment intended to be proposed by him to the bill H.R. 3548, to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. —. ENCOURAGEMENT OF INNOVATIVE STATE PROGRAMS TO CONNECT UNEMPLOYMENT INSURANCE RECIPIENTS WITH JOBS AND OPPORTUNITIES TO ACQUIRE NEW SKILLS.

(a) IN GENERAL.—Section 903(f) of the Social Security Act (42 U.S.C. 1103(f)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (C), by striking “Of the” and inserting “Subject to subparagraph (D), of the”; and

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

“(D) If a State elects this subparagraph to apply rather than subparagraph (C), the maximum incentive payment determined under subparagraph (B) with respect to such State shall be transferred to the account of such State upon a certification under paragraph (4)(B) that the State meets the requirements of paragraph (8).”;

(2) in paragraph (4)—

(A) in subparagraph (A)—

(i) by striking “(2) or (3)” the first place it appears and inserting “(2), (3), or (8)”; and

(ii) by inserting “or paragraph (8)” before the period at the end;

(B) in subparagraph (B), by inserting “or if the Secretary of Labor finds that the State meets the requirements of paragraph (8),” after “(2) or (3)”; and

(C) in subparagraph (C)—

(i) in clause (i), by striking “(2) or (3)” and inserting “(2), (3), or (8)”; and

(ii) in clause (iii), by striking “2011” and inserting “2012”;

(3) in paragraph (5)—

(A) in subparagraph (A), by striking “subparagraph (B)” and inserting “subparagraphs (B) and (C)”; and

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

“(C) A State may use any amount transferred to the account of such State under this subsection for the payment of amounts under paragraph (8)(A)(iv).”;

(4) by adding at the end the following new paragraph:

“(8)(A) A State meets the requirements of this paragraph if the State has in place a voluntary job placement program under which an individual—

“(i) is paid weekly unemployment compensation;

“(ii) is placed with an employer who provides training to the individual in order for the individual to acquire new skills;

“(iii) may work up to 24 hours a week for a 6 week period with such employer at no cost to such employer; and

“(iv) may receive payments to cover transportation, child care, dependent care, and needs-related payments, that are necessary to enable an individual to participate in the program.

“(B) An individual participating in job placement program under subparagraph (A) shall not be considered to be an employee engaged in employment for purposes of the Fair Labor Standards Act of 1938 (29 U.S.C. 201 et seq.).”

SA 2724. Mr. SCHUMER (for himself and Mr. MENENDEZ) submitted an amendment intended to be proposed by him to the bill H.R. 3548, to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes; which was ordered to lie on the table; as follows:

On page 27, between lines 6 and 7, insert the following:

“(IV) EXCEPTION FOR LOSSES FROM SPECIFIED FRAUDULENT ARRANGEMENTS.—Subclause (I) shall not apply to any qualified loss resulting from a specified fraudulent arrangement (within the meaning of Revenue Procedure 2009–20).

CONGRATULATING THE UNITED STATES MILITARY ACADEMY

Mr. LIEBERMAN. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 331, submitted earlier today.

The PRESIDING OFFICER (Mrs. SHAHEEN). The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 331) congratulating the United States Military Academy at West Point on being named by Forbes magazine as America's Best College of 2009.

There being no objection, the Senate proceeded to the consideration of the resolution.

Mr. LIEBERMAN. Madam President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the resolution be printed in the RECORD.

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

The resolution (S. Res. 331) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 331

Whereas Forbes magazine has named the United States Military Academy at West Point as America's Best College for 2009;

Whereas the United States has had a military presence at West Point since the Revolutionary War because of its strategic position overlooking the Hudson River;

Whereas General George Washington selected Thaddeus Kosciuszko to design West Point's fortifications in 1778;

Whereas West Point is the oldest continuously occupied military post in the United States;

Whereas President Thomas Jefferson established the United States Military Academy at West Point in 1802;

Whereas West Point has educated many of the United States Army's commissioned officers;

Whereas West Point instructs 4,400 cadets per year in academics, military tactics, physical fitness, and leadership;

Whereas approximately 1,000 cadets graduate each year and are commissioned in the United States Armed Services;

Whereas 2 Presidents of the United States, 74 Congressional Medal of Honor recipients, 88 Rhodes Scholars, 33 Marshall Scholars, and 28 Truman Scholars have graduated from West Point;

