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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Ms. SPEIER).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC.
March 24, 2010.

I hereby appoint the Honorable JACKIE SPEIER to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

''Take care, my brothers and sisters, lest any of you have an evil and unfaithful spirit and fall away from the living God.

''Encourage one another daily, while it is still 'today'; so that no one grows hardened by the deceit of sin.

''All of us have become partners of the Lord, only if we maintain to the very end that confidence which we brought when we first began.

''For Scripture tells us, 'Today, if you should hear His voice, harden not your hearts . . .'

''As His faithful ones, look after the Father's house—and we are that house. Through Him, the whole fabric is bound together and grows into a holy temple in the Lord—and we are that house.''

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from New Jersey (Mr. SIRES) come forward and lead the House in the Pledge of Allegiance.

Mr. SIRES 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.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 15 minute requests for 1-minute speeches on each side of the aisle.

FUNDING FOR PUBLIC TRANSPORTATION

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

Mr. SIRES. Madam Speaker, I rise today in support of allowing public transit agencies to flex their Federal transit funding for operating expenses. Current law forbids transit systems in areas with a population of over 200,000 to use funds for operating. This has forced transit agencies across the country to cut services at a time when people are using transit more than ever. In 2008, transit use reached its highest level in five decades. In my home State of New Jersey, you can take a bus to any part of our State, and there are nearly 1,000 miles of rail line. Building this dynamic transportation system took years to develop, yet routes are being slashed because of the high cost of operating expenses.

All across our Nation, public transportation routes are being closed, and it is critical that we find a solution for our constituents. Congressman CARNAHAN has introduced a bill, H.R. 2746, that would allow public transit agencies to use some of their Federal funding for operating expenses. I am proud to cosponsor this bill, and I urge my colleagues to support this legislation that gives transit agencies the flexibility necessary to continue their great service.

JOB CREATION

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

Mr. WILSON of South Carolina. Madam Speaker, 219 liberals on the other side of the aisle may have passed a government health care takeover, but the American people still have a voice to tell their lawmakers to repeal these job-killing mandates and finally focus on job creation proposals.

Congress spent the better part of an entire year obsessed with cutting deals for a health care takeover full of tax increases and mandates while unemployment increased by over 3 million people. Let me repeat. For months, 219 lawmakers ignored the clear message that the American people sent about this job-killing takeover—that they didn't want it—and after arm twisting, proceeded to ram it through anyway.

When is Congress going to get it right? The American people want us to be debating job creation policies. They want to know when private sector jobs will be created, instead of 16,500 more IRS government jobs that this health care takeover will create. It's high time we give the people some answers for jobs.

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

SENIORS BENEFIT FROM HEALTH CARE REFORM

(Mrs. DAHLKEMPER asked and was given permission to address the House

for 1 minute and to revise and extend her remarks.)

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

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

THE REALITY OF HEALTH CARE REFORM

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

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

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

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

Madam Speaker, in this body we can pass all the laws that we want, but we cannot suspend the laws of economics, nor can we phase them in. Americans should now be prepared for higher premiums.

That, Madam Speaker, is the reality of reform.

REMEMBERING BOB ROHDENBURG

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

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

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

He had a profound role in shaping OCCCO, and he was a positive influence on the members of his church and beyond. He will be deeply missed. I send my deepest condolences to his wife Cynthia, his daughter Denise, his son Paul and his granddaughter.

ISRAEL'S RIGHT TO DECIDE WHERE HER PEOPLE SHALL LIVE

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

Mr. POE of Texas. Madam Speaker, the United States Government wants to dictate where the people of the sovereign State of Israel are allowed to live. Now who do we think we are? Israel is our ally, not our subject. What if Prime Minister Netanyahu said that our people weren't allowed to live in certain parts of D.C.? That makes about as much sense. The American people support Israel and the U.S. Government better get onboard. The people I represent are not ''embarrassed'' or ''humiliated'' by the actions of Israel.

Israel has the right to determine where their people live, including in Jerusalem. Also under international law, Israel is not obligated to give back land won in a defensive war. But they tried anyway. When Israel gave back land for peace, it didn't work. They still don't have peace. There will be no peace until the terrorists come to the peace table because the terrorists don't want peace. They want to drive Israel into the sea. Peace will come in the Middle East when the terrorists are defeated.

And that's just the way it is.

EARMARK REFORM

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

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

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

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

HEALTH CARE, JOBS AND THE ECONOMY

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

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

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

REBOUNDING

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

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

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

As Nobel Prize-winning economist Joseph Stiglitz has suggested, job creation during the Bush expansion was artificially inflated by the housing

bubble and the false wealth that it created. As a result, we faced a rapid decline in job creation when the housing bubble burst.

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

Madam Speaker, this is the picture of progress.

□ 1015

PATIENT-CENTERED HEALTH REFORM

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

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

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

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

HEALTH CARE REFORM

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

Mr. YARMUTH. Madam Speaker, in the wake of the phenomenal accomplishment we made this weekend, my constituent and Senator, MITCH MCCONNELL, said, We have a new slogan for the fall, ''Repeal and Replace.'' Well, that really doesn't surprise because while we have been legislating for the American people, our opponents on the Republican side have been doing little more than sloganeering.

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

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

HEALTH CARE REFORM

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

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

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

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

HAPPY BIRTHDAY, JUSTICE O'CONNOR

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

Ms. GIFFORDS. Madam Speaker, today I rise to recognize the accomplishments of Justice Sandra Day O'Connor, the first woman to serve on the United States Supreme Court.

Just last week, the House unanimously passed a resolution in recognition of her distinguished career during Women's History Month. Justice O'Connor truly embodies the Arizona spirit of hard work and rugged individualism.

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

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

UNDO FLAWED HEALTH BILL

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

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

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

HEALTH CARE REFORM

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

Mr. POLIS. Madam Speaker, I rise today, in celebration of the historic passage of health care reform for our country. I am going to quote from our Declaration of Independence: All men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness. That to secure these rights, governments are instituted among men.

Yes, it is the purpose of our government that we the people have set up to

secure the rights to life, liberty and the pursuit of happiness. The pursuit of life, the right of living, to be able to live and get the right medical care you need shouldn't depend on whether you had cancer as a 25-year-old, shouldn't depend on whether you had a stroke when you were a kid. These are not somebody's fault; it can happen to anybody. And just because of a preexisting condition, you should not be denied coverage.

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

HEALTH CARE REFORM

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

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

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

HEALTH CARE REFORM

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

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

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

Yesterday we took an important step forward with commonsense reform that will improve coverage for over 1.1 million people in southern Nevada. Nevada's families cannot afford a return to the status quo of skyrocketing costs, of living every day with the fear that they are just one illness or one injury away from losing it all. We cannot repeal that.

HEALTH CARE REFORM

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

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

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

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

HEALTH REFORM HELPS SMALL BUSINESSES

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

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

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

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

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

HEALTH BILL IS BAD MEDICINE

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

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

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

□ 1030

MAKE MY DAY

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

Mr. FILNER. My Republican friends need to chill out. The previous speaker said this is a government takeover of a health care system. Come on. Let it go. We've got a private system here. We've

got a private system of insurance. We've got private hospitals, we've got private doctors. This system is a private system. What government takeover is there?

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

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

Make my day.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Record votes on postponed questions will be taken later.

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

Mr. FILNER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4360) to designate the Department of Veterans Affairs blind rehabilitation center in Long Beach, California, as the ''Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center''.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4360

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

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

The Department of Veterans Affairs blind rehabilitation center in Long Beach, California, shall after the date of the enactment of this Act be known and designated as the ''Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center''. Any reference to such blind rehabilitation center in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the ''Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center''.

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

The Chair recognizes the gentleman from California.

GENERAL LEAVE

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

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

There was no objection.

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

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

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

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

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

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

I reserve the balance of my time.

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

Naming the future blind rehabilitation center currently in its final stages of construction in Long Beach, California, after Major Charles R. Soltes, Jr., is an appropriate expression of our support for our blind veterans.

In 2004 while deployed in Iraq, Major Soltes was serving in the 426th Civil Affairs Battalion in the U.S. Army when the vehicle he was traveling in was struck by an improvised explosive device, costing him his life.

He was the first Army optometrist to be killed in action while on Active Duty, but the legacy Major Soltes leaves behind remains strong with the veteran community, particularly among our blinded veterans. The VA estimates that approximately 157,000 veterans in the United States are legally blind, and over 1 million additional veterans are suffering from debilitating low vision.

Approximately 60 percent of veterans with known combat-related traumatic brain injury and 30 percent with noncombat TBI report visual symptoms. As eye injuries continue to plague our servicemembers overseas, these numbers will continue to rise. And the work of optometrists like Major Soltes will become increasingly important.

In closing, I would like to express my deepest condolences and heartfelt appreciation to Major Soltes' family for their sacrifice. It's my sincerest wish that through the facility, the service and sacrifice of Major Soltes will not be forgotten, and his dedication to country and mankind will live on in the increased health and well-being of our Nation's blinded veterans.

I yield to the gentleman from California (Mr. ROHRABACHER) as much time as he might consume.

Mr. ROHRABACHER. Madam Speaker, today I rise in honor of an American patriot for his service and his sacrifice to our country, Major Charles Robert Soltes of Irvine, California, the son of Colonel Soltes, who is now retired. Major Soltes had a distinguished career in the United States Army as well as in the city of Irvine, I might add, where he practiced medicine. It was in Irvine where he entered into private practice as an optometrist and set down his roots to raise a family.

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

On his way back from a hospital visit, his convoy was attacked by an improvised explosive device, and Major Soltes was killed on October 13, 2004. He was the first Army optometrist to be killed in action while on Active Duty. As such, it seems fitting that we honor him and his family by naming a soon-to-be-completed Veterans Affairs blind rehabilitation center in Long Beach, California, at the veterans hospital there, which is in my congressional district.

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

Dr. Soltes was a graduate of New England College of Optometry. He entered the U.S. Army Medical Service Corps in 1994 and treated members of the military here in the United States as well as abroad. He was well liked and respected by his colleagues. One of

his superiors, Colonel Adams, whom he met while he was going through officer basic training at Fort Sam Houston, Texas, said of him, ''He was a tremendous young man. He volunteered to go into Civil Affairs, and every email he sent was upbeat and positive, and he felt he was making a real difference in the lives of the Iraqi people.''

Today, by naming this new facility after him, we are ensuring that Major Soltes' spirit lives on. Every time a patient's quality of life improves, Major Soltes, his dedication to service, will be continued.

To Major Soltes and his family, we salute you. And with this act of Congress, we forever remember the sacrifice Major Soltes gave. Whether giving their most vibrant and youthful years of service to their country or laying down their lives so that we and our children can sleep safely at night, we must remember all who gave some, and some, like Major Soltes, who gave all.

I appreciate my colleagues' understanding in this issue in bringing it up today. Thank you.

Mr. BOOZMAN. Again, Madam Chair, in closing, this is a special honor for me as an optometrist who practiced for many, many years, to be celebrating a colleague who paid so dearly, he and his family. We're so proud of him—myself, as a member of the Veterans Affairs Committee, but also as an optometrist. And I know that the profession of optometry is very, very proud of his efforts. And we will be thinking of his family, but I urge all of my colleagues to support this bill.

With that, I yield back the balance of my time.

Mr. FILNER. Madam Speaker, I think it was most appropriate that the manager on the Republican side was our House optometrist, Mr. BOOZMAN. So thank you for your expertise that you always give us on the committee.

I urge my colleagues to unanimously support H.R. 4360.

Ms. RICHARDSON. Madam Speaker, as an original cosponsor, I rise today in support of H.R. 4360, which designates the Department of Veterans Affairs Blind Rehabilitation Center in Long Beach, California, the ''Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center.'' The naming of the Veterans Affairs Long Beach Blind Rehabilitation Center in honor of Major Soltes is a fitting tribute to the dual service Major Soltes rendered the Nation as a soldier and a doctor of optometry.

I thank Chairman FILNER for his leadership in bringing this bill to the floor. I would also like to thank Congressman CAMPBELL for sponsoring this bill.

Madam Speaker, growing up in a military family, Charles Robert ''Rob'' Soltes, Jr., always possessed a love of country and an appreciation of the importance of service and sacrifice. Major Soltes also had a gift for medicine and a passion for helping others. It was that sense of duty and passion that enabled him to excel at Norwich University, from which he graduated and was commissioned as a 2nd lieutenant in the U.S. Army. Major Soltes went on to attend optometry school in Boston, where he met his wife.

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

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

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

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

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

The son of an Army officer and Vietnam veteran, Major Soltes was a graduate of Norwich University, a military school in Vermont, and the New England College of Optometry. He entered the U.S. Army Medical Service Corps in 1994 as an Army optometrist and provided eye care services to service men and women at home and abroad. Major Soltes served in Texas, the Republic of Korea, and at the United States Military Academy at West Point.

During his military service, Major Soltes completed a residency at the prestigious Brooke Army Medical Center. He earned adjunct faculty appointments at the University of Houston College of Optometry, the State University of New York State College of Optometry, and the Northeasrn State University College of Optometry. At the United States Military Academy at West Point, Major Soltes served as director of the Optometry Residency Program. In 1998, he earned his fellowship in the American Academy of Optometry. After completing his military duties in 1999, he moved to Irvine, CA, where he started a private practice, joined the Army Reserve and became the clinical director at Irvine Vision Institute, a refractive surgery specialty center in Irvine, CA.

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

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

I have had the opportunity to meet with Major Soltes's widow, Dr. Sally Dang and their three outstanding sons. This is a family of such immense strength, but also of pride for their husband and father, his life, his accomplishments, his service and his sacrifice. Dr. Dang recounted that if her husband had the opportunity to come back and serve again, he would do it without hesitation. When we name this center for Major Soltes today, we honor his family, his memory, and his military service, but also his service as a doctor who helped people see more clearly. Fittingly, Dr. Dang is also a practicing optometrist.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 4360.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. FILNER. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

FEDERAL AVIATION ADMINISTRATION EXTENSION ACT OF 2010

Mr. COSTELLO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4915) to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4915

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Federal Aviation Administration Extension Act of 2010''.

SEC. 2. EXTENSION OF TAXES FUNDING AIRPORT AND AIRWAY TRUST FUND.

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

(b) TICKET TAXES.—

(1) PERSONS.—Clause (ii) of section 4261(j)(1)(A) of the Internal Revenue Code of 1986 is amended by striking ''March 31, 2010'' and inserting ''July 3, 2010''.

(2) PROPERTY.—Clause (ii) of section 4271(d)(1)(A) of such Code is amended by striking ''March 31, 2010'' and inserting ''July 3, 2010''.

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

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

(a) IN GENERAL.—Paragraph (1) of section 9502(d) of the Internal Revenue Code of 1986 is amended—

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

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

(b) CONFORMING AMENDMENT.—Paragraph (2) of section 9502(e) of such Code is amended by striking ''April 1, 2010'' and inserting ''July 4, 2010''.

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

SEC. 4. EXTENSION OF AIRPORT IMPROVEMENT PROGRAM.

(a) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—Section 48103(7) of title 49, United States Code, is amended to read as follows:

''(7) $3,024,657,534 for the period beginning on October 1, 2009, and ending on July 3, 2010.''.

(2) OBLIGATION OF AMOUNTS.—Sums made available pursuant to the amendment made by paragraph (1) may be obligated at any time through September 30, 2010, and shall remain available until expended.

(3) PROGRAM IMPLEMENTATION.—For purposes of calculating funding apportionments and meeting other requirements under sections 47114, 47115, 47116, and 47117 of title 49, United States Code, for the period beginning on October 1, 2009, and ending on July 3, 2010, the Administrator of the Federal Aviation Administration shall—

(A) first calculate funding apportionments on an annualized basis as if the total amount available under section 48103 of such title for fiscal year 2010 were $4,000,000,000; and

(B) then reduce by 11 percent—

(i) all funding apportionments calculated under subparagraph (A); and

(ii) amounts available pursuant to sections 47117(b) and 47117(f)(2) of such title.

(b) PROJECT GRANT AUTHORITY.—Section 47104(c) of such title is amended by striking ''March 31, 2010,'' and inserting ''July 3, 2010,''.

SEC. 5. EXTENSION OF EXPIRING AUTHORITIES.

(a) Section 40117(l)(7) of title 49, United States Code, is amended by striking ''April 1, 2010.'' and inserting ''July 4, 2010.''.

(b) Section 44302(f)(1) of such title is amended—

(1) by striking ''March 31, 2010,'' and inserting ''July 3, 2010,''; and

(2) by striking ''June 30, 2010,'' and inserting ''September 30, 2010,''.

(c) Section 44303(b) of such title is amended by striking ''June 30, 2010,'' and inserting ''September 30, 2010,''.

(d) Section 47107(s)(3) of such title is amended by striking ''April 1, 2010.'' and inserting ''July 4, 2010.''.

(e) Section 47115(j) of such title is amended by striking ''April 1, 2010,'' and inserting ''July 4, 2010,''.

(f) Section 47141(f) of such title is amended by striking ''March 31, 2010.'' and inserting ''July 3, 2010.''.

(g) Section 49108 of such title is amended by striking ''March 31, 2010,'' and inserting ''July 3, 2010,''.

(h) Section 161 of the Vision 100—Century of Aviation Reauthorization Act (49 U.S.C. 47109 note) is amended by striking ''April 1, 2010,'' and inserting ''July 4, 2010,''.

(i) Section 186(d) of such Act (117 Stat. 2518) is amended by striking ''April 1, 2010,'' and inserting ''July 4, 2010,''.

(j) The amendments made by this section shall take effect on April 1, 2010.

SEC. 6. FEDERAL AVIATION ADMINISTRATION OPERATIONS.

Section 106(k)(1)(F) of title 49, United States Code, is amended to read as follows:

''(F) $7,070,158,159 for the period beginning on October 1, 2009, and ending on July 3, 2010.''.

SEC. 7. AIR NAVIGATION FACILITIES AND EQUIPMENT.

Section 48101(a)(6) of title 49, United States Code, is amended to read as follows:

''(6) $2,220,252,132 for the period beginning on October 1, 2009, and ending on July 3, 2010.''.

SEC. 8. RESEARCH, ENGINEERING, AND DEVELOPMENT.

Section 48102(a)(14) of title 49, United States Code, is amended to read as follows:

''(14) $144,049,315 for the period beginning on October 1, 2009, and ending on July 3, 2010.''.

SEC. 9. EXTENSION AND FLEXIBILITY FOR CERTAIN ALLOCATED SURFACE TRANSPORTATION PROGRAMS.

(a) SHORT TITLE.—This section may be cited as the ''Surface Transportation Extension Modification Act of 2010''.

(b) MODIFICATION OF ALLOCATION RULES.—Section 411(d) of the Surface Transportation Extension Act of 2010 is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A)—

(i) by striking ''1301, 1302,''; and

(ii) by striking ''1198, 1204,''; and

(B) in subparagraph (A)—

(i) in the matter preceding clause (i) by striking ''apportioned under sections 104(b) and 144 of title 23, United States Code,'' and inserting ''specified in section 105(a)(2) of title 23, United States Code (except the high priority projects program),''; and

(ii) in clause (ii) by striking ''apportioned under such sections of such Code'' and inserting ''specified in such section 105(a)(2) (except the high priority projects program)'';

(2) in paragraph (2)—

(A) in the matter preceding subparagraph (A)—

(i) by striking ''1301, 1302,''; and

(ii) by striking ''1198, 1204,''; and

(B) in subparagraph (A)—

(i) in the matter preceding clause (i) by striking ''apportioned under sections 104(b) and 144 of title 23, United States Code,'' and inserting ''specified in section 105(a)(2) of title 23, United States Code (except the high priority projects program),''; and

(ii) in clause (ii) by striking ''apportioned under such sections of such Code'' and inserting ''specified in such section 105(a)(2) (except the high priority projects program)''; and

(3) by adding at the end the following:

''(5) PROJECTS OF NATIONAL AND REGIONAL SIGNIFICANCE AND NATIONAL CORRIDOR INFRASTRUCTURE IMPROVEMENT PROGRAMS.—

''(A) REDISTRIBUTION AMONG STATES.—Notwithstanding sections 1301(m) and 1302(e) of SAFETEA–LU (119 Stat. 1202 and 1205), the Secretary shall apportion funds authorized to be appropriated under subsection (b) for the projects of national and regional significance program and the national corridor infrastructure improvement program among all States such that each State's share of the funds so apportioned is equal to the State's share for fiscal year 2009 of funds apportioned or allocated for the programs specified in section 105(a)(2) of title 23, United States Code.

''(B) DISTRIBUTION AMONG PROGRAMS.—Funds apportioned to a State pursuant to subparagraph (A) shall be—

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

''(I) the amount apportioned to the State for that program for fiscal year 2009; bears to

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

''(ii) administered in the same manner and with the same period of availability as funding is administered under programs identified in clause (i).''.

(c) EXPENDITURE AUTHORITY FROM HIGHWAY TRUST FUND.—Paragraph (1) of section 9503(c) of the Internal Revenue Code of 1986, as amended by the Surface Transportation Extension Act of 2010, is amended by striking ''in effect on the date of the enactment of such Act)'' and inserting ''in effect on the later of the date of the enactment of such Act or the date of the enactment of the Surface Transportation Extension Modification Act of 2010)''.

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

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. COSTELLO) and the gentleman from Wisconsin (Mr. PETRI) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

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

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

There was no objection.

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

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

Earlier this week, the Federal Aviation Administration requested a technical correction to H.R. 4853 as passed by the House. The FAA needs this technical correction to ensure sufficient airport improvement program funds are allocated to AIP formula grants rather than AIP discretionary grants.

Madam Speaker, the House has previously passed two FAA reauthorization bills in 2007 and again in 2009. We have been waiting on the other body to act. Finally on Monday, the Senate passed its FAA bill, H.R. 1586, using an unrelated House-passed tax bill.

□ 1045

Madam Speaker, tomorrow the House intends to take up the Senate bill, H.R. 1586 and amend it. We will insert the text of the House FAA reauthorization bill, H.R. 915, and the bipartisan House aviation safety bill, H.R. 3371, the Airline Safety and Pilot Training Act of 2009, which is one of the strongest aviation safety bills in decades.