Whereas in addition to academics and military training, West Point offers extracurricular activities that include the Eisenhower Hall Theatre and 115 athletic and non-sport clubs; and

Whereas West Point offers a well-rounded, highly regarded education to the next generation of the Nation's leaders: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the United States Military Academy at West Point on being named by Forbes magazine as America's Best College for 2009;

(2) supports West Point's mission “to educate, train, and inspire the Corps of Cadets so that each graduate is a commissioned leader of character committed to the values of Duty, Honor, Country and prepared for a career of professional excellence and service to the Nation as an officer in the United States Army”; and

(3) respectfully requests the Secretary of the Senate to transmit a copy of this resolution to the Superintendent of West Point.

COMMEMORATING THE 20TH ANNIVERSARY OF THE FALL OF THE BERLIN WALL

Mr. LIEBERMAN. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 332, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 332) commemorating the 20th anniversary of the fall of the Berlin Wall, the end of the division of Europe, and the beginning of the peaceful and democratic reunification of Germany.

There being no objection, the Senate proceeded to consider the resolution.

Mr. LIEBERMAN. Madam President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the resolution be printed in the RECORD.

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

The resolution (S. Res. 332) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 332

Whereas, between 1945 and 1961, more than 2,500,000 people, or 15 percent of the total population of the German Democratic Republic (referred to in this preamble as “East Germany”), left the country to pursue economic opportunity and enjoy the benefits of liberty and political freedom in the Federal Republic of Germany (referred to in this preamble as “West Germany”) and other countries;

Whereas, at midnight on August 13, 1961, East Germany sealed its border with West Berlin and began construction of a 100-mile barrier that would later include bunkers, watchtowers, searchlights, minefields, barbed wire, concrete walls, and armed guards, to prevent the emigration of the people of East Germany to seek freedom and opportunity elsewhere;

Whereas, during the 28 years the Berlin Wall existed, approximately 5,000 people successfully fled East Germany for West Germany and West Berlin, more than 75,000 people were imprisoned for attempting to leave East Germany, and an estimated 1,200 people were killed trying to escape;

Whereas Presidents John F. Kennedy and Ronald Reagan declared their vision of Berlin as a free city, in the heart of a free Germany;

Whereas Chancellor Willi Brandt of West Germany and others demonstrated great foresight in their pursuit of “Ostpolitik”, a policy of engagement that lowered tensions and ultimately helped undermine the authoritarian rule of the wall-builders;

Whereas more than 22,000,000 Americans served in the Cold War, supporting the efforts to bring military, economic, and diplomatic pressure to bear in the defense of Germany and the West, and ultimately helping more than 400,000,000 people gain their freedom from the bondage of communism in the Soviet Bloc;

Whereas the Solidarity Movement in Poland demonstrated that the will of a people united could not be silenced by winning a surprise landslide victory in elections to the Contract Sejm in June 1989;

Whereas, on August 23, 1989, Hungary officially opened the border between Hungary and Austria, resulting in 13,000 refugees from East Germany fleeing into West Germany through Hungary;

Whereas, on September 4, 1989, after prayers for peace in the Nikolai Church, crowds that would eventually number in the hundreds of thousands gathered in Leipzig, East Germany, to repeatedly and peacefully protest the authoritarian regime of East Germany and to demand basic freedoms;

Whereas, in September 1989, thousands of people in East Germany took refuge in the embassy of West Germany in Prague, Czechoslovakia, in order to emigrate to West Germany and the West;

Whereas, on October 18, 1989, faced with widespread civil unrest and a deteriorating political situation, East German leader Erich Honecker, who had predicted that the Wall “will stand in fifty or a hundred years,” resigned;

Whereas, on November 4, 1989, more than 1,000,000 people gathered in Alexanderplatz in East Berlin and 40 other cities and towns in East Germany to demand free elections and basic civil rights, such as freedoms of opinion, movement, press, and assembly;

Whereas, on November 9, 1989, East German politbureau member Günter Schabowski announced that the government would allow “every citizen of the German Democratic Republic to leave the GDR through any of the

border crossings," and East German leader Egon Krenz promised "free, general, democratic and secret elections";

Whereas thousands of people in East Berlin immediately flooded the border checkpoints at the Berlin Wall and demanded entry into West Berlin, causing the overwhelmed border guards of East Germany to open the checkpoints to allow people to cross into West Berlin;