The purpose of the House taking action to amend H.R. 1586 is to ensure that important provisions we included in H.R. 915 and H.R. 3371 to improve aviation safety, to provide consistency and collective bargaining rights throughout the express carrier industry, to increase the Passenger Facility Charge to assist airports in meeting their capital needs, to create jobs and to modernize our air traffic control system, are maintained throughout the conference with the Senate.

The Aviation Subcommittee held over 20 hearings on the reauthorization bill and the safety issues. In addition, we had five roundtables to discuss aviation safety in the reauthorization bill with everyone from the FAA to everyone in the aviation community.

H.R. 915 is a comprehensive bill. It will provide approximately $53.5 billion to modernize our air traffic control system, fund airport development, research programs, small community service, and Federal aviation operating expenses.

Our bill reflects a continued effort toward ensuring our aviation system remains the safest in the world. In the FAA forecast, the airlines are expected to carry more than 1 billion passengers in the year 2021, up from almost 760 million in 2008. To deal with this growth, strengthen our economy, and create jobs, H.R. 915 provides historic funding levels for FAA's capital programs. This includes $12.3 billion for the Airport Improvement Program, nearly $10.1 billion for the FAA's Facilities & Equipment fund, and $685.4 million for Research, Engineering, and Development. The bill also provides $30.3 billion for FAA operations over the next 3 years.

These funding levels will accelerate the implementation of NextGen, enable the FAA to replace and repair existing facilities and equipment, improve airport development, and provide for the implementation of high-priority, safety-related systems.

Let me mention the importance of NextGen. Both the full committee and the Aviation Subcommittee has spent a great deal of time trying to move the Next Generation Air Transportation System forward. NextGen is critical to the future of aviation, not only for safety reasons, but also to reduce congestion delays and save time as well as fuel. We have operated now under a ground-based radar system for far too many years. We need to move forward with the NextGen system so that we can implement a satellite-based system in order to make the improvements that are necessary.

In H.R. 915, we also changed the organizational structure of the FAA's Joint Planning and Development Office, the body charged with planning NextGen. To increase the authority and visibility of the JPDO, H.R. 915 elevates the Director of the JPDO to the status of Associate Administrator for NextGen within the FAA to be appointed by and reporting directly to the FAA Administrator. To increase accountability and coordination of NextGen planning and implementation, the bill requires the JPDO to develop a work plan that details, on a year-to-year basis, specific NextGen-related deliverables and milestones required by the FAA and its partner agencies.

Like the 2007 bill, we increased the Passenger Facility Charge cap from $4.50 to $7 to those airports who choose to implement the increase, to help airports choose and those who participate in the program to meet their capital needs. According to the FAA, every airport currently collecting $4 to $4.50 under the PFC, if they raise it to $7, it will generate $1.3 billion in additional revenue every year for airport development, which strengthens our economy and creates additional jobs at a time that both are critically needed.

The legislation provides significant increases in AIP funding for smaller airports that rely on AIP for capital financing. The ability to raise the PFC and the increase in the AIP funding provides financing for airport capital development that will help reduce delays.

The bill also dramatically increases funding for and improves the Essential Air Service program and reauthorizes a small community Air Service Development Program through 2012.

Here at home and across the globe, more is being done to reduce energy consumption and emissions. The FAA and the aviation community continues to be a leader in greening its operations. We further those efforts by establishing the CLEEN Engine and Airframe Technology Partnership and the Green Towers program, which was modeled after what is currently being done at O'Hare International Airport in Chicago.

The United States has the safest air transportation system in the world; however, we must not become complacent about our past success. To keep proper oversight over the FAA and safety, the FAA, under the H.R. 915 legislation, directs the FAA to increase the number of aviation safety inspectors, initiate study on fatigue, and requires the FAA to inspect part 145 certified foreign repair stations at least twice a year.

The legislation does not increase or place new user fees on users of airspace.

We believe that the Airport and Airway Trust Fund revenues, coupled with the additional revenue from the recommended general aviation fuel tax increase and a reasonable general fund contribution will be sufficient to provide for the historic capital funding levels required to modernize the air traffic control system.

Madam Speaker, this legislation before us today is critically important to the FAA.

With that, I reserve the balance of my time.

Mr. PETRI. Madam Speaker, in May of last year, the House passed H.R. 915, the FAA Reauthorization Act of 2009. Earlier this week, the Senate passed its own FAA reauthorization bill, and, therefore, the two Chambers will soon begin negotiations to reconcile the bills. However, that process will take some time. Given that the current FAA extension expires at the end of this month, we need to again extend the FAA's taxes and authorities to allow time to get a final conferenced FAA bill.

While the House considered and passed an FAA extension bill just last week, we are again considering an FAA extension in order to address a minor technical matter in the earlier bill that would have impacted the FAA's ability to fund airport projects during the next 3 months. Therefore, this bill, H.R. 4915, makes the technical correction and also extends the taxes, programs, and funding of the FAA to July 3 of this year.

This bill will ensure that our National Airspace System continues to operate and that the FAA continues funding important airport projects while the Congress reconciles the two reauthorization bills.

Like the bill considered last week, the bill before us also includes a provision that will change the way funding is distributed for the Projects of National and Regional Significance program and the National Corridor Infrastructure Program in the surface transportation extension that was signed into law last week. Currently, 56 percent of the funds for those two programs are directed to just four States, and 22 States will receive no funding at all. This fix ensures that the funding for those two programs is distributed to all States through the existing Federal-Aid Highway formula.

With that, I urge my colleagues to support H.R. 4915.

I reserve the balance of my time.

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

Mr. CAPUANO. I thank the gentleman for calling me valued. It's nice to be valued. He didn't say how much, but we will leave it alone—high value.

Madam Speaker, I rise today to express my support for this legislation

and look forward to it. This legislation is long overdue. It's something that we have been working on now for, well, as long as I can recall. It has lots of important issues in there in the FAA and it also has an additional fix. As I see it, it's not even about the amount of money for the Commonwealth of Massachusetts. From my perspective, it is about an equitable issue. That's really all it is. It's a matter of equity.

We were put in a position to pass a bill that had other good job provisions in it that did not have equitable provisions in it, but we did it because this economy needs a boost. And like every bill we ever vote on anything, there is some good and some bad. So that particular bill, in my opinion, had some bad things in it.

This bill has good things for the FAA, has good things for the country, has good things for all of us who fly, but it also had some provisions in there that will level the playing field for the people of this country, and that's why I wanted to come over this morning.

Again, there are times when I usually get called on to ask when there is a fight going on. In this particular instance, there is no fight here. I am not sure exactly who the fight is with, and I am a little uncomfortable speaking when we are all on the same side, but it's nice for a change. I won't get used to it too often, but I do enjoy it on occasion when it happens, so I wanted to come over and express my support.

Mr. PETRI. I want our colleague from Massachusetts to know that he is valued on both sides of the aisle.

With that, I yield such time as he may consume to the esteemed ranking member of our committee, Mr. MICA, from Florida.

Mr. MICA. Thank you for yielding.

Madam Speaker and my colleagues, if everyone isn't totally confused by what's going on with the FAA legislation, it will be a miracle, but let me just try to take, for a moment, Madam Speaker and my colleagues, a little time to explain to Members and staff and you, Madam Speaker, where we are and how we got here.

Now, what we are considering now is not a new FAA bill but the extension of the old FAA bill. In fact, the FAA bill, when I was chairman of the Aviation Subcommittee in 2003, in May of that year, we introduced a bill that became law 6 months later and was signed by the President the end of 2003. That bill has been in effect, that authorization which authorizes all the policy, all the projects for FAA, has been in effect, and it expired in September of 2007. Since September of 2007, we have not had a new FAA bill. What we have done is a series of extensions of the 2003-passed bill.

Now, last week, we were here doing the 12th extension of the FAA bill, and we passed that measure and we sent it over to the other body. The other body took that legislation and they passed it, but a little mistake was made, I understand, in the formula for AIP funding, so that's why we are back here the 13th time passing an extension of a bill that expired in 2007.

Mr. OBERSTAR. Would the gentleman yield?

Mr. MICA. Yes, I would be glad to yield.

Mr. OBERSTAR. That makes the gentleman from Florida, Madam Speaker, the author of the longest surviving authorization of FAA programs.

Mr. MICA. Yes. I wish I didn't have that honor. But as the gentleman who just spoke is now our chairman, was the chairman of the Aviation Subcommittee when I came to Congress, and I met him first in 1993, he knows the importance of getting this authorization done.

Now, meanwhile, back at the ranch, Madam Speaker and Members of Congress, the FAA bill that the House passed last May has been over in the other body being considered. Of course, other things have gotten in the way and, finally, I believe, last night, they passed the FAA bill. But the other body didn't use our legislation that we had passed in May. They took a Ways and Means bill and they tacked on the provisions that they want, and it's coming back to the House of Representatives, and tentatively scheduled before the Rules Committee is that full bill. What we are debating now is just an extension to get us to July 3, because they are sending back—they are playing a little bit of games with the entire bill.

□ 1100

They took our bill out. They put other provisions in on a Ways and Means bill, which really raises questions as to our jurisdiction because we're the Transportation Committee, although I know the chairman is planning to tack our bill, our full bill back on, hopefully, in the Rules Committee and then bring that back to the floor.

So this little ping-pong game of the FAA reauthorization is not over by any means. I'm hoping and praying that this authorization extension that gets us to July 3 is accepted without change over in the other body because, as we know, there was a highway bill extension to December 31 put on a jobs bill last week.

But when we passed that in the House and the President signed it into law, it's my understanding it contains a provision that the other body put in; and four people, four individual States, rather, benefit by the provisions of that taking the highway trust fund money for special projects of national significance, and four States get 58 percent of the money. Now, we didn't want that in the bill when it passed.

Mr. OBERSTAR obtained agreement from Mr. REID and Ms. PELOSI that we would change that, and we actually had a provision to change that in this bill, this extension.

Now I'm getting confused. But, in fact, that provision is in this bill that would give every State equitable distribution of those highway funds. So that's why we support it on the Republican side.

Mr. OBERSTAR's been working to get this done. We don't want four States to benefit. We don't want all the money to be put in the discretionary fund and then distributed at the will of a few bureaucrats. We want everyone to be treated equitably.

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

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

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

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

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

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

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

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

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

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

As we have worked to develop a longer-term extension for SAFETEA–LU, the issue of how to apportion the

approximately $932 million provided for these programs during the extension period has been of critical concern to our committee.

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

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

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

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

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

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

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

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

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

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

I congratulate our leadership and our Members and recommend this bill to all of our Members.

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

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

Mr. OBERSTAR. I thank the gentleman for yielding and compliment Mr. COSTELLO on the splendid job he has done in crafting the FAA authorization bill, and the partnership with Mr. PETRI, and also with Mr. MICA, the Republican leader on the committee who once chaired the aviation subcommittee. And together we have fashioned a really solid bill for the future. We passed it in two Congresses. It's well past time for the Senate to act on this bill, and finally they did, 93–0.

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

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

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

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

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

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

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

I also urge the other body to act on H.R. 4786, which we passed March 10, to correct an additional problem created by the filibuster in the Senate that caused highway authorization to lapse and 1,922 Federal Highway Administration career employees to lose their salaries. They, through no fault of their own, get a 20 percent cut in their biweekly pay check. That's unreasonable.

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

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

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

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

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

It's time to do justice for these people. Don't hold them up for a month if this goes on longer. This is just patently unjust. I urge the Senate to act on this bill.

□ 1115

Mr. PETRI. I yield 1 minute to the Representative from Nevada, a member of the subcommittee, Ms. TITUS.

Ms. TITUS. Madam Speaker, I thank the gentleman for the courtesy of yielding.

I rise today in support of this legislation and in support of the provision

that includes ''to distribute funds for the projects of national significance and National Corridor Grant programs through existing formulas.''

Under the HIRE Act, funds for these programs went to only 29 States based on whether they had earmarked projects under SAFETEA-LU. Some States were big winners, and others were big losers. Twenty-two States would receive no funding at all, including my State of Nevada. California, Illinois, Louisiana, and Washington, however, would get $543 million of the $932 million allocated. The legislation we are considering today would correct this inequity.

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

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

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

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

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

I reserve the balance of my time.

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

I yield back the balance of my time.

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

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. COSTELLO) that the House suspend the rules and pass the bill, H.R. 4915.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF H.R. 4899, DISASTER RELIEF AND SUMMER JOBS ACT OF 2010

Mr. PERLMUTTER. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 1204 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1204

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 4899) making emergency supplemental appropriations for disaster relief and summer jobs for the fiscal year ending September 30, 2010, and for other purposes. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Appropriations; and (2) one motion to recommit.

The SPEAKER pro tempore. The gentleman from Colorado is recognized for 1 hour.

Mr. PERLMUTTER. Madam Speaker, for purposes of debate only, I yield the customary 30 minutes to the gentlewoman from North Carolina (Ms. FOXX). All time yielded during consideration of the rule is for debate only. I yield myself such time as I may consume.

GENERAL LEAVE

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

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

There was no objection.

Mr. PERLMUTTER. Madam Speaker, House Resolution 1204 provides for consideration of the Disaster Relief and Summer Jobs Act of 2010 under a closed rule. The rule provides for 1 hour of debate equally divided and controlled by the chair and ranking minority member of the Appropriations Committee. The rule waives all points of order against consideration of the bill except those arising under clause 9 or 10 of rule XXI. The rule provides that the bill shall be considered as read. And, finally, the rule provides one motion to recommit the bill, with or without instructions.

Madam Speaker, we are quickly approaching the beginning of disaster season in the United States. While many natural disasters occur without warning, we can say with certainty that tornadoes, hurricanes, wildfires, and flooding will damage communities across our Nation in the coming 6 months.

Just this week, the residents of North Dakota and Minnesota are breathing a sigh of relief as the Red River flood crested. In my own State of Colorado, throughout our history we have suffered our fair share of destruction by wildfire, tornados, hailstorms, and flooding. In the gentlewoman Ms. FOXX's district, for instance, a major disaster was declared just this year due to severe winter storms and flooding.

We don't know where and we don't know when natural disasters will occur, but our Federal response and relief officials must prepare nonetheless. And when those disasters do happen, Members of Congress will tour the devastation in their district and tell their constituents hurt by the disaster, ''I will do everything I can to help you recover from this event.''

Today's bill is the most important thing they can do to help in the recovery and relief efforts. There will be emergency response professionals who worked overtime and need to be reimbursed. There are Federal search and rescue teams which will have to be mobilized. FEMA will have to rebuild public infrastructure and remove debris. FEMA will have to provide temporary shelter to families displaced by the disaster. And, under the Stafford Act, these are all responsibilities of FEMA. There is just no getting around it.

Already this year there have been 18 disasters and three emergency funds in seven States, and the disaster relief fund is about to be exhausted. Given the domestic and international efforts FEMA has undertaken this year, the disaster relief fund will be exhausted within the next month. So this bill replenishes the disaster relief fund with $5 billion.

This funding can only be used for disaster relief; it cannot be shifted into other accounts. And if it is not spent this year, it will be retained for the fund next year.

Because relief also requires the Federal Government to assist affected small businesses to resume operations, the bill also provides for $60 million to be funded to the Small Business Administration. And, finally, the bill invests $600 million into job training and employment services.

This is a vital investment to build upon the progress we have made in the past year to put America back to work.

Because this investment is not an emergency, it is paid for with unobligated Recovery Act dollars. But make no mistake, this bill is about robust emergency response capabilities. Natural disasters don't care about congressional district boundaries. They can happen anywhere in our country.

I hope Members see the importance of this bill and make the right vote to ensure FEMA and our Federal disaster relief and recovery officials have the resources they need to help your States save lives and rebuild.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I thank my colleague for yielding. I yield myself such time as I may consume.

Madam Speaker, despite what the Democrats may say about this bill, my colleagues could be well served to recognize how this bill represents little more than a continuation of the arrogant approach to governing that has pervaded this body since they took control 3 years ago. Let's start by considering the process for which this rule and bill are coming before us today.

This legislation, which spends $5.7 billion to replenish a FEMA disaster relief account and fund a Department

of Labor Summer Jobs program—''jobs'' in quotes—was introduced last Sunday, March 21, and was before the Rules Committee the following day.

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

So much for good intentions.

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

Oh, how quickly we forget.

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

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

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

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

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

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

When looking for another reason to increase taxes, they simply look for an excuse to increase automatic spending. That way, they tell their tax-conscious constituents that their hands were tied as the rules forced them to support the tax increases. Never take responsibility for your actions.

What happens when the spending proposals are so much that even liberals can't tax their way out of them? A few of their tricks include budgetary gimmicks, like inserting an exception into the rules, or, my favorite, simply declare the spending to be an emergency.

□ 1130

The bill we have before us today designates, as an emergency, $5.1 billion in spending for a FEMA account that could and should be funded through the regular appropriations process. As I raised in the Rules Committee the other day, we recommend to people that they have 3 months of income in an account in case they have an emergency, but this is funding in anticipation. And it means we're borrowing money and we're paying interest on that borrowed money.

The excuses from my colleagues just are endless. Spending increases are so common that they have become all too predictable. Observers of this debate are likely to hear one of the most tired excuses intended to dodge responsibility for their unconscionable spending binge. When all else fails, they always fall back on the reliable excuses, Well, George Bush did it, or, You did it before.

As a teacher, I never let my students get away with childish excuses like this. This is Congress. People elected us to be responsible for the decisions we make. It is true that Republicans spent far too much while in the majority, but the Democrat response is simply to triple down on the mistakes of the past and return to the same old blame game that's led this government into the budgetary malaise that we're facing today. While they say they're simply responding to the mess made by the previous administration, the Democrats would have you believe that this mess was created because George Bush didn't spend enough.

The American people need strong leadership. They need effective leadership. They need leadership that ends the petty, partisan blame game and accepts responsibility for governance. This bill exemplifies how the ruling Democrats fail to offer any of these fundamental leadership traits. That's why this country desperately needs a change in congressional leadership. We need to vote ''no'' on the rule, and ''no'' on the underlying bill.

With that, Madam Speaker, I reserve the balance of my time.

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

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

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

When I'm listening to my friend from North Carolina, it's like she wants to have Katrina happen all over again, where we're not prepared, the country is not prepared to deal with a massive emergency. That's what this is all about. It is about funding FEMA so that it can respond to the emergencies that we know are going to arise. And so all of this conversation about procedural tricks and ''You aren't getting this done,'' this is about funding the emergency management of this country. I'm surprised, especially when North Carolina just enjoyed the ability to take advantage of this—well, nobody would enjoy having to draw on the disaster relief. I take that back. That was an improper statement. What they did is they had the disaster relief fund available to them to deal with the troubles they suffered during this past winter.

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

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

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

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

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

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

I don't understand my colleague saying we are not prepared for a massive disaster. If we aren't, with all the money that we spend on things, then we have a major problem. I think we are prepared for major disasters. We showed that on 9/11. We showed it with Katrina. So this is a straw dog. That's all it is.

Now, given the best efforts of the Democrats to create jobs, starting with the stimulus last year, perhaps this bill would be better titled: The Disaster Relief and Summer Government Jobs Act of 2010. As has been so well articulated in a March 3 Washington Times editorial, ''From immigration to clean energy to expanding the social safety net, there's no better way to grease the skids for new government programs in Washington nowadays then to declare them job-producing bills, then watch supporters line up and potential opposition crumble.''

The piece goes on to cite multiple examples of how Democrats claim their proposals will create jobs, but what they never seem to mention is where these jobs are coming from. Ends up, many of the Democrat policies do create jobs after all—government jobs—and they do so by stealing jobs from the private sector. And don't just take my word for it. Let's look at the evidence.

As you can see, this chart shows the net job gains or losses by major sector from February of 2009 to February 2010. It illustrates how the private sector lost 3.9 million jobs over the past year while government grew by a total 293,000 jobs. Again, the American people are understanding this and they're getting sick and tired of it. They don't want to be paying high taxes to be put in debt until infinity in order to create more government jobs, generally paying twice as much as the private sector jobs do.

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

Our colleagues continually say that we don't represent things accurately. I know we can argue about numbers, but these are not Republican numbers. These are numbers that are true.

Madam Speaker, this bill is not going to do anything to create more jobs. It's going to continue to hurt the economy.

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

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

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

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

Under the Bush administration, we had tremendous job loss beginning in 2007, but certainly in the fall of 2008.

Ms. FOXX. Would the gentleman yield?

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

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

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

So, I would entertain my friend's question.

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

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

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

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

□ 1145

Ms. FOXX. Madam Speaker, I thank my colleague very much for yielding and answering my questions. I didn't say anything about FEMA and its response to Hurricane Katrina. I think if you will look back at my comments, it was that Congress was able to respond immediately when there was a need, which is what we believe should happen.

Mr. PERLMUTTER. Will the gentlewoman yield?

Ms. FOXX. I yield to the gentleman from Colorado.

Mr. PERLMUTTER. Well, responding after the hurricane hits isn't fast enough. This is about knowing these things are coming and dealing with them in advance.

With that, I yield back to my friend.

Ms. FOXX. I thank my colleague.

What I don't understand, if this is what the Democrats want to do, why don't we have an emergency reserve fund? Again, we advise families to prepare for emergencies. That's what we

should do in the government. We should go through regular order. We should have debate. We should have some idea of where money is going to need to be spent in advance in terms of how we respond at the Federal level.

This is more government knowing the answer to everything and government control from the Federal level. That's exactly what this is. Is it going to create jobs? Well, yes. It's going to create some summer jobs for young people, but it's not going to affect that job picture that my colleague talked about. Neither did the stimulus. The stimulus was passed. We were told by the White House, by the Congress, ''Pass this and unemployment will not exceed 8 percent.'' Unemployment has been right at 10 percent for months and months and months. In fact, again, the only thing that's been stimulated has been the government, and that's not where we need to be going.

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

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

As articulated in a March 10 Wall Street Journal editorial:

''The recent act of Congress that has caused the most economic hardship goes to the May 2007 law raising the minimum wage in three stages to $7.25 an hour from $5.15. Rarely has a law hurt more vulnerable people more quickly. A higher minimum wage has the biggest impact on those with the least experience or the fewest skills. That means in particular those looking for entry-level jobs, especially teenagers. And sure enough, as nearly all economic models predict, the higher minimum has wreaked havoc with teenage job seekers, well beyond what you would expect even in a recession.''