Whereas, in the days following the fall of the Berlin Wall, hundreds of thousands of people from East Germany freely crossed the border into West Berlin and West Germany for the first time in more than 28 years;

Whereas the Chancellor of West Germany Helmut Kohl and Foreign Minister Hans Dietrich Genscher managed the political situation and foreign diplomacy with great tact and in close cooperation with Western allies, leading to the peaceful reunification of Germany as a sovereign, democratic state on October 3, 1990;

Whereas, on November 9, 2009, the people of Germany will celebrate on both sides of the Brandenburg Gate the 20th anniversary of the fall of the Berlin Wall with the "Festival of Freedom";

Whereas the fall of the Berlin Wall was one of the milestones of the 20th century, brought about by the actions of many ordinary and some extraordinary people; and

Whereas the fall of the Berlin Wall embodied the end of the division of Europe, the opening of the Iron Curtain, and the triumph of democracy over communism: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the 20th anniversary of the fall of the Berlin Wall;

(2) celebrates 20 years of an undivided Europe, free from the oppression of authoritarianism, with the people of the former communist countries and Western Europe;

(3) honors the service and sacrifice of the people of Germany, the United States, and other countries who served in the Cold War to bring freedom to Central and Eastern Europe;

(4) expresses its appreciation to the people of Germany for their commitment to preserving the dignity and freedom of others in their leadership on international assistance, peacekeeping, and security efforts, including in Afghanistan, Bosnia and Herzegovina, Georgia, Kosovo, Lebanon, Sudan, and off the coast of the Horn of Africa; and

(5) reaffirms the friendship between the Government and people of the United States and the Government and people of Germany.

AUTHORIZING APPOINTMENT OF COMMITTEE

Mr. LIEBERMAN. Madam President, I ask unanimous consent that the President of the Senate be authorized to appoint a committee on the part of the Senate to join with a like committee on the part of the House of Representatives to escort Her Excellency Angela Merkel, Chancellor of the Federal Republic of Germany, into the House Chamber for the joint meeting at 10:30 a.m. on Tuesday, November 3, 2009.

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

Mr. LIEBERMAN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

HEALTH CARE REFORM

Mr. BROWN. Madam President, most of us go home every weekend and talk to our constituents. In places such as Mansfield, OH, and all over our States, most of us are hearing a lot about people's problems with health insurance. I come to the Senate floor most nights or days and read letters from people in my State who have had difficulty because of their health insurance situation, and I hear a couple of things over and over. One I hear is that most people are generally pretty satisfied with their health insurance—not the cost but generally their coverage—until they get really sick and then they find out their health insurance isn't as good as they thought it was.

I get letters from people all over my State—from Youngstown, from Toledo, from Bowling Green, to St. Clairsville—that a year ago they would have said they had very good health insurance, but they end up having a baby with a preexisting condition or their health insurance costs are so expensive because of an illness that their insurance is canceled. In some cases, a woman who has a C-section is considered to have a preexisting condition by insurance companies because the next baby would have to be a C-section, and in some cases, even women who have been victims of domestic violence are considered by their insurance companies to be a risk because that is a preexisting condition. If they were abused by their husband or boyfriend or whomever in the household, then it is likely that person will do it again, so that is a preexisting condition, and sometimes they are closed out of their insurance.

A few weeks ago, the Senate Health, Education, Labor, and Pensions Committee chairman, Senator HARKIN from Iowa—a committee I and about a quarter of the Senate sit on—held a hearing to examine how health insurance companies discriminate against women in the private market. Insurance companies often deny care and charge higher premiums to women. For instance, in the case of a 32-year-old man and a 32-year-old woman with very similar health backgrounds, the insurance premiums for a woman will be significantly more. She will pay higher insurance premiums than the man will pay. We also heard stories about what I just mentioned, that women who have been victims of domestic violence or women who have had C-sections are charged higher rates or sometimes the insurance industry literally rescinds—the industry term is "rescission"—their insurance coverage. That is only one example of how insurance companies make a profit at the expense of people in need.

One of the reasons this legislation is so important is that these kinds of discrimination practices will be banned by our legislation: No more cutting people off due to a preexisting condition, no more cutting people off because they got sick and went over their annual cap or because they are too expensive to take care of; no more discrimination based on geography, gender, or disability. We are going to ban these practices—no more using preexisting conditions, no more caps, no more discrimination—but even with that, it is important that we have a public option—just an option. A public option will say to the insurance industry: We are not going to let you do that anymore. We are going to change the law, but we are going to help to enforce it with this public option.