The editorial continues by comparing:

''the three-stage increase in the minimum wage with the jobless rate for teens age 16 to 19 since 2007. The first increase, to $5.85 from $5.15, after a decade of no increases and when the overall joblessness rate was below 5 percent and the teen rate was 14.9 percent. The demand for labor was sufficiently strong in many areas that most employers were probably willing to absorb the higher wage.

''But as the minimum wage increased even as the overall job market began to worsen, the damage to teen job seekers became more severe. By the time the third increase to $7.25 from $6.55 took effect in July 2009, the teen jobless rate was 24.3 percent, and by October, it peaked at 27.6 percent before dropping to 26.4 percent in January.

''The story is even worse for black teens, who often have lower than average education levels or live in areas with fewer job prospects. Their jobless rate climbed from 38.5 percent before the third wage hike to 49.8 percent in November 2009, before falling back to 43.8 percent in January. For black male teens, the rate climbed to 52.2 percent in December from 39.2 percent in July. The difference between the jobless rates for black teens and the entire population widened by six percentage points from June 2007 to January 2010. Even assuming those rates fall as the job market improves this year, they will remain destructively high.

''The third increase was especially ill-timed because it hit while the recession was ending but before employers have felt confident to rehire. To raise the cost of unskilled labor precisely when the jobless rate is heading toward 10 percent is an act of almost willful economic stupidity.'' Madam Speaker, I want to remind the Speaker that I am quoting. ''A Congress that has spent $862 billion to create jobs thus managed with its wage increase to harm tens of thousands of entry-level job seekers. And it did so in the name of 'compassion' and a 'living wage.' In many cases that wage has since become zero.

''The evidence is clear that increasing the minimum wage is an expensive and misguided way to try to move working families out of poverty. According to the Employment Policies Institute, 85 percent of people who earn the minimum wage aren't the primary bread winner in a family.

''Most readers remember the work habits they learned from their first job. Showing up on time, being courteous to customers, learning how to use technology—such habits are often more valuable than the actual paycheck. Studies have confirmed that when teens work during summer months or after school, they have higher lifetime earnings than those who don't work. So raising the minimum wage may inadvertently reduce lifetime earnings.

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

This will not solve problems. It creates more.

With that, Madam Speaker, I reserve the balance of my time.

Mr. PERLMUTTER. Madam Speaker, first I would ask how much time remains on both sides.

The SPEAKER pro tempore. The gentleman from Colorado has 19½ minutes. The gentlewoman from North Carolina has 11½ minutes.

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

Ms. FOXX. I now yield such time as he may consume to our colleague from Arizona (Mr. FLAKE).

Mr. FLAKE. I thank the gentlelady for yielding.

Listening to this debate in my office, I just had to come down here because it sounds like this debate is taking place in a vacuum here, like we didn't do anything else this past week. It's been noted that we're providing extra money for FEMA, some for projects that are in the pipeline already, some for disasters that we know will occur. You could put that aside and realize that we're spending I think it's $600 million—$600 million, new money, every dime of which will be borrowed. Because we're running a deficit, every dime will be borrowed.

Now you may say, ''All this is being taken from the stimulus.'' We borrowed the stimulus. We borrowed the stimulus money. We are borrowing nearly 40 percent of the money that we're spending here at the Federal level. So they'll say, ''Oh, yes. This is being taken from another program that's already funded.'' But you have to realize we're borrowing that money, too. So $600 million to create temporary jobs for kids in the summertime, apparently, with no notion that we may have put a lot of people out of work with what we just did earlier this week.

You know, we pass a lot of laws here. We're good at that. But we aren't very good at suspending the laws of economics. We can't do that. We can pretend that we can, but we can't do it. We can't suspend the laws of economics, and we can't phase them in, either. So when you announce that you're going to tax investment capital, that means there's less investment capital to actually invest in job creating activities. So the job creating sector is smaller than it was before. Whenever you take money into government from the job creating sector, when you tax investment capital, like the health care reform that we did, that means there's going to be less capital for job creation.

Also, when you look at this health care bill itself, the President said when he signed the bill into law that the time for overheated rhetoric is over and that the rhetoric will now be confronted with reality. Well, let me tell you what the reality is right now. The reality is higher insurance premiums. So if it's not bad enough out there with a lack of jobs, Americans all over are going to face much higher insurance premiums by virtue of the legislation we just passed. You have to understand that all of the pressures right now are to drive costs upward. There's no downward pressure economically on insurance premiums at the moment because any cost controls either don't exist at all; there's no medical liability reform; and broadening the pool of people who will come into any insurance pool doesn't happen or is not on the mandatory side several years from now.

All you have are requirements that preexisting conditions for children now be covered; that individuals, adults up

to age 26 can stay on their parents' policy; preventative care now has to be covered with no deductibles or copays. Now those may or may not be good policies. That's not what I'm arguing here. But when you do that, insurance is no longer a hedge against risk. We've just obliterated what insurance is supposed to be, and insurance companies will now be treated like public utilities where government simply regulates them. And all the pressure is upward. There's no downward economic pressure on price. So what we'll see in the next several months is insurance premiums jumping up.

I just want to say right now, we shouldn't be surprised when that happens because we can't suspend the laws of economics. We can pass laws, but there are certain laws that are there that we can't change, and those will be slapping us in the face here soon. So when we come to the floor, it's all well and good to talk about FEMA funding. But I wish we would talk a little about $600 million also that's going to be spent—borrowed—whether it's taken from another existing program or not, we're borrowing that money as well. We're borrowing more money, adding to the deficit, adding to the debt.

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

I'm so glad that my friend Arizona was roused from his office because of our conversation about FEMA to come down and talk about health insurance. So I appreciate his statement that higher insurance premiums are going to be the reality. That's the reality today. That was the reality yesterday. That was the reality the day before that. That was the reality in California when they wanted to take the rates up 40 percent, I would say to my friend. That was the reality last year. That was the reality the year before. If we keep doing the same thing, we're going to get the same answers. You have to change things at some point, is what I would say to my friend from Arizona.

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

Mr. FLAKE. Will the gentleman yield?

Mr. PERLMUTTER. Not yet.

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

I appreciated the comments. You'll get another chance. I'm sure the gentlewoman has a lot of time, so she'll yield to you.

□ 1200

The other thing I wanted to say to my good friend because he brought up the economics, in the last 18 months of the Bush administration, this country lost about $17 trillion in wealth: in homes; in 401(k)s and pension plans; and in jobs. Since last year, the country, each one of us, in our little way, each one of us has gained about $5 trillion back. Our 401(k)s have improved; our pensions have improved; there has been a stabilizing of home prices; and jobs, as we talked about earlier, are starting to come back after being lost at an unbelievable rate under the Bush administration. So the stock market is up by 4,000 points in the last year. It lost 7,500 points in the last 18 months of the Bush administration.

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

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

Mr. PASCRELL. Madam Speaker, I thank the gentleman for yielding, and I rise in strong support of the rule and the underlying legislation, H.R. 4899, the Disaster Relief and Summer Jobs Act of 2010. I want to commend the Rules Committee, Chairman OBEY and the rest of the Appropriations Committee for bringing this legislation to the floor. This legislation further shows the Democratic majority's commitment to supporting jobs for the American people. Jobs for over 300,000 young people this summer are supported and fully offset in this legislation.

Last weekend, the 8th Congressional District of New Jersey, along with many other communities throughout the State, were hit with a severe nor'easter that caused near record flooding throughout the Passaic River basin. The rising waters, combined with downed trees and power lines, have led to the closing of many roads and bridges. Over 2,500 residents were forced to evacuate; and State, county and local first responders continued their great work to help safeguard life and property.

The flooding has damaged over 3,000 homes. I went back on Monday to see for myself. I took 3 hours and came right back. Over 400 businesses were devastated. A preliminary damage assessment estimates the loss to the public sector alone to be almost $10 million. That is the public sector.

On Monday when I briefly returned to my district to see for myself, FEMA was there on schedule, and we hope there will be a very short period between the time they present their information to the Governor of the State of New Jersey and then he will make his appeal to the Federal Government. That is how FEMA should work. We just got notice, in fact, yesterday that the snow disaster that occurred in the southern part of the State is just being responded to, so these are bureaucratic nightmares, particularly to those people forced out of their homes.

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

Mr. PERLMUTTER. I yield the gentleman another 30 seconds.

Mr. PASCRELL. It is critical that we approve the $5.1 billion included in this emergency legislation to allow FEMA to continue its work helping areas of the country like northern New Jersey recover from these natural disasters.

I urge an ''aye'' vote on the rule and the underlying bill.

Mr. PERLMUTTER. I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I yield 2 minutes to the gentleman from Arizona (Mr. FLAKE).

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

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

The gentleman mentioned that insurance rates have been rising over the years; you bet they have. And part of the reason for which is we have shielded insurance companies from competition. We don't allow them to sell insurance across State lines. And nowhere in this legislation do we allow them to do that. We also don't allow individuals to have the same purchasing power that companies have so you can't as an individual with pretax dollars go out

and shop for health insurance. So we have shielded them from competition, and of course rates are going to go up. But they are going to go up rapidly now because we have imposed these costs upon them.

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

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

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

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

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

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

The President's FY 2011 budget doubles the debt in 5 years and triples it by 2019 from FY 2008 levels. It pushes the debt to $9.3 trillion this year, or 63.6 percent of gross domestic product, the largest debt in history and the largest debt as a share of our economy in 59 years. Despite the Senate's passage of a $1.9 trillion increase in the debt limit, Congress would need to increase this limit again before October 1, 2011, under the President's budget. The interest bill on the debt would more than quadruple by the end of the decade, reaching $840 billion in 2020.

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

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

Madam Speaker, we are in a critical time in our country. Economists have told me that unless we stop spending in a very short period of time, we are going to become like a Third World nation. What has set us apart for so long from the rest of the world has been the rule of law and the fact that we have been fiscally conservative. The American people are fiscally conservative; they expect their government to be so. We are putting this country in danger and Republicans are sounding the call. We want to help the American people, but we know the best way we can do that is for the Federal Government to get out of the way and let the entrepreneurial spirit and the freedom that has always characterized this country allow people to do what is the right thing to do for our economy. This direction is wrong. We are going to continue to say that it is wrong, and we know the American people understand that.

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

I yield back the balance of my time.

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

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

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

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

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

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

So the bill provides for FEMA funding. It provides for job training and summer jobs. And, Madam Speaker, this bill that is before us is about saving lives. It is about dealing with disasters. We need to be prepared and that is the whole purpose. We can't have any more Katrinas. We need to do our best to try to deal with those disasters that we know are coming.

I urge a ''yes'' vote on the previous question and on the rule.

I yield back the balance of my time, and I move the previous question.

The previous question was ordered.

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

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

□ 1215

PROVIDING FOR AN ADJOURMENT OR RECESS OF THE TWO HOUSES

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

The Clerk read the concurrent resolution, as follows:

H. CON. RES. 257

Resolved by the House of Representatives (the Senate concurring), That when the House adjourns on any legislative day from Wednesday, March 24, 2010, through Monday, March 29, 2010, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned until 2 p.m. on Tuesday, April 13, 2010, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first; and that when the Senate recesses or adjourns on any day from Thursday, March 25, 2010, through Wednesday, March 31, 2010, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Monday, April 12, 2010, or such other time on that day as may be specified in the motion to recess or adjourn, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. The Speaker of the House and the Majority Leader of the Senate, or their respective designees, acting jointly after consultation with the Minority Leader of the House and the Minority Leader of the Senate, shall notify the Members of the House and the Senate, respectively, to reassemble at such place and time as they may designate if, in their opinion, the public interest shall warrant it.

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

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

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

The yeas and nays were ordered.

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

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

[Roll No. 178]

YEAS—236

Ackerman
Andrews
Baca
Baird
Baldwin
Barrow
Bartlett
Bean
Becerra
Berkley
Berman
Berry
Bilbray
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boren
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Bright
Brown, Corrine
Butterfield
Capps
Capuano
Carnahan
Carson (IN)
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Dahlkemper
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Engel
Etheridge
Farr
Fattah
Filner
Flake
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gohmert
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Higgins
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Jones
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McHenry
McIntyre
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Payne
Perlmutter
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Taylor
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—175

Aderholt
Adler (NJ)
Akin
Altmire
Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Barton (TX)
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carney
Carter
Cassidy
Castle
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Dent
Diaz-Balart, M.
Donnelly (IN)
Dreier
Duncan
Ellsworth
Emerson
Fallin
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gingrey (GA)
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Himes
Hunter
Inglis
Issa
Jenkins
Johnson, Sam
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Kosmas
Kratovil
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Manzullo
Marchant
Markey (CO)
McCarthy (CA)
McCaul
McClintock
McCotter
McKeon
McMahon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Murphy (NY)
Murphy, Tim
Myrick
Neugebauer
Nunes
Paulsen
Pence
Perriello
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schauer
Schmidt
Sensenbrenner
Sessions
Sestak
Shadegg
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—18

Alexander
Bono Mack
Brown-Waite, Ginny
Cardoza
Cummings
Davis (AL)
Diaz-Balart, L.
Eshoo
Gerlach
Hill
Hoekstra
Kilpatrick (MI)
Mack
Murphy, Patrick
Reyes
Schock
Shuler
Waters

□ 1246

Messrs. SMITH of Texas and ARCURI changed their vote from ''yea'' to ''nay.''

So the concurrent resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF H.R. 4899, DISASTER RELIEF AND SUMMER JOBS ACT OF 2010

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

The Clerk read the title of the resolution.

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

This will be a 5-minute vote.

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

[Roll No. 179]

YEAS—233

Ackerman
Altmire
Andrews
Arcuri
Baca
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boren
Boswell
Boucher
Brady (PA)
Braley (IA)
Bright
Brown, Corrine
Butterfield
Cao
Capps
Capuano
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Himes

Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilroy
Kind
Kissell
Klein (FL)
Kosmas
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—191

Aderholt
Adler (NJ)
Akin
Alexander
Austria
Bachmann
Bachus
Baird
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boustany
Boyd
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Capito
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Dahlkemper
Davis (KY)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Donnelly (IN)
Dreier
Duncan
Ehlers
Ellsworth
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Halvorson
Harper
Hastings (WA)
Heller
Hensarling
Herger
Herseth Sandlin
Hill
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kline (MN)
Kratovil
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Murphy (NY)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—5

Brown-Waite, Ginny
Cardoza
Davis (AL)
Hoekstra
Kilpatrick (MI)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining on the vote.

□ 1256

Mr. DONNELLY of Indiana changed his vote from ''yea'' to ''nay.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING THE FLORIDA KEYS SCENIC HIGHWAY

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 917, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

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

This will be a 5-minute vote.

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

[Roll No. 180]

YEAS—420

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns

Stupak	Tonko	Watt
Sullivan	Towns	Waxman
Sutton	Tsongas	Weiner
Tanner	Turner	Welch
Taylor	Upton	Westmoreland
Teague	Van Hollen	Whitfield
Terry	Velázquez	Wilson (OH)
Thompson (CA)	Visclosky	Wilson (SC)
Thompson (MS)	Walden	Wittman
Thompson (PA)	Walz	Wolf
Thornberry	Wamp	Woolsey
Tiahrt	Wasserman Schultz	Wu
Tiberi	Waters	Yarmuth
Tierney	Watson	Young (FL)
Titus		

NAYS—2

Linder	Young (AK)

NOT VOTING—7

Brown-Waite, Ginny	Davis (AL)	Kilpatrick (MI)
Cardoza	Hoekstra	Slaughter
	Honda	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There is 1 minute left remaining on this vote.

□ 1304

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

SMALL BUSINESS AND INFRASTRUCTURE JOBS TAX ACT OF 2010

Mr. LEVIN. Madam Speaker, pursuant to House Resolution 1205, I call up the bill (H.R. 4849) to amend the Internal Revenue Code of 1986 to provide tax incentives for small business job creation, extend the Build America Bonds program, provide other infrastructure job creation tax incentives, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Ms. MCCOLLUM). Pursuant to House Resolution 1205, the amendment in the nature of a substitute printed in the bill modified by the amendment printed in House Report 111–455 is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 4849

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

SECTION 1. SHORT TITLE; ETC.

(a) SHORT TITLE.—This Act may be cited as the ''Small Business and Infrastructure Jobs Tax Act of 2010''.

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

(c) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

TITLE I—SMALL BUSINESS TAX INCENTIVES

Subtitle A—General Provisions

SEC. 101. TEMPORARY EXCLUSION OF 100 PERCENT OF GAIN ON CERTAIN SMALL BUSINESS STOCK.

(a) IN GENERAL.—Subsection (a) of section 1202 is amended by adding at the end the following new paragraph:

''(4) SPECIAL 100 PERCENT EXCLUSION.—In the case of qualified small business stock acquired after March 15, 2010, and before January 1, 2012—

''(A) paragraph (1) shall be applied by substituting '100 percent' for '50 percent',

''(B) paragraph (2) shall not apply, and

''(C) paragraph (7) of section 57(a) shall not apply.''.

(b) CONFORMING AMENDMENTS.—Paragraph (3) of section 1202(a) is amended—

(1) by striking ''after the date of the enactment of this paragraph and before January 1, 2011'' and inserting ''after February 17, 2009, and before March 16, 2010'', and

(2) by striking ''SPECIAL RULES FOR 2009 AND 2010'' in the heading and inserting ''SPECIAL 75 PERCENT EXCLUSION''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to stock acquired after March 15, 2010.

Subtitle B—Limitations and Reporting on Certain Penalties

SEC. 111. LIMITATION ON PENALTY FOR FAILURE TO DISCLOSE CERTAIN INFORMATION.

(a) IN GENERAL.—Subsection (b) of section 6707A is amended to read as follows:

''(b) AMOUNT OF PENALTY.—

''(1) IN GENERAL.—Except as otherwise provided in this subsection, the amount of the penalty under subsection (a) with respect to any reportable transaction shall be 75 percent of the decrease in tax shown on the return as a result of such transaction (or which would have resulted from such transaction if such transaction were respected for Federal tax purposes).

''(2) MAXIMUM PENALTY.—The amount of the penalty under subsection (a) with respect to any reportable transaction for any taxable year shall not exceed—

''(A) in the case of a listed transaction, $200,000 ($100,000 in the case of a natural person), or

''(B) in the case of any other reportable transaction, $50,000 ($10,000 in the case of a natural person).

''(3) MINIMUM PENALTY.—The amount of the penalty under subsection (a) with respect to any transaction for any taxable year shall not be less than $10,000 ($5,000 in the case of a natural person).''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to penalties assessed after December 31, 2006.

SEC. 112. ANNUAL REPORTS ON PENALTIES AND CERTAIN OTHER ENFORCEMENT ACTIONS.

(a) IN GENERAL.—The Commissioner of Internal Revenue, in consultation with the Secretary of the Treasury, shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate an annual report on the penalties assessed by the Internal Revenue Service during the preceding year under each of the following provisions of the Internal Revenue Code of 1986:

(1) Section 6662A (relating to accuracy-related penalty on understatements with respect to reportable transactions).

(2) Section 6700(a) (relating to promoting abusive tax shelters).

(3) Section 6707 (relating to failure to furnish information regarding reportable transactions).

(4) Section 6707A (relating to failure to include reportable transaction information with return).

(5) Section 6708 (relating to failure to maintain lists of advisees with respect to reportable transactions).

(b) ADDITIONAL INFORMATION.—The report required under subsection (a) shall also include information on the following with respect to each year:

(1) Any action taken under section 330(b) of title 31, United States Code, with respect to any reportable transaction (as defined in section 6707A(c) of the Internal Revenue Code of 1986).

(2) Any extension of the time for assessment of tax enforced, or assessment of any amount under such an extension, under paragraph (10) of section 6501(c) of the Internal Revenue Code of 1986.

(c) DATE OF REPORT.—The first report required under subsection (a) shall be submitted not later than December 31, 2010.

Subtitle C—Other Provisions

SEC. 121. NONRECOURSE SMALL BUSINESS INVESTMENT COMPANY LOANS FROM THE SMALL BUSINESS ADMINISTRATION TREATED AS AMOUNTS AT RISK.

(a) IN GENERAL.—Subparagraph (B) of section 465(b)(6) is amended to read as follows:

''(B) QUALIFIED NONRECOURSE FINANCING.—For purposes of this paragraph—

''(i) IN GENERAL.—The term 'qualified nonrecourse financing' means any financing—

''(I) which is qualified real property financing or qualified SBIC financing,

''(II) except to the extent provided in regulations, with respect to which no person is personally liable for repayment, and

''(III) which is not convertible debt.

''(ii) QUALIFIED REAL PROPERTY FINANCING.—The term 'qualified real property financing' means any financing which—

''(I) is borrowed by the taxpayer with respect to the activity of holding real property,

''(II) is secured by real property used in such activity, and

''(III) is borrowed by the taxpayer from a qualified person or represents a loan from any Federal, State, or local government or instrumentality thereof, or is guaranteed by any Federal, State, or local government.

''(iii) QUALIFIED SBIC FINANCING.—The term 'qualified SBIC financing' means any financing which—

''(I) is borrowed by a small business investment company (within the meaning of section 301 of the Small Business Investment Act of 1958), and

''(II) is borrowed from, or guaranteed by, the Small Business Administration under the authority of section 303(b) of such Act.''.

(b) CONFORMING AMENDMENTS.—Subparagraph (A) of section 465(b)(6) is amended—

(1) by striking ''in the case of an activity of holding real property,'', and

(2) by striking ''which is secured by real property used in such activity''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to loans and guarantees made after the date of the enactment of this Act.

SEC. 122. INCREASE IN AMOUNT ALLOWED AS DEDUCTION FOR START-UP EXPENDITURES.

(a) IN GENERAL.—Subsection (b) of section 195 is amended by adding at the end the following new paragraph:

''(3) INCREASED LIMITATION FOR TAXABLE YEARS BEGINNING IN 2010 OR 2011.—In the case of any taxable year beginning in 2010 or 2011, paragraph (1)(A)(ii) shall be applied—

''(A) by substituting '$20,000' for '$5,000', and

''(B) by substituting '$75,000' for '$50,000'.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

TITLE II—INFRASTRUCTURE INCENTIVES

SEC. 201. EXTENSION OF BUILD AMERICA BONDS.

(a) IN GENERAL.—Subparagraph (B) of section 54AA(d)(1) is amended by striking ''January 1, 2011'' and inserting ''April 1, 2013''.

(b) EXTENSION OF PAYMENTS TO ISSUERS.—

(1) IN GENERAL.—Subsection (a) of section 6431 is amended by striking ''January 1, 2011'' and inserting ''April 1, 2013''.

(2) CONFORMING AMENDMENTS.—Subsection (g) of section 54AA is amended—

(A) by striking ''January 1, 2011'' and inserting ''April 1, 2013'', and

(B) by striking ''QUALIFIED BONDS ISSUED BEFORE 2011'' in the heading and inserting ''CERTAIN QUALIFIED BONDS''.

(c) REDUCTION IN PERCENTAGE OF PAYMENTS TO ISSUERS.—Subsection (b) of section 6431 is amended—

(1) by striking ''The Secretary'' and inserting the following:

''(1) IN GENERAL.—The Secretary'',

(2) by striking ''35 percent'' and inserting ''the applicable percentage'', and

(3) by adding at the end the following new paragraph:

''(2) APPLICABLE PERCENTAGE.—For purposes of this subsection, the term 'applicable percentage' means the percentage determined in accordance with the following table:

''In the case of a qualified bond issued during calendar year:	*The applicable percentage is:*
2009 or 2010	*35 percent*
2011	*33 percent*
2012	*31 percent*
2013	*30 percent''.*

(d) CURRENT REFUNDINGS PERMITTED.—Subsection (g) of section 54AA is amended by adding at the end the following new paragraph:

''(3) TREATMENT OF CURRENT REFUNDING BONDS.—

''(A) IN GENERAL.—For purposes of this subsection, the term 'qualified build America bond' includes any bond (or series of bonds) issued to refund a qualified build America bond if—

''(i) the average maturity date of the issue of which the refunding bond is a part is not later than the average maturity date of the bonds to be refunded by such issue,

''(ii) the amount of the refunding bond does not exceed the outstanding amount of the refunded bond, and

''(iii) the refunded bond is redeemed not later than 90 days after the date of the issuance of the refunding bond.

''(B) APPLICABLE PERCENTAGE.—In the case of a refunding bond referred to in subparagraph (A), the applicable percentage with respect to such bond under section 6431(b) shall be the lowest percentage specified in paragraph (2) of such section.

''(C) DETERMINATION OF AVERAGE MATURITY.—For purposes of subparagraph (A)(i), average maturity shall be determined in accordance with section 147(b)(2)(A).''.

(e) CLARIFICATION RELATED TO LEVEES AND FLOOD CONTROL PROJECTS.—Subparagraph (A) of section 54AA(g)(2) is amended by inserting ''(including capital expenditures for levees and other flood control projects)'' after ''capital expenditures''.

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

(a) BONDS FOR WATER AND SEWAGE FACILITIES EXEMPT FROM VOLUME CAP ON PRIVATE ACTIVITY BONDS.—

(1) IN GENERAL.—Paragraph (3) of section 146(g) is amended by inserting ''(4), (5),'' after ''(2),''.

(2) CONFORMING AMENDMENT.—Paragraphs (2) and (3)(B) of section 146(k) are both amended by striking ''(4), (5), (6),'' and inserting ''(6)''.

(b) TAX-EXEMPT ISSUANCE BY INDIAN TRIBAL GOVERNMENTS.—

(1) IN GENERAL.—Subsection (c) of section 7871 is amended by adding at the end the following new paragraph:

''(4) EXCEPTION FOR BONDS FOR WATER AND SEWAGE FACILITIES.—Paragraph (2) shall not apply to an exempt facility bond 95 percent or more of the net proceeds (as defined in section 150(a)(3)) of which are to be used to provide facilities described in paragraph (4) or (5) of section 142(a).''.

(2) CONFORMING AMENDMENT.—Paragraph (2) of section 7871(c) is amended by striking ''paragraph (3)'' and inserting ''paragraphs (3) and (4)''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to obligations issued after the date of the enactment of this Act.

SEC. 203. EXTENSION OF EXEMPTION FROM ALTERNATIVE MINIMUM TAX TREATMENT FOR CERTAIN TAX-EXEMPT BONDS.

(a) IN GENERAL.—Clause (vi) of section 57(a)(5)(C) is amended—

(1) by striking ''January 1, 2011'' in subclause (I) and inserting ''January 1, 2012'', and

(2) by striking ''AND 2010'' in the heading and inserting '', 2010, AND 2011''.

(b) ADJUSTED CURRENT EARNINGS.—Clause (iv) of section 56(g)(4)(B) is amended—

(1) by striking ''January 1, 2011'' in subclause (I) and inserting ''January 1, 2012'', and

(2) by striking ''AND 2010'' in the heading and inserting '', 2010, AND 2011''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to obligations issued after December 31, 2010.

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

(a) IN GENERAL.—Chapter 65 (relating to abatements, credits, and refunds) is amended by adding at the end the following new subchapter:

''Subchapter C—Direct Payment Provisions

''SEC. 6451. ELECTIVE PAYMENTS IN LIEU OF LOW INCOME HOUSING CREDIT FOR BOND-FINANCED BUILDINGS.

''(a) IN GENERAL.—Any person making an election under this section with respect to any qualified bond-financed low-income building originally placed in service by such person during the taxable year shall be treated as making a payment, against the tax imposed by subtitle A for the taxable year, equal to the direct payment amount with respect to such building. Such payment shall be treated as made on the later of the due date of the return of such tax or the date on which such return is filed.

''(b) QUALIFIED BOND-FINANCED LOW-INCOME BUILDING.—For purposes of this section, the term 'qualified bond-financed low-income building' means any qualified low-income building to which paragraph (1) of section 42(h) does not apply by reason of paragraph (4)(B) of such section.

''(c) DIRECT PAYMENT AMOUNT.—For purposes of this section, the term 'direct payment amount' means, with respect to any building, 25.5 percent of the qualified basis of such building.

''(d) SPECIAL RULES FOR CERTAIN NON-TAXPAYERS.—

''(1) DENIAL OF PAYMENT.—Subsection (a) shall not apply with respect to any building placed in service by—

''(A) any governmental entity, or

''(B) any organization described in section 501(c) or 401(a) and exempt from tax under section 501(a).

''(2) SPECIAL RULES FOR PARTNERSHIPS AND S CORPORATIONS.—In the case of property originally placed in service by a partnership or an S corporation—

''(A) the election under subsection (a) may be made only by such partnership or S corporation,

''(B) such partnership or S corporation shall be treated as making the payment referred to in subsection (a) only to the extent of the proportionate share of such partnership or S corporation as is owned by persons who would be treated as making such payment if the building were placed in service by such persons, and

''(C) the return required to be made by such partnership or S corporation under section 6031 or 6037 (as the case may be) shall be treated as a return of tax for purposes of subsection (a).

For purposes of subparagraph (B), rules similar to the rules of section 168(h)(6) (other than subparagraph (F) thereof) shall apply.

''(e) COORDINATION WITH LOW INCOME HOUSING CREDIT.—In the case of any property with respect to which an election is made under this section, no credit shall be determined under section 42 with respect to such building for any taxable year.

''(f) OTHER DEFINITIONS AND SPECIAL RULES.—For purposes of this section—

''(1) OTHER DEFINITIONS.—Terms used in this section which are also used in section 42 shall have the same meaning for purposes of this section as when used in such section.

''(2) APPLICATION OF RECAPTURE RULES, ETC.—Except as otherwise provided by the Secretary, rules similar to the rules of section 42 shall apply, including the recapture rules of section 42(j).

''(3) PROVISION OF INFORMATION.—A person shall not be treated as having elected the application of this section unless the taxpayer provides such information as the Secretary may require for purposes of verifying the proper amount to be treated as a payment under subsection (a) and evaluating the effectiveness of this section.

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

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

(b) CONFORMING AMENDMENTS.—

(1) Subparagraph (A) of section 6211(b)(4) is amended by inserting ''and subchapter C of chapter 65 (including any payment treated as made under such subchapter)'' after ''6431''.

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

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

''(i) the credits'',

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

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

''(ii) the credits allowed (and payments treated as made) under subchapter C.''.

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

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

''(A) the credits'',

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

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

''(B) the credits allowed (and payments treated as made) under subchapter C of chapter 65.''.

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

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

''(i) the credits'',

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

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

''(ii) the credits allowed (and payments treated as made) under subchapter C of chapter 65.''.

(5) Paragraph (2) of section 1324(b) of title 31, United States Code, is amended by inserting '', or from the provisions of subchapter C of chapter 65 of such Code'' before the period at the end.

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

SUBCHAPTER C. DIRECT PAYMENT PROVISIONS

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

SEC. 205. EXTENSION AND ADDITIONAL ALLOCATIONS OF RECOVERY ZONE BOND AUTHORITY.

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

(b) ADDITIONAL ALLOCATIONS OF RECOVERY ZONE BOND AUTHORITY BASED ON UNEMPLOYMENT.—Section 1400U–1 is amended by adding at the end the following new subsection:

''(c) ALLOCATION OF 2010 RECOVERY ZONE BOND LIMITATIONS BASED ON UNEMPLOYMENT.—

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

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

''(3) ALLOCATIONS BY STATES.—

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

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

''(i) the amount of the 2010 national recovery zone economic development bond limitation allocated to each county or large municipality (as so defined) in such State by the amount of the national recovery zone economic development bond limitation allocated to such county or large municipality under subsection (a)(3)(A) (determined without regard to any waiver thereof), and

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

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

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

''(4) 2009 UNEMPLOYMENT NUMBER.—For purposes of this subsection, the term '2009 unemployment number' means, with respect to any State, county or municipality, the number of individuals in such State, county, or municipality who were determined to be unemployed by the Bureau of Labor Statistics for December 2009.

''(5) 2010 NATIONAL LIMITATIONS.—

''(A) RECOVERY ZONE ECONOMIC DEVELOPMENT BONDS.—The 2010 national recovery zone economic development bond limitation is $10,000,000,000. Any allocation of such limitation under this subsection shall be treated for purposes of section 1400U–2 in the same manner as an allocation of national recovery zone economic development bond limitation.

''(B) RECOVERY ZONE FACILITY BONDS.—The 2010 national recovery zone facility bond limitation is $15,000,000,000. Any allocation of such limitation under this subsection shall be treated for purposes of section 1400U–3 in the same manner as an allocation of national recovery zone facility bond limitation.''.

(c) AUTHORITY OF STATE TO WAIVE CERTAIN 2009 ALLOCATIONS.—Subparagraph (A) of section 1400U–1(a)(3) is amended by adding at the end the following: ''A State may by law treat a county or municipality as waiving any portion of an allocation made under this subparagraph if there is a reasonable expectation that such allocation would not otherwise be used.''.

SEC. 206. ALLOWANCE OF NEW MARKETS TAX CREDIT AGAINST ALTERNATIVE MINIMUM TAX.

(a) IN GENERAL.—Subparagraph (B) of section 38(c)(4) is amended by redesignating clauses (v) through (viii) as clauses (vi) through (ix), respectively, and by inserting after clause (iv) the following new clause:

''(v) the credit determined under section 45D, but only with respect to credits determined with respect to qualified equity investments (as defined in section 45D(b)) initially made before January 1, 2012,''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to qualified equity investments (as defined in section 45D(b) of the Internal Revenue Code of 1986) initially made after March 15, 2010.

TITLE III—REVENUE PROVISIONS

SEC. 301. LIMITATION ON TREATY BENEFITS FOR CERTAIN DEDUCTIBLE PAYMENTS.

(a) IN GENERAL.—Section 894 (relating to income affected by treaty) is amended by adding at the end the following new subsection:

''(d) LIMITATION ON TREATY BENEFITS FOR CERTAIN DEDUCTIBLE PAYMENTS.—

''(1) IN GENERAL.—In the case of any deductible related-party payment, any withholding tax imposed under chapter 3 (and any tax imposed under subpart A or B of this part) with respect to such payment may not be reduced under any treaty of the United States unless any such withholding tax would be reduced under a treaty of the United States if such payment were made directly to the foreign parent corporation.

''(2) DEDUCTIBLE RELATED-PARTY PAYMENT.—For purposes of this subsection, the term 'deductible related-party payment' means any payment made, directly or indirectly, by any person to any other person if the payment is allowable as a deduction under this chapter and both persons are members of the same foreign controlled group of entities.

''(3) FOREIGN CONTROLLED GROUP OF ENTITIES.—For purposes of this subsection—

''(A) IN GENERAL.—The term 'foreign controlled group of entities' means a controlled group of entities the common parent of which is a foreign corporation.

''(B) CONTROLLED GROUP OF ENTITIES.—The term 'controlled group of entities' means a controlled group of corporations as defined in section 1563(a)(1), except that—

''(i) 'more than 50 percent' shall be substituted for 'at least 80 percent' each place it appears therein, and

''(ii) the determination shall be made without regard to subsections (a)(4) and (b)(2) of section 1563.

A partnership or any other entity (other than a corporation) shall be treated as a member of a controlled group of entities if such entity is controlled (within the meaning of section 954(d)(3)) by members of such group (including any entity treated as a member of such group by reason of this sentence).

''(4) FOREIGN PARENT CORPORATION.—For purposes of this subsection, the term 'foreign parent corporation' means, with respect to any deductible related-party payment, the common parent of the foreign controlled group of entities referred to in paragraph (3)(A).

''(5) REGULATIONS.—The Secretary may prescribe such regulations or other guidance as are necessary or appropriate to carry out the purposes of this subsection, including regulations or other guidance which provide for—

''(A) the treatment of two or more persons as members of a foreign controlled group of entities if such persons would be the common parent of such group if treated as one corporation, and

''(B) the treatment of any member of a foreign controlled group of entities as the common parent of such group if such treatment is appropriate taking into account the economic relationships among such entities.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to payments made after the date of the enactment of this Act.

SEC. 302. TREATMENT OF SECURITIES OF A CONTROLLED CORPORATION EXCHANGED FOR ASSETS IN CERTAIN REORGANIZATIONS.

(a) IN GENERAL.—Section 361 (relating to nonrecognition of gain or loss to corporations; treatment of distributions) is amended by adding at the end the following new subsection:

''(d) SPECIAL RULES FOR TRANSACTIONS INVOLVING SECTION 355 DISTRIBUTIONS.—In the case of a reorganization described in section 368(a)(1)(D) with respect to which stock or securities of the corporation to which the assets are transferred are distributed in a transaction which qualifies under section 355—

''(1) this section shall be applied by substituting 'stock other than nonqualified preferred stock (as defined in section 351(g)(2))' for 'stock or securities' in subsections (a) and (b)(1), and

''(2) the first sentence of subsection (b)(3) shall apply only to the extent that the sum of the money and the fair market value of the other property transferred to such creditors does not exceed the adjusted bases of such assets transferred (reduced by the amount of the liabilities assumed (within the meaning of section 357(c))).''.

(b) CONFORMING AMENDMENT.—Paragraph (3) of section 361(b) is amended by striking the last sentence.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by this section shall apply to exchanges after the date of the enactment of this Act.

(2) TRANSITION RULE.—The amendments made by this section shall not apply to any exchange pursuant to a transaction which is—

(A) made pursuant to an agreement which was binding on March 15, 2010, and at all times thereafter,

(B) described in a ruling request submitted to the Internal Revenue Service on or before such date, or

(C) described on or before such date in a public announcement or in a filing with the Securities and Exchange Commission.

SEC. 303. REPEAL OF SPECIAL RULES FOR INTEREST AND DIVIDENDS RECEIVED FROM PERSONS MEETING THE 80-PERCENT FOREIGN BUSINESS REQUIREMENTS.

(a) REPEAL OF SPECIAL RULE TREATING INTEREST AS UNITED STATES SOURCE.—Paragraph (1) of section 861(a) is amended by striking subparagraph (A) and by redesignating subparagraphs (B) and (C) as subparagraphs (A) and (B), respectively.

(b) REPEAL OF EXCEPTION TO TAX ON DIVIDENDS RECEIVED BY NONRESIDENT ALIENS.—Paragraph (2) of section 871(i) is amended by striking subparagraph (B) and by redesignating subparagraphs (C) and (D) as subparagraphs (B) and (C), respectively.

(c) CONFORMING AMENDMENTS.—

(1) Section 861 is amended by striking subsection (c) and by redesignating subsections (d), (e), and (f) as subsections (c), (d), and (e), respectively.

(2) Paragraph (9) of section 904(h) is amended to read as follows:

''(9) TREATMENT OF CERTAIN DOMESTIC CORPORATIONS.—In the case of any dividend treated as not from sources with the United States under section 861(a)(2)(A), the corporation paying such dividend shall be treated for purposes of this subsection as a United States-owned foreign corporation.''.

(3) Subsection (c) of section 2104 is amended in the last sentence by striking ''or to a debt obligation of a domestic corporation'' and all that follows and inserting a period.

(d) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by this section shall apply to taxable years beginning after December 31, 2010.

(2) GRANDFATHER RULE FOR OUTSTANDING DEBT OBLIGATIONS.—

(A) IN GENERAL.—The amendments made by this section shall not apply to payments of interest on obligations issued before the date of the enactment of this Act.

(B) EXCEPTION FOR RELATED PARTY DEBT.—Subparagraph (A) shall not apply to any interest which is payable to a related person (determined under rules similar to the rules of section 954(d)(3)).

(C) SIGNIFICANT MODIFICATIONS TREATED AS NEW ISSUES.—For purposes of subparagraph (A), a significant modification of the terms of any obligation (including any extension of the term of such obligation) shall be treated as a new issue.

SEC. 304. INFORMATION REPORTING FOR RENTAL PROPERTY EXPENSE PAYMENTS.

(a) IN GENERAL.—Section 6041 is amended by adding at the end the following new subsection:

''(h) TREATMENT OF RENTAL PROPERTY EXPENSE PAYMENTS.—

''(1) IN GENERAL.—For purposes of subsection (a), a person receiving rental income from real estate (other than a qualified residence) shall be considered to be engaged in a trade or business of renting property.

''(2) QUALIFIED RESIDENCE.—For purposes of paragraph (1), the term 'qualified residence' means—

''(A) the principal residence (within the meaning of section 121) of the taxpayer, and

''(B) 1 other residence of the taxpayer which is selected by the taxpayer for purposes of this subsection for the taxable year and which is used by the taxpayer as a residence (within the meaning of section 280A(d)(1)).''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to payments made after December 31, 2010.

SEC. 305. APPLICATION OF LEVY TO PAYMENTS TO FEDERAL VENDORS RELATING TO PROPERTY.

(a) IN GENERAL.—Section 6331(h)(3) is amended by striking ''goods or services'' and inserting ''property, goods, or services''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to levies approved after the date of the enactment of this Act.

SEC. 306. APPLICATION OF CONTINUOUS LEVY TO TAX LIABILITIES OF CERTAIN FEDERAL CONTRACTORS.

(a) IN GENERAL.—Subsection (f) of section 6330 is amended by striking ''or'' at the end of paragraph (2), by inserting ''or'' at the end of paragraph (3), and by inserting after paragraph (3) the following new paragraph:

''(4) the Secretary has served a Federal contractor levy,''.

(b) FEDERAL CONTRACTOR LEVY.—Subsection (h) of section 6330 is amended—

(1) by striking all that precedes ''any levy in connection with the collection'' and inserting the following:

''(h) DEFINITIONS RELATED TO EXCEPTIONS.—For purposes of subsection (f)—

''(1) DISQUALIFIED EMPLOYMENT TAX LEVY.—A disqualified employment tax levy is'', and

(2) by adding at the end the following new paragraph:

''(2) FEDERAL CONTRACTOR LEVY.—A Federal contractor levy is any levy if the person whose property is subject to the levy (or any predecessor thereof) is a Federal contractor.''.

(c) CONFORMING AMENDMENT.—The heading of subsection (f) of section 6330 is amended by striking ''JEOPARDY AND STATE REFUND COLLECTION'' and inserting ''EXCEPTIONS''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to levies issued after December 31, 2010.

SEC. 307. REQUIRED MINIMUM 10-YEAR TERM, ETC., FOR GRANTOR RETAINED ANNUITY TRUSTS.

(a) IN GENERAL.—Subsection (b) of section 2702 is amended—

(1) by redesignating paragraphs (1), (2) and (3) as subparagraphs (A), (B), and (C), respectively, and by moving such subparagraphs (as so redesignated) 2 ems to the right,

(2) by striking ''For purposes of'' and inserting the following:

''(1) IN GENERAL.—For purposes of'', and

(3) by striking ''paragraph (1) or (2)'' in paragraph (1)(C) (as so redesignated) and inserting ''subparagraph (A) or (B)'', and

(4) by adding at the end the following new paragraph:

''(2) ADDITIONAL REQUIREMENTS WITH RESPECT TO GRANTOR RETAINED ANNUITIES.—For purposes of subsection (a), in the case of an interest described in paragraph (1)(A) (determined without regard to this paragraph) which is retained by the transferor, such interest shall be treated as described in such paragraph only if—

''(A) the right to receive the fixed amounts referred to in such paragraph is for a term of not less than 10 years,

''(B) such fixed amounts, when determined on an annual basis, do not decrease relative to any prior year during the first 10 years of the term referred to in subparagraph (A), and

''(C) the remainder interest has a value greater than zero determined as of the time of the transfer.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to transfers made after the date of the enactment of this Act.

SEC. 308. INCREASE IN INFORMATION RETURN PENALTIES.

(a) FAILURE TO FILE CORRECT INFORMATION RETURNS.—

(1) IN GENERAL.—Subsections (a)(1), (b)(1)(A), and (b)(2)(A) of section 6721 are each amended by striking ''$50'' and inserting ''$100''.

(2) AGGREGATE ANNUAL LIMITATION.—Subsections (a)(1), (d)(1)(A), and (e)(3)(A) of section 6721 are each amended by striking ''$250,000'' and inserting ''$1,500,000''.

(b) REDUCTION WHERE CORRECTION WITHIN 30 DAYS.—

(1) IN GENERAL.—Subparagraph (A) of section 6721(b)(1) is amended by striking ''$15'' and inserting ''$30''.