I commend Leader REID for responding to the support of the Presiding Officer, Senator SHAHEEN from New Hampshire, and many of us who wrote to Senator REID asking him to include the public option in the health insurance reform bill. He has done that. That is a response from many Members of the Senate, and it is also what most of this country wants. In poll after poll, roughly twice as many Americans want to see a public option as don't. A recent physicians poll by the Robert Wood Johnson Foundation—certainly a group that has no dog in this hunt—found that 70 percent of doctors want to see a public option because they want to protect their patients. They want to make sure their patients aren't victimized by discrimination, by preexisting conditions, and by losing their insurance and all of that.

It is time for our Nation to get more choices, and the public option does give more choices. In Ohio, one insurance company controls 41 percent of the market. One company controls 41 percent of the market. Two companies control 58 percent of the market. In southeast Ohio, two companies control 85 percent of the market. What does that mean? That means little competition, it means lower quality, and it means higher rates. You put the public option out there, and you give people a choice. They do not have to choose the public option. They can choose Aetna or CIGNA or Medical Mutual—a not-for-profit company in Ohio—or they can choose WellPoint. Put that out there with the public option as a competitor, and you bet these companies are going to behave better.

It is not just an Ohio problem. In fact, in some States it is worse. Two health plans control 80 to 100 percent of the market share in 10 States. Two companies control at least 80 percent of the market in one-fifth of the States in this country. In another 11 States, 2 health plans control 70 to 80 percent of the market. So you have 21 States where 2 companies control at least 70 percent of the market. That is not competition; that is an oligopoly, I guess is the term we learned in high school economics class. But whatever

we call it, we know it is simply not working to keep health care costs down, it is not working to keep health insurance prices down, and it is not working to provide the kind of high-quality insurance that is needed.

In the insurance industry, what have we seen happen in the last 7 or 8 years? Insurance premiums have doubled. The reason they have doubled is because they can. There are fewer insurance companies, but they have gotten larger and larger. These insurance companies have a business plan. Their plan is basically twofold. First of all, they hire lots of people to make sure they deny coverage. You can't even buy insurance if you are sick or if you have a pre-existing condition. Then they hire lots of people to deny your claim. Something like 30 percent of all claims submitted on the first go-round to private insurance companies are denied. So their business plan is to hire a bunch of bureaucrats—the private, for-profit companies—to keep from buying insurance people who might be costly. Then on the other end they hire a bunch of bureaucrats to make sure they try not to pay out for health care costs people have.

Lots of countries in the world have private health insurance. We are the only country that has private for-profits. This isn't a bunch of countries around the world that have socialized medicine. Many countries have private insurance doing it, but they are not-for-profit private insurance. So they do not add to the private insurance bureaucracy by hiring lots and lots of expensive people to keep you from buying insurance if you are sick or if you have a preexisting condition, and they do not hire a bunch of people on the other end to stop you from collecting on your insurance when you do in fact get sick. That is why the public option is so important. It is going to compete with these private companies. You won't see the kind of gaming of the system the private insurance companies are doing now.

According to the Congressional Budget Office, a strong public option in health reform, such as we provide for in the HELP Committee bill, would save the government \$25 billion over 10 years—again, because a public plan wouldn't have to turn a profit.

So what does that mean? It means that in the last 7 or 8 years, private insurance companies have seen a 400-percent increase in their profits. How do they make that profit? Well, by hiring a bunch of bureaucrats to stop people from getting coverage if they might get sick. They hire a bunch of bureaucrats, if they do get sick, to keep them from having to pay for it.

At the same time, profits have gone up because those are good investments. Those bureaucrats who deny coverage are good for the industry if they deny a lot of claims, which, of course, they do. But look at the executive salaries, look at the trips they take, look at their sales meetings in Tahiti and their

\$20 million-a-year salaries. The CEO of Aetna last year made \$24 million. The average salary of the CEOs of the 10 largest insurance companies is \$11 million. To make \$11 million, you have to cut a lot of people off from getting their insurance, you have to keep a lot of people out, you have to deny a lot of preexisting conditions, and you have to deny a lot of claims. And they are very good at that. Again, that is why the public option is so very important. The private insurance industry has avoided risk at the expense of their enrollees when they should have been bearing risk on behalf of their enrollees.