(2) AGGREGATE ANNUAL LIMITATION.—Subsections (b)(1)(B) and (d)(1)(B) of section 6721 are each amended by striking ''$75,000'' and inserting ''$250,000''.

(c) REDUCTION WHERE CORRECTION ON OR BEFORE AUGUST 1.—

(1) IN GENERAL.—Subparagraph (A) of section 6721(b)(2) is amended by striking ''$30'' and inserting ''$60''.

(2) AGGREGATE ANNUAL LIMITATION.—Subsections (b)(2)(B) and (d)(1)(C) of section 6721 are each amended by striking ''$150,000'' and inserting ''$500,000''.

(d) AGGREGATE ANNUAL LIMITATIONS FOR PERSONS WITH GROSS RECEIPTS OF NOT MORE THAN $5,000,000.—Paragraph (1) of section 6721(d) is amended—

(1) by striking ''$100,000'' in subparagraph (A) and inserting ''$500,000'',

(2) by striking ''$25,000'' in subparagraph (B) and inserting ''$75,000'', and

(3) by striking ''$50,000'' in subparagraph (C) and inserting ''$200,000''.

(e) PENALTY IN CASE OF INTENTIONAL DISREGARD.—Paragraph (2) of section 6721(e) is amended by striking ''$100'' and inserting ''$250''.

(f) ADJUSTMENT FOR INFLATION.—Section 6721 is amended by adding at the end the following new subsection:

''(f) ADJUSTMENT FOR INFLATION.—

''(1) IN GENERAL.—For each fifth calendar year beginning after 2012, each of the dollar amounts under subsections (a), (b), (d) (other than paragraph (2)(A) thereof), and (e) shall be increased by such dollar amount multiplied by the cost-of-living adjustment determined under section 1(f)(3) determined by substituting 'calendar year 2011' for 'calendar year 1992' in subparagraph (B) thereof.

''(2) ROUNDING.—If any amount adjusted under paragraph (1)—

''(A) is not less than $75,000 and is not a multiple of $500, such amount shall be rounded to the next lowest multiple of $500, and

''(B) is not described in subparagraph (A) and is not a multiple of $10, such amount shall be rounded to the next lowest multiple of $10.''.

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

SEC. 309. CRUDE TALL OIL INELIGIBLE FOR CELLULOSIC BIOFUEL PRODUCER CREDIT.

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

''(iv) EXCLUSION OF CERTAIN PROCESSED FUELS WITH A HIGH ACID CONTENT.—The term 'cellulosic biofuel' shall not include any processed fuel with an acid number greater than 25. For purposes of the preceding sentence, the term 'processed fuel' means any fuel other than a fuel—

''(I) more than 4 percent of which (determined by weight) is any combination of water and sediment, or

''(II) the ash content of which is more than 1 percent (determined by weight).''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to fuels sold or used on or after January 1, 2010.

SEC. 310. TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.

(a) SHIFT FROM 2015 TO 2014.—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 4.5 percentage points.

(b) SHIFT FROM 2016 TO 2015.—The percentage under paragraph (2) of section 561 of the Hiring Incentives to Restore Employment Act in effect on the date of the enactment of this Act is increased by 3.5 percentage points.

(c) SHIFT FROM 2020 TO 2019.—The percentage under paragraph (3) of section 561 of the Hiring Incentives to Restore Employment Act in effect on the date of the enactment of this Act is increased by 1.25 percentage points.

TITLE IV—EXTENSION OF EMERGENCY CONTINGENCY FUND FOR STATE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAMS

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

(a) IN GENERAL.—Section 403(c) of the Social Security Act (42 U.S.C. 603(c)) is amended—

(1) in paragraph (2)(A), by inserting '', and for fiscal year 2011, $2,500,000,000'' before ''for payment'';

(2) by striking paragraph (2)(B) and inserting the following:

''(B) AVAILABILITY AND USE OF FUNDS.—

''(i) FISCAL YEARS 2009 AND 2010.—The amounts appropriated to the Emergency Fund under subparagraph (A) for fiscal year 2009 shall remain available through fiscal year 2010 and shall be used to make grants to States in each of fiscal years 2009 and 2010 in accordance with the requirements of paragraph (3).

''(ii) FISCAL YEAR 2011.—Subject to clause (iii), the amounts appropriated to the Emergency Fund under subparagraph (A) for fiscal year 2011 shall remain available through fiscal year 2012 and shall be used to make grants to States based on expenditures in fiscal year 2011 for benefits and services provided in fiscal year 2011 in accordance with the requirements of paragraph (3).

''(iii) RESERVATION OF FUNDS.—Of the amounts appropriated to the Emergency Fund under subparagraph (A) for fiscal year 2011, $500,000 shall be placed in reserve for use in fiscal year 2012, and shall be used to award grants for any expenditures described in this subsection incurred by States after September 30, 2011.'';

(3) in paragraph (2)(C), by striking ''2010'' and inserting ''2012'';

(4) in paragraph (3)—

(A) in clause (i) of each of subparagraphs (A), (B), and (C)—

(i) by striking ''year 2009 or 2010'' and inserting ''years 2009 through 2011'';

(ii) by striking ''and'' at the end of subclause (I);

(iii) by striking the period at the end of subclause (II) and inserting ''; and''; and

(iv) by adding at the end the following:

''(III) if the quarter is in fiscal year 2011, has provided the Secretary with such information as the Secretary may find necessary in order to make the determinations, or take any other action, described in paragraph (5)(C).''; and

(B) in subparagraph (C), by adding at the end the following:

''(iv) LIMITATION ON EXPENDITURES FOR SUBSIDIZED EMPLOYMENT.—An expenditure for subsidized employment shall be taken into account under clause (ii) only if the expenditure is used to subsidize employment for—

''(I) a member of a needy family (without regard to whether the family is receiving assistance under the State program funded under this part); or

''(II) an individual who has exhausted (or, within 60 days, will exhaust) all rights to receive unemployment compensation under Federal and State law, and who is a member of a needy household (regardless of whether the household includes a child).'';

(5) by striking paragraph (5) and inserting the following:

''(5) LIMITATIONS ON PAYMENTS; ADJUSTMENT AUTHORITY.—

''(A) FISCAL YEARS 2009 AND 2010.—The total amount payable to a single State under subsection (b) and this subsection for fiscal years 2009 and 2010 combined shall not exceed 50 percent of the annual State family assistance grant.

''(B) FISCAL YEAR 2011.—Subject to subparagraph (C), the total amount payable to a single State under subsection (b) and this subsection for fiscal year 2011 shall not exceed 30 percent of the annual State family assistance grant.

''(C) ADJUSTMENT AUTHORITY.—If the Secretary determines that the Emergency Fund is at risk of being depleted before September 30, 2011, or that funds are available to accommodate additional State requests under this subsection, the Secretary may, through program instructions issued without regard to the requirements of section 553 of title 5, United States Code—

''(i) specify priority criteria for awarding grants to States during fiscal year 2011; and

''(ii) adjust the percentage limitation applicable under subparagraph (B) with respect to the total amount payable to a single State for fiscal year 2011.''; and

(6) in paragraph (6), by inserting ''or for expenditures described in paragraph (3)(C)(iv)'' before the period.

(b) CONFORMING AMENDMENTS.—Section 2101 of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) is amended—

(1) in subsection (a)(2)—

(A) by striking ''2010'' and inserting ''2011''; and

(B) by striking all that follows ''repealed'' and inserting a period; and

(2) in subsection (d)(1), by striking ''2010'' and inserting ''2011''.

(c) PROGRAM GUIDANCE.—The Secretary of Health and Human Services shall issue program guidance, without regard to the requirements of section 553 of title 5, United States Code, which ensures that the funds provided under the amendments made by this section for subsidized employment do not support any subsidized employment position the annual salary of which is greater than, at State option—

(1) 200 percent of the poverty line (within the meaning of section 673(2) of the Omnibus Budget Reconciliation Act of 1981, including any revision required by such section 673(2)) for a family of 4; or

(2) the median wage in any jurisdiction operating a program with funds provided pursuant to the amendments.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) and the gentleman from Michigan (Mr. CAMP) each will control 30 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. LEVIN. Madam Speaker, I ask that all Members may have 5 legislative days to revise and extend their remarks and insert extraneous material in the RECORD.

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

There was no objection.

Mr. LEVIN. In addition, the Ways and Means Ranking Member DAVE CAMP and I have asked the nonpartisan Joint Committee on Taxation to make available to the public a technical explanation of the modifications that were made to H.R. 4849 by the rule.

This technical explanation supplements the Committee Report 111–454, with information on the Committee's understanding and legislative intent behind these modifications. It is available on the Joint Committee's Web site at www.jct.gov and is listed under document numbered JCX–21–10.

It is now my pleasure to yield 1 minute to our most distinguished majority leader, STENY HOYER of Maryland.

Mr. HOYER. I thank the gentleman for yielding and I congratulate him for his leadership, and I thank Mr. CAMP as well for his work.

In the fall, Madam Speaker, of 2008, America did not know whether it was heading for the second Great Depression. Those weren't my words. Those were the words of Ben Bernanke, head of the Federal Reserve.

Since then, the work of the Obama administration and the Democratic Congress has headed off disaster. Most important has been the Recovery Act, which cut taxes for small businesses and 95 percent of families, funded thousands of job-creating projects across America, provided emergency assistance to those hit hardest by the recession, saved States from laying off teachers, firefighters, police officers, and much more.

No matter what its partisan critics say, the facts say it clearly: The Recovery Act is working.

The Recovery Act created some 2 million jobs. And since President Obama took office, monthly job losses are down 96 percent, from 726,000 over a 4-month average during the latter part of the Bush administration, to 27,500 over the last 4 months, a 96 percent improvement of job loss. That is not success, but it is progress. Success will be when we grow jobs, as we did in November.

Our economy is growing again. In the most recent quarter, it grew by 5.9 percent. That is the fastest rate in 6 years,

and the second straight quarter of growth under President Obama. In addition, it is a 12.3 percent turnaround from the last quarter of 2008 to the last quarter of 2009.

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

But as long as millions of Americans remain out of work, through no fault of their own, we have not reached the goal. We have not had the success we want.

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

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

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

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

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

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

This bill also contains provisions to help small business innovate and grow. It increases the deduction for business startup expenses, so enterprising Americans all over our country will have stronger incentives to open the books of new businesses, an important measure we owe to my Maryland colleague and friend, Congressman FRANK KRATOVIL.

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

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

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

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

It's tough to see this bill either as a small business bill or as a jobs bill, and, specifically, I have three concerns:

One, it raises taxes on employers during a recession, making it tougher for Americans to find needed work.

Two, roughly 80 percent of the so-called tax relief in the bill is dedicated to State and local governments.

□ 1315

Small governments are not small businesses, and they do not create the kind of private sector jobs that we need.

Three, the limited and very narrow tax provisions, even if well-intentioned, will not do enough to help employers create jobs.

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

There's never a good time to raise taxes on employers and American workers, but given the continued weakness in the economy, now may be the worst time. Data from the Department of Labor confirms that 48 States have lost jobs since the Democrats' stimulus bill passed, 3.3 million jobs have been eliminated since the Democrat stimulus bill passed, and a record 16 million Americans are out of work.

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

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

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

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

Mr. CAMP talks about the number of States—I think you referred to 47—where jobs have been lost. I think every one of those States—it's 47—has benefited from the Build America Bonds program. The money goes to local communities for infrastructure, and that creates jobs. That's what finance experts have said about BABs. It's one of the economic recovery effort's biggest successes. As I mentioned, as of March 1, 2010, State and local governments have used BABs to finance more than $78 billion in infrastructure programs.

Now, as to small business. The legislation excludes 100 percent of capital gains on small business stock to help encourage immediate investments in growth. It will, in turn, help our small businesses hire new workers and continue fueling our economic recovery. Also included are provisions to remove onerous penalties from small businesses so they can create more jobs. Also, there's a provision, an important one, to reduce the barrier of startup expenses on new businesses.

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

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

So, in a word, this bill is another significant step towards helping our country continue down the path of economic recovery and job creation. It should be a bipartisan bill. In the markup that we held, there wasn't a single amendment offered by the minority to strike a specific jobs provision here. This Congress will continue to take additional targeted and effective steps to accelerate economic recovery for American families. And I

say with sadness, as I hear Mr. CAMP speak, that it looks like it will not receive the bipartisan support it so fully deserves.

I reserve the balance of my time.

Mr. CAMP. At this time I yield 3 minutes to a distinguished member of the Ways and Means Committee, the gentleman from California (Mr. HERGER).

Mr. HERGER. Madam Speaker, Republicans have been arguing ever since the debate on last year's failed stimulus bill that we need real tax relief to get our economy going and to create jobs. Today, the Democratic majority has brought forward a bill that offers $3.5 billion in tax relief for small businesses. Unfortunately, it also includes $19 billion in new taxes, including a major tax aimed directly at companies that invest in the U.S. and hire American workers. This comes just days after the Democrats rammed through a health care bill that raises taxes by $569 billion. And if Congress does not extend the tax relief that expires at the end of this year, Americans will see their taxes go up by another $3 trillion. So while there are some good things in this bill, it's hard to see how a collection of minor tax relief measures will spur job creation when small businesses are staring down the barrel of unprecedented tax increases in the year ahead.

When the Ways and Means Committee considered this bill last week, I offered an amendment to make permanent the $250,000 expensing allowance under section 179; however, Democrats voted down this and every other effort to provide real, permanent tax relief for small businesses. What has been added to the bill is a new $2.5 billion bailout for State welfare programs. This has nothing to do with creating jobs; yet it was mysteriously added to the bill after we marked it up in committee. I hope that this was not a deliberate plan to avoid having a vote in committee on the merits of this funding. After the public outrage over backroom dealmaking in the health care bill, it is disappointing to see the majority party again bypassing regular order to make last-minute changes to the bill reported by the committee.

Madam Speaker, the American people still want to know: Where are the jobs? This bill fails to answer that question, and the House should reject it.

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

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

Mr. RANGEL. Thank you, Mr. Chairman.

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

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

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

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

Mr. CAMP. At this time, Madam Speaker, I yield 3 minutes to a member of the Ways and Means Committee, the distinguished gentleman from Texas (Mr. BRADY).

Mr. BRADY of Texas. Another week, another stimulus. This ministimulus, the third or fourth such effort—I've lost count—is more proof of the failed economic policies of Washington Democrats and an acknowledgment that the massive $860 billion stimulus bill has fallen far short of its debt-driven, wastefully spent promises to revive America's recovery.

From a jobs standpoint for small business, this bill does next to nothing. In fact, by increasing taxes on global companies that invest and create jobs here in America, this bill may actually kill more jobs than it creates.

This bill wrongly breaches longstanding tax treaties and increases taxes by more than $7 billion on global companies with subsidiaries here in the United States. We want America to be the place Americans choose to put their workers. Why punish them, especially thousands of Americans without jobs?

This measure also expands the heavily taxpayer subsidized Build America Bonds, which are popular but are taking shape as a long-term entitlement to which our local governments are quickly becoming addicted. That's bad news for America's taxpayers.

Finally, much has been made of the centerpiece of this bill. It's a 100 percent cutout of capital gains on small businesses. But who qualifies for this? I can tell you who doesn't qualify as a small business. Look closely at the section that says, if you're in health, in law, engineering, architecture, accounting, actuarial science, performing arts, consulting, athletics, financial services, brokerage services, or any trade or business where the reputation of your employees counts. You're not eligible if you're in banking, insurance, financing, leasing, investing, or similar business. You're not eligible if you're a farming small business, a business involving extraction of commodities like energy or mining. You can't be a hotel, a motel, a restaurant, or similar business. You can't have ownership or dealings in or renting of real estate property or rental property.

The question is: Who does qualify for this?

□ 1330

The answer is nobody. That's why this does so little for small business, so little for our economy. The truth of the matter is, the reason businesses aren't hiring back workers or hiring new ones is they're scared of the policies in Washington. Cap-and-trade, new health care mandates, new taxes, new regulation, the scary debt. That's what's keeping small businesses on the sidelines. That's what's holding our economy back. This bill does not deserve our support. We can do better.

Mr. LEVIN. I now yield 2 minutes to another senior member of our committee, Mr. MCDERMOTT of the great State of Washington.

(Mr. MCDERMOTT asked and was given permission to revise and extend his remarks.)

Mr. MCDERMOTT. Madam Speaker, the gentleman from California asked where the jobs are. Well, this 1-year extension of the TANF Emergency Contingency Fund will produce more than 160,000 subsidized job placements in clerical, health care, maintenance, human service, and customer service jobs in 35 States; and many of them are already up and running. Even Haley Barbour down in Mississippi thinks it's a good idea.

My office has received a tremendous increase in calls from out-of-work Americans who are reaching the end of their UI benefits. The long-term unemployed need help transitioning back into the changing job market, and they also need jobs right now. Proven programs like the Emergency Contingency Fund are already creating jobs at a lower cost than virtually any other program. If States are uncertain of the fund's extension, they will begin ramping down their subsidized employment programs beginning next month. It is critical that we pass this extension immediately. We have already received strong bipartisan support from the National Governors Association, the National Conference of State Legislatures, and the National Association

of Counties, all of them urging the Congress to extend this program.

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

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

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

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

I would like to insert in the RECORD from the recent Congressional Research Service report on how the welfare emergency funds have been spent to date. As of March 18, 2010, only 13 percent of those funds have been spent on subsidized employment. Instead, 87 percent was spent on short-term aid and basic assistance. That is, on welfare checks.

[From the Congressional Research Service, Mar. 23, 2010]

THE TANF EMERGENCY CONTINGENCY FUND

(By Gene Falk, Specialist in Social Policy)

STATE AND TRIBAL USE OF TANF EMERGENCY FUNDS

As of March 18, 2010, states and tribes have been awarded $1.8 billion of the total $5 billion appropriated. Figure 1 shows the TANF ECF grant awards by category of spending. The figure shows cumulative grant awards through March 18, 2010. It shows that $848 million, a little less than half of the total grant awards of $1.6 billion was to help finance increases in expenditures for basic assistance. Another $726 million, 40% of the $1.8 billion, was for non-recurrent short-term aid and $231 million, 13% of the total, was for subsidized employment.

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

Mr. ROSKAM. I thank the gentleman for yielding.

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

If you notice something, we're hearing echoes of the exact same rhetoric that we heard during the stimulus debate. The stimulus, as you will remember, was $750 billion, plus or minus, plus interest, so you are at a trillion dollars worth of commitment and a stampede argument of spending that said, If we would only do this now, only do this quick, only do this right now, unemployment was going to peak at 8 percent. Well, that didn't happen in my home State of Illinois. In fact, The Chicago Tribune recently quoted a civic leader, the Civic Federation of Chicago, and this is what they said regarding the State of Illinois' budget morass, notwithstanding all the help that the majority has claimed that they've foisted on these States. They've said, This is historic. It is epic. It is impossible to overstate the level of peril.

That's with the majority's help.

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

Look, I think ultimately the most difficult and troublesome component of this is the overriding of 60 bilateral trade agreements. I have over 3,400 employees in my district alone in suburban Chicago. That's not to mention another over a quarter of a million employees who are employed by companies that are insourcing jobs.

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

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

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

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

While this Congress and this administration have brought our economy back from the brink of depression, there is still so much left to do. Today with this bill, we can take another step down that long road to recovery. This bill will create jobs, it will save jobs, and it will save our small businesses. Is it possible? Is it too much to ask for? Is there someway and somehow that we all could come together and create jobs to put our people back to work?

This bill will help the family-owned restaurant that has served our community for years. It will help businesses that are facing cutbacks, and it will help people follow their dreams to open their own businesses.

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

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

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

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

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

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

Mr. MANZULLO. We just passed the health care bill, the cap-and-trade. Every time we pass these bills, the people in the congressional district that I represent lose more jobs. We don't need help from Congress. We need Congress to leave the people alone.

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

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

Let me put to rest the argument here that there was no cooperation on this bill. Mr. RYAN, a prominent Republican on the committee, and I supported legislation that would exempt private activity bonds from AMT. And it's working. The U.S. Department of Transportation cited this provision as saving $635 million for construction projects at 38 airports around the country, including Cleveland, Milwaukee and Houston, among others. We don't check those airports to find out if they have a Republican Congressman or a Democratic Congressman. We think they are worthwhile undertakings.

These construction projects have created thousands of jobs nationwide at a time that our economy really needs

them. In my office, if you want to secure the information, we would be happy to provide you with the information about airport expansion which in many communities is a public and private partnership, but they have taken advantage of this initiative. These bonds are also used for student loans, and protection from AMT means lower rates on borrowers. In Massachusetts alone, 26,000 students will benefit.

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

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

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

Mr. LEE of New York. Madam Speaker, I rise today to support a provision in the bill allowing a tax deduction for small business startup expenses. This is one of the most significant things we can do to encourage entrepreneurs. That's why last year I joined with a colleague of mine from Maryland (Mr. KRATOVIL) to introduce legislation that increases the tax deduction from $5,000 to $20,000. Designed to motivate entrepreneurs to act now, this provision serves as an added incentive for entrepreneurs to get off the sidelines and create new job growth in the private sector.

As someone who has actually run a manufacturing company up until I came to Congress last year, it's very disappointing for me that I cannot support the underlying bill. This bill without a doubt will raise taxes on U.S. manufacturing and jeopardize jobs here at home.

American manufacturing workers are also facing an unfair playing field against our Chinese competitors. And according to the National Association of Manufacturers, this bill will ''make it more difficult for them to compete in the global marketplace and, in some cases, will threaten U.S. jobs and economic growth.'' I believe we should be strengthening U.S. manufacturers, not saddling them with job-killing taxes. This will further impede efforts to grow our economy and create jobs right here in the good old United States.

Madam Speaker, it is past time that the House finally move through true pro-growth legislation. Unfortunately, despite the inclusion of the small business startup deduction, the underlying bill just isn't it.

□ 1345

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

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

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

What it does touch is the minority, defended by the Republican Party, that are determined to dodge their fair share of the cost of running America. Those are companies that are headquartered in tax havens that set up their operations specifically to dodge their tax responsibility. We believe they ought to follow the same rules as American-owned companies, as American-headquartered companies.