There is no better way to keep the private insurance industry honest than to make sure they are not the only game in town. When they are the only game in town, when there are only two companies in southwest Ohio, you bet executive salaries are high and profits are high and quality is low, and you bet cost is high for those small businesses and individuals and large businesses, too, that are buying that insurance.

Too often, the private insurance industry has cast out the sick instead of covering them. Too often, the industry has promised financial protection and has delivered disillusionment. No small business is safe from unheard-of premium increases, even if they are paying in more than they got out from their insurance company year after year.

There is a small business in Cincinnati, in southwest Ohio, as I mentioned earlier, that I believe has been in business for a quarter century. He would like to take the money he has made and plow it back into the business and take a lot more of his revenues and plow that back into the business to grow his business, but he is spending more and more of his money—all of his discretionary money—on insurance, to the point now where it looks as if, from what insurance companies say, he may not even be able to cover his employees at all in the years ahead.

Tomorrow, the HELP Committee—the committee that held the hearings on discrimination against women in health insurance—is holding a hearing entitled “Increasing Health Costs Facing Small Businesses” to examine how exorbitant premium increases are affecting our small businesses. In the past 2 years, half of small businesses that have offered coverage reported switching to plans with higher out-of-pocket costs in response to rising premiums.

So what is happening all over this country, the small businesses—and large businesses—in order to get coverage are forcing their employees to pay more money out of their own pockets for their insurance. Employees are often not getting raises, in part because of the recession, certainly, but also because the company is spending so much money on health insurance and people are having to dip into their

own pockets much more. Small businesses make up 72 percent of Ohio's businesses but only 47 percent offered health benefits in 2006, and that was down 5 percent from half a decade earlier.

So it is important that we have this hearing tomorrow, but what really matters is that our health insurance bill will, in fact, give small businesses several options. It will mean they can go into a larger pool, if they would like, where their costs will be less. We know a small business pays much more than a large business pays per employee. Small businesses will get a tax break. Small businesses that have 24 employees, 22 employees, have been paying too much for health insurance. If one or two of their employees gets really sick, you know what happens: their insurance prices spike up and they may even lose their insurance overall or they may get canceled. But if you take the small business and put it into a pool, you are going to see much more evening. You won't see those price spikes when a handful of people get sick because you could spread that around the whole risk pool. That is why this is so important. It is so important for these small businesses to have a public option because it will, again, keep the insurance companies honest. It will mean more competition. It will mean insurance companies have to compete on price.

The people running the public option in every State are not going to be paying \$24 million to their CEO. You can bet they are not going to hire a bunch of people to try to keep people off of their insurance rolls. You can bet they are not going to hire a bunch of bureaucrats to stop the insurance companies—the public option—from having to pay. Medicare doesn't disallow or throw people off for a preexisting condition. The public option won't either. Just by existing, the public option will keep the private insurance industry more honest.

Madam President, let me just close—and I think Senator MERKLEY is going to be joining us in a few minutes—with a couple of letters from people who have been victimized, in some sense, by this insurance system.

This is Sheila from Richland County, the county where I grew up, in north central Ohio—the Mansfield, Shelby, Shilo, Plymouth, Lexington area. Sheila writes:

I moved to Ohio five years ago to be with my granddaughter. I've worked hard all my life, and now, I'm 60 years old still working and paying my own insurance. The other day I learned my health insurance has doubled. I am alarmed because I'm wondering how long I will be able to pay for my benefits. I've talked to some other people my age and they are feeling the same way. I have always worked, never sat down, or expected hand-outs. But insurance companies are downright greedy. I do have a problem with Seniors being gouged because of age and health issues.

Sheila brings this to mind. There are a lot of letters we received that are

from people like Sheila. She is 60—they might be 63; they might be 58. They are typically from people who worked hard all their lives, as the great majority of people in my State have worked hard, played by the rules, and it is not always so easy, of course. Sheila suggests, as many do, she knows she is Medicare eligible in 5 years. She is 60 now—4-plus years. A lot of letters I get, in addition to people thinking they had good insurance until they got really sick, a lot of letters are from people in their early sixties. They just want to hang on until they are Medicare eligible because they are paying such high premiums. She said her costs doubled.