It is amazing to me that the same folks who would defend the flim-flam artists at Enron from dodging their tax responsibilities, that would defend the American corporations that renounce their American citizenship to move to some sunny tax haven, are now defending this small minority of firms that will not pay their fair share of American taxes.

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

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

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

ORGANIZATION FOR
INTERNATIONAL INVESTMENT,
March 15, 2010.

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

DEAR CHAIRMAN LEVIN AND REPRESENTATIVE CAMP, On behalf of the Organization for International Investment (OFII), I am writing to express concern with a tax provision included as Section 401 of the discussion draft of the Small Business and Infrastructure Jobs Tax Act of 2010. While we recognize the need for revenue, we must oppose Section 401 as an offset because it represents a clear and harmful override of our existing U.S. income tax treaties. Although positive changes were made to this proposal since it was originally introduced as an offset to the 2007 Farm Bill (H.R. 2419), OFII remains opposed because it still uniquely discriminates against U.S. subsidiaries of companies headquartered abroad and clearly violates many of our international agreements.

OFII is the largest association of U.S. subsidiaries of companies headquartered abroad. U.S. subsidiaries play an important role in the growth and vitality of the U.S. economy. They provide high-paying jobs for over five million Americans and account for almost one-fifth of all U.S. exports. A discriminatory tax increase sends a negative signal to international investors and may dissuade these companies from choosing the United States as a location for job creating investment.

As drafted, Section 401 would unilaterally override many of our bilateral income tax treaties and could lead to retaliatory actions by other countries or withdrawal by our treaty partners from existing treaties, negatively impacting international business transactions. The Senate has opposed this and similar provisions twice in the past two years for these reasons.

Congress has not held any hearings to examine this issue and whether the proposal is the appropriate remedy to address any perceived concerns. In this regard, there is no evidence that existing safeguards, including the substantial and restrictive anti-treaty shopping provisions (so-called ''Limitation on Benefits'' (LOB) provisions) contained in most of our current U.S. income tax treaties, are ineffective. Further, if material tax abuses were evident, the Treasury could implement changes to the U.S. Model Tax Treaty which would avoid the negative consequences of violating our international agreements.

Since a similar proposal was introduced in 2007, the Treasury has taken great strides to update the three bilateral tax treaties without LOB provisions (Iceland, Hungary, Poland). A protocol adding an LOB provision to the Iceland treaty was negotiated by Treasury and ratified by the Senate in 2008. A similar protocol with Hungary has been negotiated and initialed and could be ratified

this year. Treasury is expected to pursue a similar amendment to the treaty with Poland during 2010–2011.

Consistent with the conclusions in the Treasury Report that was released in November 2007 that reviewed potential abuse of income tax treaties, OFII believes re-negotiation of existing income tax treaties without LOB provisions is a more appropriate way to address the concerns underlying this provision and we urge you to oppose including Section 401 in the final version of the Small Business Jobs Bill. We would be glad to discuss our concerns with your staff in greater detail.

Sincerely,

NANCY MCLERNON
President & CEO.

ORGANIZATION FOR INTERNATIONAL INVESTMENT

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

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BAE Systems, Barclays Capital, Barrick Goldstrike Mines, Inc., BASF Corporation, Bayer Corp., BIC Corp., Bimbo Foods, Inc., bioMérieux, Inc., BNP Paribas, Boehringer Ingelheim Corp.

BOSCH, BP, Bridgestone Americas Holding, Brother International Corp., Brunswick Group, BT, Bunge Ltd., Case New Holland, CEMEX USA, Cobham.

Covidien, Credit Suisse Securities (USA), Daiichi Sankyo, Inc., Daimler, Dassault Falcon Jet Corp., Deutsche Post World Net USA, Deutsche Telekom, Diageo, Inc., EADS, Inc., EDF International North America.

Eisai Inc., Elbit Systems of America, LLC, Electrolux Home Products, Inc., EMD Serono Inc., Ericsson, Evonik Degussa Corporation, Experian, Finmeccanica North America, Flextronics International, Food Lion, LLC.

France Telecom North America, Garmin International, Inc., GDF SUEZ Energy North America, Inc., Generali USA, Givaudan, GKN America Corp., GlaxoSmithKline, Hanson North America, Hitachi, Ltd., Holcim (US) Inc.

HSBC North America Holdings, Huhtamaki, Hyundai Motor America, Iberdrola Renewables, ING America Insurance Holdings, InterContinental Hotels Group, John Hancock Life Insurance Co., Lafarge North America, Lenova, Logitech Inc.

L'Oréal USA, Inc., Louisiana Energy Service (LES), Louisville Corporate Services, Inc., LVMH Moet Hennessy Louis Vuitton, Macquarie Aircraft Leasing Services, Macquarie Holdings Inc., Maersk Inc, Magna International, Marvell Semiconductor, McCain Foods USA.

Michelin North America, Inc. Miller Brewing Company, Mitsubishi Electric & Electronics, Munich Re, Nestlé USA, Inc., The Nielsen Company (US), Inc., Nokia, Inc., Novartis Corporation, Novelis Inc., Novo Nordisk Pharmaceuticals.

Oldcastle, Inc., Panasonic Corp. of North America, Pearson Inc., Pernod Ricard USA, PetroBras North America, Philips Electronics North America, QBE the Americas, Randstad North America, Reed Elsevier Inc., Rexam Inc.

Rio Tinto America, Roche Financial USA, Inc., Rolls-Royce North America Inc., Royal Bank of Canada, SABIC Innovation Plastics, Saint-Gobain, sanofi-aventis, SAP America, Schlumberger Technology Corp., Schott North America.

SGL Carbon LLC, Shell Oil Company, Siemens Corporation, Smith & Nephew, Inc., Sodexo, Inc., SolarWorld USA, Solvay America, Sony Corporation of America, Square D Company, Sumitomo Corp. of America.

Sun Life Financial U.S., Swiss Re America Holding Corp., Syngenta Corporation, Takeda North America, Tate & Lyle North America, Inc., Teva Pharmaceuticals USA, Thales USA, Inc., The Tata Group, Thomson Reuters, ThyssenKrupp USA, Inc.

Tim Hortons, Toa Reinsurance Company of America, Tomkins Industries, Inc., TOTAL Holdings USA, Inc., Toyota Motor North America, Tyco International (US), Inc., Tyco Electronics, UBS, Umicore USA, Unilever.

Vivendi, Vodafone, Voith Holding Inc., Volkswagen of America, Inc., Volvo Group North America, Inc., Welspun, Westfield LLC, White Mountains, Inc., Wolters Kluwer U.S. Corporation, WPP Group USA, Inc., XL Global Services, Zausner Foods Corporation, Zurich Insurance Group.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

overseas. What does that mean? These are companies that employ U.S. workers. These are companies that are in every one of our communities that also stimulate business activity that help create jobs in other businesses that affiliate with these and do business with them.

So what are we doing here? We are basically hurting U.S. job growth. We are hurting U.S. workers. Furthermore, this provision would basically abrogate some 60 bilateral tax treaties that we currently have. We know that the Senate has opposed these types of provisions in the past. So why are we doing this?

Secondly, in the course of the hearing, we had the Deputy Assistant Secretary for Tax Policy and she had questions about this approach and said that this was not the preferred approach of the administration and also expressed concerns that this could invite retaliation upon U.S. companies doing business overseas, further hurting U.S. jobs.

Now if we are going to create jobs, let's try to be sensible and make sure that our tax policy is coordinated with trying to create jobs. What do we know about these jobs in the U.S. by these U.S. companies who happen to be headquartered overseas? Well, they pay better wages. In fact, their compensation packages are roughly one-third more. These are high-skilled jobs so why on the one hand do we want to say we are going to create jobs and on the other hand focus on policies that will kill jobs? I just don't understand the logic here, and for those reasons I oppose this bill.

Mr. LEVIN. I am glad to now yield 1 whole minute to the distinguished gentleman from Maryland (Mr. VAN HOLLEN).

Mr. VAN HOLLEN. Madam Speaker, everyone in this body is entitled to their own opinions, but we are not entitled to our own facts. I wish some of our colleagues would read this bill. It does not add one penny to the deficit.

First, we have a speaker on the other side of the aisle complaining about the fact that it adds to the deficit when it doesn't; because the next speaker then complains about how we want to pay for it. Which is it?

This bill is paid for. This bill will help small businesses just like the economic recovery bill has helped stabilize the economy. Just a little over a year ago when President Obama was sworn in, our economy was in free fall. We were headed from recession to depression. Now we are here 14 months later, the economy has begun to stabilize. We went from 5.7 percent negative growth to 5.6 positive growth, the biggest swing in growth, 10 points, in 30 years. People are beginning to go back to work. Obviously, we have not turned the corner there, but it is a vast improvement from where this country was a little over a year ago. This is another important step by assisting small businesses to keep the engine going.

Mr. CAMP. I reserve the balance of my time.

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

Mr. THOMPSON of California. Madam Speaker, I rise in support of this important jobs bill in general, and two provisions in particular.

The SBA provision makes a change to the Tax Code to encourage private investment in the Small Business Investment Company program, which in turn will help small businesses hire more employees.

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

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

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

Mr. CAMP. I continue to reserve.

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

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

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

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

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

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

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

□ 1400

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

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

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

Mr. DOGGETT. The last Administration offered proposals to address this time after time, and a Republican Congress wouldn't approve them. That is one of the reasons we need to take this firm action today. We see the benefits of doing that in the almost $8 billion that are raised not from American companies but from companies that are located in these tax-haven locations.

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

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

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

This is outside of that. This is overbroad. It would hurt our relationships.

I reserve my time.

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

Mr. DOGGETT. We are in no way saying that this is the same legislative language that the Bush Administration recommended. We are saying it addresses the same problem and that you

didn't like the Bush Administration approach any better than you liked the Obama Administration approach, any better than you like this approach. And the only beneficiaries of this obstruction to a legislative answer are the same tax dodgers in these tax havens that have been avoiding their responsibility. We want to level the playing field. We don't want to shirk treaty responsibilities. We want an incentive to encourage every one of these companies to go to a tax treaty country.

Mr. CAMP. I reserve my time.

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

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

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

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

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

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

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

Mr. LEVIN. I yield the gentleman an additional 10 seconds.

Mr. PASCRELL. Economists estimate a $1 billion investment in water infrastructure will create 28,500 jobs.

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

Mr. CAMP. I reserve at this time.

Mr. LEVIN. Now it's my privilege to yield 1½ to the gentlewoman from Nevada, SHELLEY BERKLEY.

Ms. BERKLEY. I thank you, Mr. Chairman, for your leadership.

This legislation is yet another strong step towards economic recovery for Las Vegas, the State of Nevada, and the Nation. The provisions of this bill will spur the creation and growth of small businesses and help State and local governments make critical job-creating infrastructure investments that are essential to long-term economic recovery.

Build America Bonds have been an essential source of funding for critical infrastructure projects in my district. That includes millions for investments by McCarran International Airport, millions for essential upgrades to water and sewer systems by the Las Vegas Water Authority, millions in highway and transit improvements by Clark County.

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

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

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

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

Mr. CAMP. I continue to reserve.

Mr. LEVIN. I now have the privilege of yielding 1 minute to the gentlelady from Pennsylvania, ALLYSON SCHWARTZ.

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

Today we will vote on the Small Business and Infrastructure Jobs Tax Act, which makes smart investments, including: expanding Build America Bonds, which have been used by State and local governments across the country, including 21 times in my own home State of Pennsylvania, to finance $2 billion in essential infrastructure projects; excluding capital gains taxes on the sale of small business stock; exempting water and sewer facility bonds from State volume caps initiating new infrastructure water projects which will improve the quality of our drinking water; and ending unfair tax penalties for small businesses that offer certain pension plans.

Let's be clear. This bill means voting for lower taxes for small businesses, for new infrastructure, and for new jobs. And it does not add to the deficit. In fact, it is paid for by collecting taxes from corporations located in tax havens.

I urge a ''yes'' vote on this legislation.

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

Mr. LEVIN. I now yield 1 minute to the distinguished gentleman from Illinois, Mr. DANNY DAVIS.

Mr. DAVIS of Illinois. I want to thank the chairman for yielding.

I note that the State of Illinois has received $4.853 billion in bonds up through January of this year. Many of those have gone to communities that are represented by individuals who certainly are not described as Democrats. As a matter of fact, they've gone to communities throughout the State.

These bonds are about building schools, roads, hospitals, creating jobs. There is no way under the sun that I could imagine not voting for this bill. It stimulates the economy, it builds jobs, it puts people to work.

Mr. CAMP. I continue to reserve.

Mr. LEVIN. I now yield 1 minute to the gentleman from North Carolina (Mr. ETHERIDGE).

Mr. ETHERIDGE. I thank the gentleman for yielding.

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

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

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

I urge a ''yes'' vote.

Mr. CAMP. I reserve my time.

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

Ms. LINDA T. SÁNCHEZ of California. I would like to thank the chairman.

Madam Speaker, I rise today in strong support of H.R. 4849, legislation that invests in affordable housing, infrastructure, and small businesses.

I want to speak today about two provisions in the bill that are particularly important to the constituents I represent. I'm very pleased that the bill incorporates legislation that I wrote to

strengthen the low-income housing tax credit. A stable roof over a child's head contributes to his or her education, emotional well-being, and overall physical health.

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

Additionally, this bill extends the Recovery Act's successful Build America Bonds program. These bonds are responsible for almost 25 percent of the current municipal bond market. As of the end of February, $78 billion in Build America Bonds have been issued by State and local governments to build roads, bridges, and schools. And the jobs that are created pay a living wage. They are an investment in our community.

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

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

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

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

□ 1415

Mr. CAMP. Madam Speaker, I am prepared to close. I yield myself such time as I may consume.

I urge a ''no'' vote on this legislation. From this debate, I think it's difficult to see whether this legislation is either a small business bill or a jobs bill. Frankly, it's neither one. The reason is the tax increases in this bill will hurt an already weak economy. To raise taxes on employers during a recession makes it even harder for Americans to find work.

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

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

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

I yield back the balance of my time.

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

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

I have a letter regarding the contingency fund from a Republican Governor and a Democratic Governor, which states that, ''currently, 23 States are drawing down the fund for subsidized jobs, with several more State applications pending approval. Many of these programs take time to develop and implement. By allowing States more time to access these funds, Congress can help maximize the impact of TANF ECF in providing crucial skill development and training to our workers.''

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

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

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

Vote ''yes.''

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

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

That stimulus legislation created numerous welfare expansions, including a new $5 billion welfare "emergency fund." This fund directly undermines the successful 1996 welfare reforms by paying States more money if they increase welfare dependence instead of work. The legislation before us would extend and expand that welfare emergency fund, costing taxpayers another $2.5 billion.

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

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

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

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

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

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

Mr. CONYERS. Madam Speaker, today I rise in support of H.R. 4849, the "Small Business and Infrastructure Jobs Tax Act of 2010." Today's legislation would provide much needed tax relief to small businesses, as well as assistance to states for infrastructure projects, housing tax credits, and direct aid for communities hit the hardest by job losses. This is a very timely bill and will provide a real benefit to States suffering through periods of unemployment, like my own State of Michigan.

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

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

Madam Speaker, this. Congress has passed sweeping legislation such as the Recovery Act, health insurance reform and fair pay for women. These actions have shown the American people that we can act in times of crisis. In this vein, I believe tax relief, coupled with aid to the States, can spur substantial job creation. I urge my colleagues to support this legislation.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I rise today in support of H.R. 4849, the Small Business and Infrastructure Jobs Tax Act.

Specifically, I am pleased one of the provisions of this bill is the text of H.R. 537, The Sustainable Water Infrastructure Investment Act, of which I am a cosponsor.

This provision will help our local communities by removing the federally mandated State Volume Cap on Private Activity Bonds for water and wastewater projects.

Lifting this cap will allow additional private investment through the use of tax exempt bonds to address our critical water infrastructure needs.

Other infrastructure projects, such as airports, intercity high-speed rail, and solid waste disposal sites are already exempt from these bond caps.

Removing state volume caps on Private Activity Bonds for water and wastewater facilities is expected to reduce the cost of water projects, increase the number of water projects that communities initiate, improve our Nation's water infrastructure, and encourage public-private partnerships.

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

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

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

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

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

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

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

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

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

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

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

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

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

Finally, the bill will help to save American jobs by cracking down on foreign tax haven corporations that are taking advantage of the U.S. tax treaty network to dodge paying taxes and gain an advantage over American companies that play by the rules.

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

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

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

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

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

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

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

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

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

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

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

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

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

The Small Business and Infrastructure Jobs Act is good for North Dakota small businesses. I urge my colleagues to vote ''yes'' on H.R. 4849.

NUMBER OF BUSINESSES GROWING IN AREA TOWNS—OFFICIALS: YOUNGER PEOPLE MOVING IN

(By Beth Wischmeyer)

The number of businesses starting or being taken over by new owners is growing, officials in the communities of Bowman and Beach said Thursday.

Deb Walworth, executive director of Prairie West Development Foundation in Beach, said eight new businesses started in 2009, many of which were started by people in their 20s and 30s.

''We're seeing more young people,'' Walworth said. ''I think this is just the tip of the iceberg, it's just beginning.''

In 2008, Walworth said there were three new businesses that started.

Since 2004, Sentinel Butte has had three new businesses and the community of Golva has had two new businesses and one existing business come under new ownership, she said.

''These are really small communities that are seeing positive growth,'' Walworth said.

Ashley Alderson, executive director of the Bowman Economic Development Corp., said there have been about 10 new business counsels last year, some that have started, some that are starting and others that will open in the future.

''We've had quite a bit of new interest lately,'' Alderson said. ''We've noticed it's been a really busy year for small business.''

Alderson said she's been with the corporation for about two years, and said the past year was busier than her first year with new businesses.

The Beach area is seeing people moving back of all ages, Walworth said.

''I'm just really excited about the young families that are moving back, because if they don't have kids now, I think they plan to have families in the future,'' Walworth said. ''We're also seeing the result of that coming through the schools, with kids coming through kindergarten and first grade there. That's a benefit to the school system too.''

Kim Zachmann, who owns the photography business KZ Photography in Beach, said while photography has been an interest and a hobby for a number of years, she started pursuing it as a business last August.

Zachmann, who grew up in the Beach area, said she purchased a studio recently in town and now does photography full time.

''We haven't had a photographer here (in Beach) since about '03, so I knew there wasn't anyone in the Beach surrounding area, the closest one would be Dickinson, so I knew Beach could benefit from one,'' Zachmann said. ''Beach is really good about supporting local businesses. I like the Beach area. I would like to live here the rest of my life if it was possible with a job and family and stuff like that.''

Ed Gold, executive director of the Adams County Development Corporation, was out of the office Friday.

Walworth thinks the Beach area is a ''good place to raise a family,'' a draw to many young families, she added.

''The cost of living isn't as much as it is in some of the larger places,'' Walworth said. ''These people are coming from Las Vegas and the West Coast. They graduated from school here; one or the other of them, or both; and I think they're going for the safer communities to raise their family.''

The SPEAKER pro tempore. The gentleman's time has expired.

All time for debate has expired.

Pursuant to House Resolution 1205, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

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

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

Mr. CAMP. In its current form.

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

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

The Clerk will report the motion to recommit.

The Clerk read as follows:

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

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; ETC.

(a) SHORT TITLE.—This Act may be cited as the ''Tax Incentives for Small Business Growth and Health Care Corrections Act of 2010''.

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

(c) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

TITLE I—SMALL BUSINESS TAX INCENTIVES

Subtitle A—General Provisions

SEC. 101. TEMPORARY EXCLUSION OF 100 PERCENT OF GAIN ON CERTAIN SMALL BUSINESS STOCK.

(a) IN GENERAL.—Subsection (a) of section 1202 is amended by adding at the end the following new paragraph:

''(4) SPECIAL 100 PERCENT EXCLUSION.—In the case of qualified small business stock acquired after March 15, 2010, and before January 1, 2012—

''(A) paragraph (1) shall be applied by substituting '100 percent' for '50 percent',

''(B) paragraph (2) shall not apply, and

''(C) paragraph (7) of section 57(a) shall not apply.''.

(b) CONFORMING AMENDMENTS.—Paragraph (3) of section 1202(a) is amended—

(1) by striking ''after the date of the enactment of this paragraph and before January 1, 2011'' and inserting ''after February 17, 2009, and before March 16, 2010'', and

(2) by striking ''SPECIAL RULES FOR 2009 AND 2010'' in the heading and inserting ''SPECIAL 75 PERCENT EXCLUSION''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to stock acquired after March 15, 2010.

Subtitle B—Limitations and Reporting on Certain Penalties

SEC. 111. LIMITATION ON PENALTY FOR FAILURE TO DISCLOSE CERTAIN INFORMATION.

(a) IN GENERAL.—Subsection (b) of section 6707A is amended to read as follows:

''(b) AMOUNT OF PENALTY.—

''(1) IN GENERAL.—Except as otherwise provided in this subsection, the amount of the penalty under subsection (a) with respect to any reportable transaction shall be 75 percent of the decrease in tax shown on the return as a result of such transaction (or which would have resulted from such transaction if such transaction were respected for Federal tax purposes).

''(2) MAXIMUM PENALTY.—The amount of the penalty under subsection (a) with respect to any reportable transaction for any taxable year shall not exceed—

''(A) in the case of a listed transaction, $200,000 ($100,000 in the case of a natural person), or

''(B) in the case of any other reportable transaction, $50,000 ($10,000 in the case of a natural person).

''(3) MINIMUM PENALTY.—The amount of the penalty under subsection (a) with respect to any transaction for any taxable year shall not be less than $10,000 ($5,000 in the case of a natural person).''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to penalties assessed after December 31, 2006.

SEC. 112. ANNUAL REPORTS ON PENALTIES AND CERTAIN OTHER ENFORCEMENT ACTIONS.

(a) IN GENERAL.—The Commissioner of Internal Revenue, in consultation with the Secretary of the Treasury, shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate an annual report on the penalties assessed by the Internal Revenue Service during the preceding year under each of the following provisions of the Internal Revenue Code of 1986:

(1) Section 6662A (relating to accuracy-related penalty on understatements with respect to reportable transactions).

(2) Section 6700(a) (relating to promoting abusive tax shelters).

(3) Section 6707 (relating to failure to furnish information regarding reportable transactions).

(4) Section 6707A (relating to failure to include reportable transaction information with return).

(5) Section 6708 (relating to failure to maintain lists of advisees with respect to reportable transactions).

(b) ADDITIONAL INFORMATION.—The report required under subsection (a) shall also include information on the following with respect to each year:

(1) Any action taken under section 330(b) of title 31, United States Code, with respect to any reportable transaction (as defined in section 6707A(c) of the Internal Revenue Code of 1986).

(2) Any extension of the time for assessment of tax enforced, or assessment of any amount under such an extension, under paragraph (10) of section 6501(c) of the Internal Revenue Code of 1986.

(c) DATE OF REPORT.—The first report required under subsection (a) shall be submitted not later than December 31, 2010.

Subtitle C—Preservation of Health Savings Accounts and Health Flexible Spending Arrangements

SEC. 121. REPEAL OF LIMITATIONS ON MEDICINES.

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

SEC. 122. REPEAL OF DOLLAR LIMITATION ON HEALTH FLEXIBLE SPENDING ARRANGEMENTS.

Effective as of the enactment of the Patient Protection and Affordable Care Act, section 9005 of such Act (relating to limitation on health flexible spending arrangements under cafeteria plans) is hereby repealed and any provision of law amended by such section is amended to read as such provision would read if such section had never been enacted.

Subtitle D—Other Provisions

SEC. 131. NONRECOURSE SMALL BUSINESS INVESTMENT COMPANY LOANS FROM THE SMALL BUSINESS ADMINISTRATION TREATED AS AMOUNTS AT RISK.

(a) IN GENERAL.—Subparagraph (B) of section 465(b)(6) is amended to read as follows:

''(B) QUALIFIED NONRECOURSE FINANCING.—For purposes of this paragraph—

''(i) IN GENERAL.—The term 'qualified nonrecourse financing' means any financing—

''(I) which is qualified real property financing or qualified SBIC financing,

''(II) except to the extent provided in regulations, with respect to which no person is personally liable for repayment, and

''(III) which is not convertible debt.

''(ii) QUALIFIED REAL PROPERTY FINANCING.—The term 'qualified real property financing' means any financing which—

''(I) is borrowed by the taxpayer with respect to the activity of holding real property,

''(II) is secured by real property used in such activity, and

''(III) is borrowed by the taxpayer from a qualified person or represents a loan from any Federal, State, or local government or instrumentality thereof, or is guaranteed by any Federal, State, or local government.

''(iii) QUALIFIED SBIC FINANCING.—The term 'qualified SBIC financing' means any financing which—

''(I) is borrowed by a small business investment company (within the meaning of section 301 of the Small Business Investment Act of 1958), and

''(II) is borrowed from, or guaranteed by, the Small Business Administration under the authority of section 303(b) of such Act.''.

(b) CONFORMING AMENDMENTS.—Subparagraph (A) of section 465(b)(6) is amended—

(1) by striking ''in the case of an activity of holding real property,'', and

(2) by striking ''which is secured by real property used in such activity''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to loans and guarantees made after the date of the enactment of this Act.

SEC. 132. INCREASE IN AMOUNT ALLOWED AS DEDUCTION FOR START-UP EXPENDITURES.

(a) IN GENERAL.—Subsection (b) of section 195 is amended by adding at the end the following new paragraph:

''(3) INCREASED LIMITATION FOR TAXABLE YEARS BEGINNING IN 2010 OR 2011.—In the case of any taxable year beginning in 2010 or 2011, paragraph (1)(A)(ii) shall be applied—

''(A) by substituting '$20,000' for '$5,000', and

''(B) by substituting '$75,000' for '$50,000'.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

TITLE II—REVENUE PROVISIONS

SEC. 201. EXCLUSION OF CERTAIN LOW-QUALITY FUELS FROM THE CELLULOSIC BIOFUEL PRODUCER CREDIT.

(a) IN GENERAL.—Subparagraph (E) of section 40(b)(6) is amended by adding at the end the following new clause:

''(iii) EXCLUSION OF CERTAIN LOW-QUALITY FUELS.—The term 'cellulosic biofuel' shall not include any fuel if—

''(I) more than 4 percent of such fuel (determined by weight) is any combination of water and sediment,

''(II) the ash content of such fuel is more than 1 percent (determined by weight), or

''(III) the acid number of such fuel is greater than 25.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to fuels sold or used on or after January 1, 2010.

SEC. 202. TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.

Notwithstanding section 6655 of the Internal Revenue Code of 1986, in the case of a corporation with assets of not less than $1,000,000,000 (determined as of the end of the preceding taxable year)—

(1) the amount of any required installment of corporate estimated tax which is otherwise due in July, August, or September of 2010 shall be 100.75 percent of such amount, and

(2) the amount of the next required installment after an installment referred to in paragraph (1) shall be appropriately reduced to reflect the amount of the increase by reason of such paragraph.

Mr. CAMP (during the reading). Madam Speaker, I ask that the motion be considered as read.

Mr. LEVIN. I object.

The SPEAKER pro tempore. There is an objection.

The Clerk will continue to read.

□ 1430

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

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

The gentleman from Michigan (Mr. CAMP) is recognized for 5 minutes.

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

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

Here's what we keep: the few provisions that directly help small businesses, including an exclusion from capital gains tax on investments and qualifying small businesses; new protections for small businesses from excessive penalties if they unknowingly fail to disclose certain information related to their participation in tax shelters; and a temporary increase in the amount of small business start-up costs that can be immediately expensed.

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

First, the motion repeals the cap on the minimum annual contribution to flexible spending accounts, which will be capped at $2,500 per year under the health care bill starting in 2011.

FSAs, which are currently used by 35 million Americans, encourage consumers to be more aware of both the cost and quality of health care goods and services. Approximately 7 million Americans put more than $2,500 into their FSAs. According to the Employers Council on Flexible Compensation, the median income of an FSA holder in 2008 was just $55,000 a year. Repealing this provision would provide Americans with $15.6 billion in tax relief.

Second, the motion repeals the ban on using several forms of health savings, including FSAs and health savings accounts, also known as HSAs, to purchase over-the-counter medicines. Not only does this ban discourage tax-free savings, it discourages Americans from choosing cheaper, nonprescription medicines when they're available. By repealing this provision, we'll not only provide $5.5 billion in tax relief, but we'll also help American families lower their health care bills.

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

I urge my colleagues to vote ''yes'' on the motion, and I yield back the balance of my time.

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

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

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

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

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

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

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

''Inconsistency'' is charitable. There could be other words used for that, including the unwillingness of the minority to face up to the need to pay for bills.

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

I suggest to the gentleman from Michigan (Mr. CAMP) that you walk over to the Senate, ask them what's in reconciliation. It's not a very long distance from here. Just walk over there and whisper to the majority leader, or, if you want, you can whisper to the minority leader, is Black Liquor in the bill that's over there that is now being considered under reconciliation? And I think both of them will tell you it is.

So, essentially, what you're saying is we want to take something out of the bill that is being considered under reconciliation and claim to be paying for the small business provisions that you're going to vote against.

Now, my suggestion is that nobody is going to be fooled by that; and that what you ought to be doing is to tackle these issues straight on, and also to tackle the pay-for straight on and not pretend that you're paying for something when you're not.

So I don't know what's worse, the majority, the then-majority, now the minority, having refused to pay for bills that came through here year after year, bills that came before the Ways and Means Committee that you never dreamed of paying for, whether that's worse than what you're now doing. I guess they're both as bad.

Yet what you're now doing is saying, well, we'll pay with something that's in a bill that's in the Senate that's soon going to become law.

POINT OF ORDER

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

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

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

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

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

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

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

Mr. LEVIN. If I could speak briefly.

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

Mr. LEVIN. It makes a change. That's all that's necessary to violate section 303.

I ask that the point of order be upheld.

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

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

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

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

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

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

Therefore, I insist on the point of order.

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

□ 1455

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

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

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

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

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

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

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

I yield back the balance of my time.

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

There was no objection.

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

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

RECORDED VOTE

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

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on the passage of the bill, if ordered, and motions to suspend the rules with regards to H.R. 4098 and H.R. 1879, if ordered.

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

[Roll No. 181]

YEAS—184

Aderholt	Blackburn	Buyer
Akin	Blunt	Calvert
Alexander	Boehner	Camp
Altmire	Bonner	Campbell
Austria	Bono Mack	Cantor
Bachmann	Boozman	Cao
Bachus	Boucher	Capito
Barrett (SC)	Boustany	Carter
Bartlett	Brady (TX)	Cassidy
Barton (TX)	Bright	Castle
Biggert	Broun (GA)	Chaffetz
Bilbray	Buchanan	Coble
Bilirakis	Burgess	Coffman (CO)
Bishop (UT)	Burton (IN)	Cole

Conaway
Crenshaw
Culberson
Davis (KY)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Edwards (TX)
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Owens
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Rush
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NAYS—239

Ackerman
Adler (NJ)
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boren
Boswell
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NOT VOTING—6

Brown (SC)
Brown-Waite, Ginny
Davis (AL)
Gutierrez
Hoekstra
Kilpatrick (MI)

□ 1528

Messrs. PALLONE, BARROW, HOYER, KILDEE, MILLER of North Carolina, Mrs. KIRKPATRICK of Arizona, Ms. DEGETTE, Messrs. BOREN, SHULER, CLEAVER, Ms. RICHARDSON, Messrs. ACKERMAN, ISRAEL, WELCH, TIERNEY, KUCINICH, RAHALL, ROTHMAN of New Jersey, CARNAHAN, CAPUANO, Mrs. MALONEY, Mr. HOLT, and Ms. MOORE of Wisconsin changed their vote from ''yea'' to ''nay.''

Messrs. COLE, LAMBORN, GINGREY of Georgia, HUNTER, EDWARDS of Texas, and CAO changed their vote from ''nay'' to ''yea.''

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

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

RECORDED VOTE

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

A recorded vote was ordered.

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

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

[Roll No. 182]

AYES—246

Ackerman
Adler (NJ)
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boren
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Cao
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castle
Castor (FL)
Chandler
Childers
Chu
Clarke
Clay
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NOES—178

Aderholt
Akin
Alexander
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Bright
Broun (GA)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Capito
Carter
Cassidy
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Hunter
Inglis
Issa

Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Myrick
Neugebauer
Nunes
Nye
Olson
Owens
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Souder
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—5

Brown (SC)
Cleaver
Davis (AL)
Hoekstra
Kilpatrick (MI)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in the vote.

□ 1537

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

SECURE FEDERAL FILE SHARING ACT

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

The Clerk read the title of the bill.

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

This will be a 5-minute vote.

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

[Roll No. 183]

YEAS—408

Ackerman
Aderholt
Adler (NJ)
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilroy
Kind
King (IA)
King (NY)
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Polis (CO)
Pomeroy
Posey
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (FL)

NAYS—13

Akin
Broun (GA)
Duncan
Gingrey (GA)
Kingston
Marchant
Paul
Poe (TX)
Price (GA)
Royce
Sensenbrenner
Westmoreland
Young (AK)

ANSWERED ''PRESENT''—1

Lofgren, Zoe

NOT VOTING—7

Barrett (SC)
Brown (SC)
Butterfield
Cassidy
Davis (AL)
Hoekstra
Kilpatrick (MI)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes left in the vote.

□ 1546

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

NATIONAL GUARD EMPLOYMENT PROTECTION ACT

The SPEAKER pro tempore (Mr. BLUMENAUER). The unfinished business is the question on suspending the rules and passing the bill, H.R. 1879, as amended.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 1879, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. HARE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 416, nays 1, not voting 12, as follows:

[Roll No. 184]

YEAS—416

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria

Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Cuellar
Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilroy
Kind
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
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Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NAYS—1

Paul

NOT VOTING—12

Barrett (SC)
Becerra
Brown (SC)
Cassidy
Crowley
Davis (AL)
Hoekstra
Kilpatrick (MI)
King (IA)
Minnick
Murphy (NY)
Teague

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1553

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

DISASTER RELIEF AND SUMMER JOBS ACT OF 2010

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

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1204, the bill is considered read.

The text of the bill is follows:

H.R. 4899

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2010, and for other purposes, namely:

DEPARTMENT OF HOMELAND SECURITY

FEDERAL EMERGENCY MANAGEMENT AGENCY

DISASTER RELIEF

(INCLUDING TRANSFER OF FUNDS)

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

DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

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

LEGISLATIVE BRANCH

HOUSE OF REPRESENTATIVES

PAYMENT TO WIDOWS AND HEIRS OF DECEASED MEMBERS OF CONGRESS

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

INDEPENDENT AGENCIES

SMALL BUSINESS ADMINISTRATION

BUSINESS LOANS PROGRAM ACCOUNT

For an additional amount for ''Business Loans Program Account'' for fee reductions and eliminations under section 501 of title V of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) and for the cost of guaranteed loans under section 502 of such title, $20,000,000, to remain available until expended: *Provided*, That such costs shall be as defined in section 502 of the Congressional Budget Act of 1974: *Provided further*, That up to $40,000,000 of the amount made available under this heading in Public Law 111–117 also may be utilized for the purposes specified in this paragraph: *Provided further*, That section 502(f) of title V of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) is amended by striking ''March 28, 2010'' and inserting ''April 30, 2010''.

GENERAL PROVISIONS

RESCISSIONS

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

(1) ''Department of Commerce—National Telecommunications and Information Administration—Digital-to-Analog Converter Box Program'', $111,500,000, to be derived from unobligated balances made available under this heading in title II of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 128).

(2) ''Department of Transportation—National Highway Traffic Safety Administration—Consumer Assistance to Recycle and

Save Program'', $44,000,000, to be derived from unobligated balances made available in title XIII of Public Law 111–32 and in Public Law 111–47.

(3) ''Department of Agriculture—Food and Nutrition Service—Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)'', $361,825,000, to be derived from unobligated balances available from amounts placed in reserve in title I of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

(4) Accounts under the heading ''Department of Agriculture—Rural Development Programs'', $102,675,000, to be derived from the unobligated balances of funds that were provided for such accounts in prior appropriation Acts (other than Public Law 111–5) and that were designated by the Congress in such Acts as an emergency requirement pursuant to a concurrent resolution on the budget or the Balanced Budget and Emergency Deficit Control Act of 1985.

EMERGENCY DESIGNATION

SEC. 102. Each amount in this Act is designated as an emergency requirement and necessary to meet emergency needs pursuant to sections 403 and 423(b) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.

SHORT TITLE

SEC. 103. This Act may be cited as the ''Disaster Relief and Summer Jobs Act of 2010''.

The SPEAKER pro tempore. The gentleman from Wisconsin (Mr. OBEY) and the gentleman from California (Mr. LEWIS) each will control 30 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. OBEY. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 4899.

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

There was no objection.

Mr. OBEY. Mr. Speaker, I yield myself 1 minute.

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

Last, the bill extends the successful small business lending provisions that are contained in the Recovery Act for another month and provides up to $60 million for that effort. Again, that new funding is offset. The bill rescinds emergency funding that is not needed in order to provide for the offsets.

With that, I reserve the balance of my time.

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

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

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

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

It's worth noting that the $600 million for a summer youths job program is being offset by various rescissions in unused funding from the stimulus bill and other past spending bills.

But my underlying question is this: If there is $1.4 billion already in the pipeline for a Department of Labor jobs program, why can't we return the rescinded $600 million dollars back to the Treasury for deficit reduction? Why must my Democrat friends continue to spend and spend and spend and spend?

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

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

□ 1600

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

Mr. Speaker, we can agree to disagree on the cause of our economic troubles, but the fact remains that we cannot spend our way into economic health. Until the Congress curbs its appetite for spending, our economy will continue to suffer.

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

I will close, as I began, with this comment: The simple truth is that Uncle Sam needs a diet.

I reserve the balance of my time.

Mr. OBEY. I yield myself 2 minutes.

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

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

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

Thirdly, let me suggest that when the gentleman complains about not offsetting the funding for the emergency disaster relief program, I would point out that the past administration asked us to do the very same thing eight times in a row, and the Congress did.

Let me also say, by the way, that I would invite the gentleman from California to join me in cosponsoring legislation, which I have introduced in this House several times, which would set up a State-funded disaster program which would be experience rated so that each State would pay into that fund ahead of time on the basis of how much they have drawn out of it in the past.

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

Mr. OBEY. I yield myself 1 additional minute.

I would point out that more than half of all disaster relief since 1993 has gone to just four States: Louisiana, Florida, California—the gentleman's home State—and Mississippi; and 80 percent of all disaster relief since 1993 has gone to 10 States: those four plus Texas, Puerto Rico, Alabama, Iowa, North Carolina, and New York.

As a Representative of a State that is not in that 10-State group, I am perfectly happy to end the need for virtually all disaster payments paid for by Uncle Sam by establishing the kind of proposal that I have supported for years. I doubt very much the gentleman from California would like that because then California would be paying into it in the same measure that they are drawing out of it through the years.

But I would, nonetheless, invite any Member interested in fiscal rectitude, whether from a recipient State or not, to join me in that effort and then we won't have these meaningless debates on the floor anymore.

Mr. LEWIS of California. Mr. Speaker, I yield myself such time as I may consume.

I simply rise, in part, to respond to the comments of my colleague. I think it's important for us to know that we do have quite a history of supplemental funding and what we do with emergency spending.

As the chairman suggests, there has been a lot of funny business that has gone on, but I thought the Members ought to know that from fiscal year 1989 through fiscal year 2006 there have been 36 multiagency supplemental appropriations bills that have been considered by the Congress, and most of them have been enacted into law. Of those, only seven were never considered by our Appropriations Committee and this one was not considered by our Appropriations Committee. It was introduced almost at midnight, the very day we dealt with that trillion-dollar deficit package that was before us. Those seven that bypassed the committee I could easily go through in detail, but essentially they were dealing with the natural disasters that related to hurricanes in Florida and the disaster that impacted Louisiana and the like. Emergencies, indeed, but the committee was bypassed for those emergencies.

It seems to me that it's about time that we took up supplementals like this, instead of being written at the last minute, be handled in regular order, be considered by the committee, be available to the members for not only reading but for amending, and it has become a consistent pattern that we are not doing that. We are bypassing our committee as though the committee or subcommittees might as well not exist.

Mr. Speaker, I reserve the balance of my time.

Mr. OBEY. I yield myself 30 seconds.

I would simply say, Mr. Speaker, that the White House submitted this request for disaster relief over a month ago. Everyone in this institution has known about it; in addition to which, the gentleman's staff has known for a good 2 weeks that we would be considering this disaster relief. The only thing that's different is that we found offsets within the past few days that would help to fully pay for the summer jobs program so, therefore, we included that in the proposition.

This is hardly a complicated matter. I am sure that the gentleman from California is up to a full understanding of it.

I reserve the balance of my time.

Mr. LEWIS of California. Mr. Speaker, I yield 4 minutes to the gentleman from Kentucky (Mr. ROGERS).

Mr. ROGERS of Kentucky. I thank the ranking member for yielding.

I rise, Mr. Speaker, to voice my disappointment with this bill. First, the sheer cost of the disaster relief section of this bill has largely resulted from the administration's own reluctance to be forthright on true disaster costs. When the administration knew full well that they were looking at an immense shortfall for disaster relief costs for fiscal year 2010, they all but stuck their heads in the sand, refused to get off the dime and submit an official request or budget amendment, and that's after continued inquiries and even congressional direction—congressional direction—to be more forthcoming with known costs.

To add insult to injury, FEMA's inability to accurately assess the costs of certain damages have led to several large arbitration rulings and settlements, rulings in which FEMA was admonished for having no sound basis for its estimates. FEMA's ineptitude has resulted in an additional $1.2 billion in costs to the taxpayers. Ineptitude.

These failures amount to an expensive and now hurried bill. It goes without saying that the administration and FEMA must do better in estimating and budgeting for the real costs of disasters. We have been on this broken path for too long.

Secondly, given the failings of the administration and FEMA, and considering this supplemental does not follow a singular catastrophic event, I see no reason why the administration and the Democrat majority have not worked harder to offset this spending. This concern is especially relevant when billions of dollars in unobligated money is lying around—sloshing—in the so-called stimulus bill, a point that Chairman LEWIS has made repeatedly here today.

Why are we further burdening the American people with additional debt when there are monies that can and should be used to pay for the costs of real emergencies? Sadly, the majority hasn't even notionally consulted the minority or, for that matter, the committee on finding ways to pay for this and is choosing, instead, to just ram this bill through the House with only an hour of debate.

I would like to think that had this bill been handled properly with at least some minority input, we could have collaborated to produce a more fiscally disciplined bill and a bill that included some tough and badly needed oversight on how the administration and FEMA is budgeting for disaster relief funding. Needless to say, the majority seems hell-bent on spending taxpayer money without even giving lip service to an offset.

Mr. Speaker, at this rate, we are simply passing an impossible financial emergency to our children and our grandchildren. To say that I am disappointed at this bill's cost and lack of oversight and discipline is a gross understatement. The administration and this Democrat majority must do better.

Mr. OBEY. Mr. Speaker, I yield 5 minutes to the distinguished gentleman from North Carolina (Mr. PRICE).

Mr. PRICE of North Carolina. I thank the chairman for yielding.

Mr. Speaker, I rise in support of the disaster relief and summer jobs supplemental appropriations bill, which includes $5.1 billion for the Federal Emergency Management Agency's Disaster Relief Fund. The administration has requested this amount in emergency funding to pay for recovery from catastrophic events and to be able to respond to disasters and emergencies through the balance of the fiscal year.

This bill is about making sure that FEMA keeps its promises to devastated communities that are getting back on their feet as well as to those who may face disasters in the months to come. In addition to ongoing recovery costs associated with an active hurricane season and extraordinary flooding in the Midwest in 2008, FEMA is still required to pay for some very expensive outstanding costs related to Katrina, such as the devastated Louisiana schools and Charity Hospital.

Because we are still dealing with these monumental recovery efforts, the Disaster Relief Fund is being depleted at a rate of nearly $500 million per month this fiscal year. This has nearly doubled the noncatastrophic 5-year average that FEMA bases its estimates on. At that rate, OMB projects FEMA will be completely out of disaster relief funds by the end of March.