She knows Medicare, which looks a lot like the public option, is something that will ultimately protect her and will matter as she lives out the last 10, 20, 30 years of her life. That is why it is so important.

Linda, from Muskingum County, the Zanesville area of the State, east of Columbus, eastern Ohio:

I'm 60 years old and a mother of two grown sons. Since my divorce earlier this year, I've had to start my life all over—after 33 years of working hard and paying off bills and our mortgage.

In May, I selected a standard plan from a private insurer. As expensive as it was, I had to pay the \$625 a month they quoted.

As of September, I did not receive a policy or information on my benefit plan, despite asking for a copy of my plan and being charged monthly premiums.

The insurance company finally notified me that they misplaced my form and that I would receive some information in August.

In that time—I didn't see a doctor or use the policy in any way, but I still paid the monthly premiums assuming I was covered. But in just 3 months the insurance company increased my premiums from \$625 a month to \$1,000 a month. The explanation I got was that the insurer was required to increase the premium in order to maintain enough money to fund the plan I selected. The only thing they did was to take my payments for three months for something I wasn't able to use. I don't think it is fair they can increase the premium that quickly or even within a year.

Linda reflects—she is the same age as Sheila. They are both from sort of small, medium-size towns in Ohio. Some of the same problems—60 years old, onerous, very expensive premiums that they seem to have no control over.

Again, what our health insurance bill will do, as we see more competition from the public option, we will see more spreading of the risk so she doesn't have to buy an individual policy like this so if she gets sick she will be covered.

Robert and Monica from Cuyahoga County, Cleveland area, northeast Ohio, write:

Our son Jon will have no health insurance as of March, 2010. He's 25 years old and working on an associates degree in landscape design at a community college. Our son Jon supports himself as a landscaper, despite being deaf. He makes just enough to buy food, pay rent and pay for some of his courses. While he could file Supplemental Security Income, he has never collected a penny of government assistance.

But in March of next year, Jon will be dropped from our health insurance plan.

Please help Jon and millions of Americans who are uninsured.

Jon is 25. In many cases people like Jon are dropped from their insurance plan when they are 22. One of the things our bill says is no longer will someone coming home from the Army or coming home from college, someone who moved back in with their parents, whether they are 22, 23 years old, be dropped from their insurance. Under our bill that passed out of the HELP Committee, anyone can stay on their parents' policy until the age of 26. But even at 26, what will happen is much preferable, obviously, to what is happening to Jon.

What is happening to Jon is—his parents say they are dropping him without much prospect, it sounds like, of getting insurance. What our bill says is that anyone who is uninsured, like Jon will be, at whatever age he would become uninsured, anyone will be able to go into the insurance exchange, and Jon will be able to choose from a whole menu—Aetna, Wellpoint, Medical Mutual—or does he want to choose the public option?

Because Jon sounds like he is pretty low income, Jon will get some assistance from the government, from taxpayers, to buy insurance so he will be in this large insurance pool with, more or less, tens of millions of other Americans, which will keep prices in check because of the expanded universal pool of people. But Jon will be in a much better situation because he will have insurance under this legislation.

Melissa, the last one I will read, from Lake County just east of Cleveland, Willowick, Wickliffe, Eastlake, Madison, that area of Ohio:

I'm a young, college-educated professional who has always had to purchase my own health insurance because employer plans were not available.

Even as a healthy young woman with no health problems and no pre-existing conditions, my monthly insurance costs are very expensive. I teeter on the brink of dropping coverage.

I would love to participate in a public option, and especially want it to be available to family members and people in my community who desperately need it.

Melissa is in a situation like so many. She works for an employer, could be a small business—whomever she works for—that doesn't provide health insurance. It sounds like she has had decent jobs, but they don't provide her health insurance. She has had to buy it herself. It is incredibly expensive, and it is increasingly expensive to buy insurance on your own, even if you don't have a preexisting condition, even if you have not been sick, the way Melissa is. But she would like the option of going into the insurance exchange and going into the public option that would inject competition. It would keep prices more in check. She would be part of a larger pool, and she would have those protections, the consumer protections that our legislation offers.

She, Melissa, is specifically asking to join the public option. That is her choice once this legislation is passed.

I thank you for the time on the floor. I add, this bill we are going to debate in the next couple of weeks, this legislation, in so many ways, makes sense for this country.

First of all, anyone who is satisfied with their insurance can keep what they have, and we will build in consumer protections around it so people can't lose insurance because their costs were too high or a preexisting condition. They might have had a C-section as a young woman or might have been a victim of domestic violence. Losing their insurance for those things will not be allowed anymore.

This will help small businesses with tax incentives and other ways to spread their costs around so I guess they go into a bigger insurance pool. It will help those who do not have insurance. They will have the option to buy it. If they are low- or middle-income Americans, they will get some assistance to pay for their insurance.

Last, this bill will have a public option which will help to discipline the insurance market, will compete with them, will make them more honest, and help to bring prices down as good, old-fashioned American competition does.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. MERKLEY. Madam President, I rise this evening to address the issue of health care in our society, and specifically the public option. Earlier today I had a chance to listen to some of my colleagues defend the status quo system. They wanted to argue that health care reform should not occur now—maybe sometime later. I guess the 100 years we have spent as a country, working to have affordable, accessible health care for every citizen, the 100 years we spent in that debate isn't enough.

There is a novel by a couple of ladies who were turning 100. They titled their novel "The Second Hundred Years," or "Our Second Hundred Years." That was a beautiful glimpse into the possibility of a life well-filled and a life of anticipated fulfillment as they went into their old age post-100.

We are in a different situation with health care. This 100-year debate should not go on for another 100 years; another 100 years for us to consider the possibility, the principle that every single person in America should have affordable, accessible, quality health care.

I heard earlier today a lot of scare words thrown out to defend the current system and encourage citizens to be

afraid of reform. Those scare words are very unnecessary because citizens in America know our health care system is broken. They know it from their personal experience. So opponents of reform, they don't want to have a plan, they simply want to scare citizens into sticking with the broken status quo.

Indeed, sometimes there is a certain concern about change, what change will bring. Well, let's look for a moment at what the status quo is bringing us. Our health care costs are doubling every 6 to 8 years. That means a lot of folks who could afford health care just a few years ago cannot afford it today. A lot of small businesses that could afford health care 6 to 8 years ago cannot afford it today. A lot of big businesses that are competing internationally were more competitive 6 to 8 years ago than they are today.

I would like to be able to tell you that the rate of increase in the cost of health care has declined but, if anything, it has increased. We are looking at another doubling over the years to come, over the next 6 to 8 years.

I do not know about anyone else, but given how high health care costs are today for the American family, do we want a system, a broken system, that is going to double those costs again in the very near future? Is that a good future for America? Is that affordable health care? Is that accessible health care? Is that an ability to acquire quality health care, which I think every American citizen knows in their heart that, indeed, that is not affordable or accessible or quality health care, to have a system that is doubling every 6 to 8 years.

The other thing we know about health care in America is that folks who have insurance still have a lot of challenges. Well, the first is getting insurance in the first place because our current system allows insurance companies, as incredible as this might seem, to say: No, we do not want you. You have a family history of diabetes. You have a preexisting condition. It might simply be a skin rash. It might be anything. People are turned down for health care day and night in our country.

Well, those are a lot of American citizens who do not get to participate in our health care system. What about those folks who do get insurance and they go along paying their premiums year after year, 10 years, 15 years, and then they finally have a health care problem and they get a letter from their health insurance company that says: We are dumping you off your health care plan. Now that you are sick, we do not want to cover you anymore.

What kind of fairness is there in that for the American citizen, that companies can dump you off your plan when you finally need health care, after you have been paying your premiums month after month, year after year, or decade after decade, and finally you have an illness that needs to be covered

and, whoosh, your health care coverage is gone. That is not a fair system for those who have health issues in our Nation.

So we need to reform this system. It starts by ending the unfairness for those who have it. It is called insurance reform. No more blocking folks from being accepted into health care—universal guaranteed access. No more dumping of folks off health care insurance once you become ill—an end to dumping, an end to preexisting conditions.

In other words, health care reform for those who have insurance is all about fairness. There were some other words thrown out earlier today, words such as “deficit,” “government takeover,” “increases in premiums.” All those are scare words designed to mislead the citizens from following the logic of their own experience, their own common sense about the broken health care system we have in America.

But let's consider some other words. How about “competition.” It may surprise some to find out we do not have much competition at all in health care here in America. Why is that? It is because the health care insurance industry is exempt from competition. They are allowed to work together as an exemption for antitrust. They are allowed to coordinate and to compare. That works to the benefit of the companies, but it does not work to the benefit of the citizens.

In addition, a lot of markets in this country have a single dominant provider, often 80 percent of the market. That does not work toward competition. What do you get here in America in a market where you have no competition or very little competition? What you get are extraordinarily high costs that are doubling every 6 to 8 years. That is not a system that works for citizens.

So how about we introduce competition. That is as American as apple pie. How can we do that? What we can do is have a health care competitor dedicated to healing, not dedicated to corporate profits. That health care entity, that publicly created structure of health care, indeed healing, they are not trying to maximize their profits at the expense of citizens; they are trying to invest in the citizens to maximize wellness.

It is a completely different model. It is a model about prevention. It is a model about disease management. It is a model about healthy choice incentives. That is the competition that a public option or a community health plan will introduce with health care all over our Nation.

I think lower costs and competition are good things. I think giving citizens more choice is a good thing. Here are some brilliant aspects of this. If you do not have competition right now due to the antitrust provisions or due to the dominance of a single payer, then the citizens can look at the possibility and go: Well, they are all about the same. That is not real competition.

But now, if you introduce a player that is not there to maximize profits, is there to maximize wellness, that is real choice. Nobody would be asked to take a public option or community health care plan choice over a private insurance company. That is why they call it choice. That is why they call it an option. You would get to choose.

Let us empower our citizens through choice in the marketplace. Again, this is red, white, and blue American competition to benefit consumers of health care services.

We have had a lot of conversation about health care this year. It has certainly been an intense conversation since January. We have five bills that have come out of committees. Many folks like to stack up all those bills and say: Look how complicated it is. Look how complicated health care reform is. Well, it is a bit complicated because we have multiple health care systems in our country.

We have a Veterans' Administration system. We have a Medicare system. We have a Medicaid system. We have private insurance companies in the system. We have another system for all those folks who cannot qualify for any of the first ones. It is this: Save your money and hope you have enough when you get sick. If you do not, then I am sorry, you are in trouble.

There are some statistics on this: 45,000 Americans a year die because they do not have access to health care, 45,000. That can be compared to just about virtually anything else that happens in this country. That is a pretty big total. That is a lot of suffering. That is not just folks who get sick and suffer, all those folks who get sick and suffer and die.

We had a gentleman in central Oregon who had a tumor growing on his spine. His doctor asked the private insurance company for an MRI, permission to do imaging so they would understand what was happening. The insurance company, the private insurance company, turned him down. So the patient and his doctor found a second expert. The second expert went over the man and said: He needs to have an MRI. They sent a request to the insurance company. The insurance company turned him down, again.

He died from that tumor on his spine. He actually had health insurance, but he had health insurance with a private insurance company coming between him and his doctor. Some of my colleagues like to say under a public plan the government gets involved. Well, not really. It is you and your doctor. Right now we have insurance companies that come between you and your doctor every single day. Why not give the American citizen this choice to have a different system, a system dedicated to healing, a system that will create competition, a system that will hold the private insurance company's feet to the fire.

That is the community health care plan or the public option. I will conclude with this notion, that competition that lowers costs, increases choice, and improves service is a wonderful direction for health care reform to go. We have made many steps in that direction. But we have not gotten that bill to the President's desk. Let's do that. Let's get that bill that increases choice, improves service, and lowers costs, let's get that bill to the President's desk by Christmas.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

ORDERS FOR TUESDAY,
NOVEMBER 3, 2009

Mr. MERKLEY. Madam President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m. tomorrow, November 3; 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 recess from 10:15 a.m. until 11:30 a.m. to allow for a joint meeting of Congress; that following the joint meeting, the Senate resume consideration of H.R. 3548, the Unemployment Benefits Extension Act of 2009; further, that the Senate recess from 12:30 p.m. until 2:15 p.m. to allow for the weekly caucus luncheons; and finally, that the time during any adjournment, recess, or period of morning business count postcloture.

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

PROGRAM

Mr. MERKLEY. Madam President, German Chancellor Angela Merkel will address a joint meeting of Congress tomorrow at 10:30 a.m. Senators are encouraged to gather in the Senate Chamber at 10 a.m. so we may proceed as a body to the Hall of the House of Representatives at 10:15.

ADJOURNMENT UNTIL 10 A.M.
TOMORROW

Mr. MERKLEY. 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 7:04 p.m., adjourned until Tuesday, November 3, 2009, at 10 a.m.