It's unfortunate that we find ourselves in the position of running low on funds just halfway through the fiscal year. I agree that FEMA needs to find a better way to budget, to account for the known costs of these catastrophic events when formulating the budget request. I have pressed them to do that and will continue to do so. But it is disingenuous for those on the other side of the aisle to lecture us on this issue when, to a large extent, as they well know, this supplemental is required to deal with the mess inherited from the

previous administration. And by ''the mess,'' I mean the practice of lowballing projected disaster costs as well as billions in deferred obligations.

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

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

Based on the impending shortfall in the fund, FEMA announced last month that it could only pay for ''immediate needs'' for disasters, which includes assistance to families and individuals, as well as debris removal and emergency protective measures. All long-term rebuilding projects are being deferred until Congress acts. To put that into perspective for my colleagues, that means that over $367 million worth of projects in 43 States and four territories will continue to be delayed if we fail to act.

□ 1615

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

In addition to addressing these past disasters, we must prepare for those to come. The National Weather Service, the Army Corps of Engineers currently estimate that one-third of the U.S. will be faced with the possibility of flooding this spring. Without these funds, FEMA will not be able to assist local communities and States responding to these flooding disasters. It's critical that we replenish the disaster relief funds now.

I remind my colleagues that we have always considered disaster relief funds to be emergency funding, under Republican and Democratic Congresses, under Republican and Democratic administrations. The last administration transmitted eight supplementary funding requests for the disaster relief fund between fiscal 2002 and 2006. Those disaster relief funds were always requested as an emergency and were not offset.

We all have a stake, Mr. Speaker, in the passage of this bill. I urge my colleagues to support it.

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

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

We just don't bring supplementals to the committee for discussion. So far there have been—my colleague should know this—so far there have been $800 billion in spending numbers that Members didn't get a chance to have any input upon.

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

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

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

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

Mr. OBEY. Will the gentleman yield on that?

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

Mr. OBEY. I would yield to you 30 seconds so I might ask you a question.

Mr. TIAHRT. I would welcome to have your question, Mr. Chairman.

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

Mr. TIAHRT. Well, Mr. Chairman, we overspent so far this year $655 billion.

Mr. OBEY. No. Would you answer my question? We are not adding one dime to the deficit by what we are adding to the summer jobs program. We are fully paying for it by cuts in other programs.

I have great respect for my friend from Kansas, but he needs to be accurate in what he says.

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

Mr. OBEY. That's new math.

Mr. TIAHRT. Well, I guess I'm entitled to my new math today.

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

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

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

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

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

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

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

Capital is always a coward and only goes where it's welcome. Lowering taxes for people who invest in jobs will attract capital into our economy.

Second, we need to freeze our current regulations and force all the regulations that we have on the books today through a simple formula: B has to be greater than C. That means that the benefit has to exceed the cost of implementation. If we would do that, we would lower the cost of creating things in America, of making things in America, and we have to make things.

The third thing I would argue is we need to have tort reform. I favor a loser-pay system like they have in the United Kingdom.

And, fourth, I would like to say if we became energy independent, we would solve our unemployment problem. Only one State in the entire United States last year had increased employment. That State was North Dakota, and it was because they found oil under private property. Had it been under public lands, we could not have extracted the oil. But because it was private lands, we created jobs.

I recommend we oppose this bill.

Mr. OBEY. Mr. Speaker, I yield myself 30 seconds.

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

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

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

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

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

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

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

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

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

THE WHITE HOUSE,
Washington, DC, February 12, 2010.

Hon. NANCY PELOSI,
Speaker of the House of Representatives, Washington, DC.

DEAR MADAM SPEAKER: I ask the Congress to consider the enclosed amendments to Fiscal Year (FY) 2010 proposals in my FY 2011 Budget.

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

Also included are amendments to general provisions that would provide authorization and funding for FY 2010 to implement the settlement of a case involving the management of individual Indian trust accounts related to Indian lands and to settle claims of prior discrimination brought by black farmers against the Department of Agriculture.

The details of these requests are set forth in the enclosed letter from the Director of the Office of Management and Budget.

Sincerely,

BARACK OBAMA.

Enclosure.

EXECUTIVE OFFICE OF THE PRESIDENT, OFFICE OF MANAGEMENT AND BUDGET,
Washington, DC, February 12, 2010.

The PRESIDENT,
The White House.

Submitted for your consideration are amendments to the Fiscal Year (FY) 2010 proposals in your FY 2011 Budget. Included is an amendment for the Department of Homeland Security, Disaster Relief. Also included are amendments to general provisions that would provide authorization and funding for FY 2010 to implement the settlement of a case involving the management of individual Indian trust accounts related to Indian lands and to settle claims of prior discrimination brought by black farmers against the Department of Agriculture. These amendments are described below and in more detail in the enclosures.

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

Department of Homeland Security, Disaster Relief. This amendment would provide an additional $1.5 billion and would increase the pending $3.6 billion FY 2010 supplemental request included in the FY 2011 Budget to $5.1 billion. These supplemental funds are needed before March 2010 for the continued response and recovery efforts associated with prior large events, such as Hurricane Katrina and the Midwest Floods. This supplemental request is also being re-transmitted to underscore the importance of acting in a timely fashion.

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

General Provision, Sec. 1: Cobell v. Salazar. This amendment would provide authorization and funding to implement the settlement of *Cobell v. Salazar*, a case involving the management of individual Indian trust accounts related to Indian lands. Pending congressional action and final approval by the Court, $3.412 billion will be expended from the Department of the Treasury's Claims, Judgments, and Relief Acts account in FY 2010. Within this total, the settlement agreement provides that $2.0 billion from the appropriation to this account will be transferred to a new Trust Land Consolidation Fund in the Department of the Interior for the buy-back and consolidation of fractionated land interests and other activities.

General Provision, Sec. 2: Discrimination Claims Settlement. This amendment would provide authorization and FY 2010 funding of $1.150 billion to settle claims of prior discrimination brought by black farmers against the Department of Agriculture that were previously addressed by section 14012 of Public Law 110–246, the Food Conservation and Energy Act of 2008.

Recommendation

I have carefully reviewed these requests and am satisfied that they are necessary at this time. Therefore, I join the heads of the affected agencies in recommending you transmit these proposals to the Congress.

Sincerely,

PETER R. ORSZAG,
Director.

Enclosures.

FY 2010 Supplemental Proposal in the FY 2011 Budget

Agency: Department of Homeland Security.

Bureau: Federal Emergency Management Agency.

Heading: Disaster Relief.

FY 2011 Budget Appendix Page: 1362.

FY 2010 Pending Supplemental Request: $3,600,000,000.

Proposed Amendment: $1,500,000,000.

FY 2010 Revised Supplemental Request: $5,100,000,000.

(In the appropriations language under the above heading, delete ''$3,600,000,000'' and substitute *$5,100,000,000.*)

This amendment would provide an additional $1.5 billion for the Disaster Relief account and would increase the pending $3.6 billion FY 2010 supplemental request included in the FY 2011 Budget to $5.1 billion.

This request is submitted to: (1) reiterate the need to provide the proposed funding before March 2010, and underscore the Administration's support for this proposal; and (2) request an additional $1.5 billion in anticipation of arbitration panel decisions likely to impact the Disaster Relief Fund in a previously unexpected manner. This proposal provides additional funding for the continued response and recovery efforts associated with prior large events, such as Hurricane Katrina and the Midwest Floods.

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

FY 2010 Change in a Mandatory Program

Heading: *General Provisions—This Act.*

FY 2011 Budget Appendix Page: 1366.

FY 2010 Pending Request: $3,412,000,000.

Proposed Amendment:—.

Revised Request: $3,412,000,000.

(In the appropriations language, insert the above new heading and the following new language directly following section 2 of the ''General Provisions'' that appear on page 1365:)

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

(a) SHORT TITLE.—This section may be cited as the ''Individual Indian Money Account Litigation Settlement Act of 2010''.

(b) DEFINITIONS.—In this section:

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

(2) LAND CONSOLIDATION PROGRAM.—The term ''Land Consolidation Program'' means a program conducted in accordance with the Settlement and the Indian Land Consolidation Act (25 U.S.C. 2201 et seq.) under which the Secretary may purchase fractionated interests in trust or restricted land.

(3) LITIGATION.—The term ''Litigation'' means the case entitled Elouise Cobell et al. v. Ken Salazar et al., United States District Court, District of Columbia, Civil Action No. 96–1285 (JR).

(4) PLAINTIFF.—The term ''Plaintiff'' means a member of any class certified in the Litigation.

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

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

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

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

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

(e) JURISDICTIONAL PROVISIONS.—

(l) IN GENERAL.—Notwithstanding the limitation on jurisdiction of district courts contained in section 1346(a)(2) of title 28, United States Code, the United States District Court for the District of Columbia shall have jurisdiction over the claims asserted in the Amended Complaint for purposes of the Settlement.

(2) CERTIFICATION OF TRUST ADMINISTRATION CLASS.—

(A) IN GENERAL.—Notwithstanding the requirements of the Federal Rules of Civil Procedure, the court overseeing the Litigation may certify the Trust Administration Class.

(B) TREATMENT.—On certification under subparagraph (A), the Trust Administration Class shall be treated as a class under Federal Rule of Civil Procedure 23(b)(3) for purposes of the Settlement.

(f) ACCOUNTING/TRUST ADMINISTRATION FUND.—

(1) IN GENERAL.—Of the amounts appropriated by section 1304 of title 31, United States Code, $1,412,000,000 shall be deposited in the Accounting/Trust Administration Fund, in accordance with the Settlement.

(2) CONDITIONS MET.—The conditions described in section 1304 of title 31, United States Code, shall be considered to be met for purposes of paragraph (1).

(g) TRUST LAND CONSOLIDATION.—

(1) TRUST LAND CONSOLIDATION FUND.—

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

(B) AVAILABILITY OF AMOUNTS.—Amounts in the Trust Land Consolidation Fund shall be made available to the Secretary during the 10-year period beginning on the date of final approval of the Settlement—

(i) to conduct the Land Consolidation Program; and

(ii) for other costs specified in the Settlement.

(C) DEPOSITS.—

(i) IN GENERAL.—On final approval (as defined in the Settlement) of the Settlement, the Secretary of the Treasury shall deposit in the Trust Land Consolidation Fund $2,000,000,000 of the amounts appropriated by section 1304 of title 31, United States Code.

(ii) CONDITIONS MET.—The conditions described in section 1304 of title 31, United States Code, shall be considered to be met for purposes of clause.

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

(2) INDIAN EDUCATION SCHOLARSHIP HOLDING FUND.—

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

(B) AVAILABILITY.—Notwithstanding any other provision of law governing competition, public notification, or Federal procurement or assistance, amounts in the Indian Education Scholarship Holding Fund shall be made available, without further appropriation, to the Secretary to contribute to an Indian Education Scholarship Fund, as described in the Settlement, to provide scholarships for Native Americans.

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

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

(h) TAXATION AND OTHER BENEFITS.—

(1) INTERNAL REVENUE CODE.—For purposes of the Internal Revenue Code of 1986, amounts received by an individual Indian as a lump sum or a periodic payment pursuant to the Settlement—

(A) shall not be included in gross income; and

(B) shall not be taken into consideration for purposes of applying any provision of the Internal Revenue Code that takes into account excludable income in computing adjusted gross income or modified adjusted gross income, including section 86 of that Code (relating to Social Security and tier 1 railroad retirement benefits).

(2) OTHER BENEFITS.—Notwithstanding any other provision of law, amounts received by an individual Indian as a lump sum or a periodic payment pursuant to the Settlement shall not be treated for any household member, during the 1-year period beginning on the date of receipt—

(A) as income for the month during which the amounts were received; or

(B) as a resource,

for purposes of determining initial eligibility, ongoing eligibility, or level of benefits under any Federal or federally assisted program.

This amendment proposes language for consideration by the Appropriations Committees to provide authorization and funding to implement the settlement of *Cobell* v. *Salazar*, a case involving the management of individual Indian trust accounts related to Indian lands. Following the enactment of this legislation and final approval of the settlement by the Court, $3.412 billion will be expended from this account in FY 2010.

Under the terms of the settlement, $1.412 billion would be used to settle trust management and accounting issues. Each class member will receive $1,000 for his or her historical accounting claims and may receive additional funds related to trust management claims under a formula set forth in the settlement agreement. (Page 1032 of the FY 2011 Budget *Appendix*, Department of the Treasury chapter, provides further detail regarding implementation of this aspect of the settlement.)

The settlement agreement also provides $2.0 billion from the Claims, Judgments, and Relief Acts account for a new Trust Land Consolidation Fund (Fund) for the buy-back and consolidation of fractionated land interests. The Fund will be used for purchases of fractionated interests in parcels of land from individual Indian landowners. The Fund covers administrative costs to undertake the process of acquiring fractionated interests and associated trust reform activities. The acquisition of fractionated interests is authorized under the Indian Land Consolidation Act Amendments of 2000 (Public Law 106–462), and the American Indian Probate Reform Act of 2004 (Public Law 108–374). The proposed settlement provides additional authority for the acquisition of interests held by persons who cannot be located after engaging in extensive efforts to notify them and locate them for a five-year period. In addition to purchasing land interests and other trust reform initiatives, the Fund will also contribute up to $60 million for a scholarship fund for the benefit of educating American Indians and Alaska Natives. (Page 706 of the FY 2011 Budget *Appendix*, Department of the Interior chapter, provides further detail regarding implementation of this aspect of the settlement.)

The FY 2011 Budget included this proposal as mandatory funding that would become available in FY 2010, consistent with the recent settlement agreement, dated December 7, 2009, and anticipated transmitting authorization language at a later date. However, at this time there are no other appropriate legislative vehicles available to allow for expeditious consideration of these necessary proposals. Therefore, it is now being requested as a change in a mandatory program to meet the settlement's legislation enactment deadline of February 28, 2010.

FY 2010 Change in a Mandatory Program
Heading: General Provisions—This Act.
FY 2011 Budget Appendix Page: 1366.
FY 2010 Pending Request: $1,150,000,000.
Proposed Amendment: —.
Revised Request: $1,150,000,000.

(In the appropriations language under the above newly inserted heading, insert the following new section after the newly inserted section 1:)

SEC. 2. (a) There is hereby appropriated to the Department of Agriculture, $1,150,000,000, to remain available until expended, to carry out the terms of a Settlement Agreement (''such Settlement Agreement'') executed in In re Black Farmers Discrimination Litigation, No. 18–511 (D.D.C) that is approved by a court order that has become final and non-appealable, and that is comprehensive and provides for the final settlement of all remaining Pigford claims (Pigford claims''), as defined in section 14012(a) of Public Law 110–246. The funds appropriated herein for such Settlement Agreement are in addition to the $100,000,000 in funds of the Commodity Credit Corporation (CCC) that section 14012 made available for the payment of Pigford claims and are available only after such CCC funds have been fully obligated. The use of the funds appropriated herein shall be subject to the express terms of such Settlement Agreement. If any of the funds appropriated herein are not used for carrying out such Settlement Agreement, such funds shall be returned to the Treasury and shall not be made available for an purpose related to section 14012, for any other settlement agreement executed in In re Black Farmers Discrimination Litigation, No. 08–511 (D.D.C.), or for any other purpose. If such Settlement Agreement is not executed and approved as provided above, then the sole funding available for Pigford claims shall be the $100,000,000 of funds of the CCC that section 14012 made available for the payment of Pigford claims.

(b) Nothing in this section shall be construed as requiring the United States, any of its officers or agencies, or any other party to enter into such Settlement Agreement or any other settlement agreement.

(c) Nothing in this section shall be construed as creating the basis for a Pigford claim.

(d) Section 14012 of Public Law 110–246 is amended by striking subsections (e), (i)(2) and (j), and redesignating the remaining subsections accordingly.

This amendment proposes language for consideration by the Appropriations Committees to settle claims of prior discrimination brought by black farmers against the

Department of Agriculture that were previously addressed by section 14012 of Public Law 110–246, the Food Conservation and Energy Act of 2008. The proposal would provide funding for a court-approved settlement of litigation requiring the payment of valid claims pursuant to a privately managed settlement process. Upon enactment, the authority would permit the expeditious and judicious resolution of discrimination claims with minimal burden on the claimants and the Government.

The FY 2011 Budget included this proposal as mandatory funding that would become available in FY 2010 and anticipated transmitting authorization language at a later date. However, at this time there are no other appropriate legislative vehicles available to allow for expeditious consideration of these necessary proposals. Therefore, it is now being requested as a change in a mandatory program.

Mr. OBEY. I yield myself 30 seconds.

Let me simply say I largely agree with my friend from Oklahoma. We have one simple dilemma: both in the case of the Cobell settlement and the Pigford settlement, the administration has asked us to provide the money. We do not yet have an understanding of whether that will be provided through an emergency designation or whether it will be fully offset. We cannot proceed until the decision is made to move one way or another. As soon as it is, we want to bring both of those to the floor because I agree with you, we need to deal with both of them.

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

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

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

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

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

It's been 541 days since Congress acted to provide help for disaster victims. Yet HUD continues to tell Texans, your recovery doesn't matter. There's no rush.

Well, tell our communities, tell our families, tell our region that there's no rush. 541 days. HUD needs to act now to approve the Texas plan and simply help our communities rebuild.

Mr. OBEY. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from California (Ms. LEE).

Ms. LEE of California. Thank you, Chairman OBEY, for yielding and thank you for introducing this bill. It's very important. And I want to thank you for your leadership. Also to Chairman MILLER and Speaker PELOSI for working with members of the Congressional Black Caucus to ensure that this legislation does include funding, which is paid for, for a summer youth jobs initiative to target funds for our young people who are unemployed.

The members of the Congressional Black Caucus have been very focused on stimulating the economy and creating jobs, especially for the chronically unemployed. As my colleagues know, we are currently in the midst of a 5-week campaign launched at the beginning of this month to seek policy solutions for the chronically unemployed. We are working with our leadership, President Obama, Members of this House and our coalition partners to put a strategy together to put America back to work.

One of the key components of our proposed jobs package was to provide $1.3 billion to the summer youth jobs program with a goal of creating approximately 500,000 jobs for young people throughout the country. We met with the President, with our Speaker. We raised the importance of the summer jobs program to adjust the huge unemployment rate among young people.

We are committed to putting people back to work, especially our young people, because now, with this economic downturn, many of our young people, their parents are unemployed, and so they're helping to buy the food and to pay the rent.

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When you take a look at the numbers, it's clear why this funding is so critical. The youth unemployment rate currently stands at more than 23 percent. This is really a national emergency.

Many low income and minority youth populations face even greater challenges. African American youth unemployment rates are now estimated to be as high as 42 percent. So we need targeted assistance to help put our young people to work and to teach them an array of valuable job skills that they can use throughout their lives.

While this does not include the full $1.3 billion for summer youth jobs that we requested, it does make a down payment of $600 million, which is, once again, fully paid for, to create approximately 300,000 new jobs. And this is a very important step forward; but, frankly, we need the full amount. I hope that we can continue to expand and increase funding for this valuable program.

In addition, this bill will provide $5.1 billion in disaster relief to local communities through FEMA to address the impact of recent storms and disasters throughout the country. As one who comes from California, a State which is prone to earthquakes and floods, I can tell you this $5.1 billion is desperately needed.

And, finally, the bill will include an additional $60 million to extend the provision of the Recovery Act for another month to help small businesses defray the cost of certain loan fees charged by the Small Business Administration. Our small businesses are creating jobs to help turn this economy around.

So as Chair of the Congressional Black Caucus, I want to thank Chairman OBEY and our Speaker and our leadership for this initial down payment. We are pleased that we can provide some funding for summer jobs for our young people and we are moving forward this job creation package.

Mr. LEWIS of California. Mr. Speaker, I am very pleased to yield 2 minutes to the gentleman from Ohio (Mr. LATTA).

Mr. LATTA. I thank the gentleman for yielding.

Mr. Speaker, on March 4, I sent a letter to the FEMA administrator. That letter is regarding my concerns and the concerns I have heard from U.S. tent manufacturers and suppliers about FEMA purchasing disaster relief tents from foreign manufacturers.

Humanitarian needs are great throughout the world, and the American people have shown their generous spirit through the outpouring of monetary and commodity donations as well as teams of personnel to serve in the medical assistance area.

U.S. companies who manufacture shelters, such as this tent right here, can easily increase their production to fill the needs of humanitarian crises around the world. We need to continue to have U.S. tent manufacturers who can provide tents to U.S. military, U.S. embassies, and humanitarian relief efforts throughout the world.

When we use Federal taxpayers' dollars to aid in humanitarian relief efforts, we need to purchase U.S. manufactured products. The Department of Defense is required under their Buy American provision to purchase their humanitarian relief tents from U.S. manufacturers, so why shouldn't agencies such as FEMA or USAID be required to do the same?

Companies that are proven and have had government contracts help retain and create jobs. Purchasing U.S.-made tents also represents economic opportunities for our hard-hit areas in the United States where manufacturing jobs have disappeared by the thousands in the last several years.

The simple question I have is, why did or should FEMA or any other government agency purchase foreign-made tents when American-made tents help keep Americans employed and are of

high quality and high value? When our unemployment rates continue to be at or around 10 percent, and the Fifth Congressional District's exceeds over 12.5 percent, purchasing foreign-made products with American tax dollars is troubling to me.

Mr. Speaker, it is time that the U.S. agencies be required to purchase U.S.-made tents and keep Americans working.

Mr. OBEY. I yield 2 minutes to the distinguished gentleman from Iowa (Mr. LOEBSACK).

Mr. LOEBSACK. Mr. Speaker, I do want to thank Chairman OBEY for his work on this important legislation.

This bill is vital to ensuring FEMA can provide assistance to communities in all of our States that are recovering from major disasters. It is also critical to FEMA's ability to provide life-saving help to communities that might experience a major disaster in the future.

In Iowa, we were devastated by the great flood of 2008. Eighty-five out of 99 counties were declared major disaster areas. My district alone had billions of dollars in damage and is still working to recover, including through an estimated $1 billion in FEMA projects.

However, there is a current freeze on a multitude of FEMA projects nationwide. According to Iowa's governor, this has put work in jeopardy on $100 million worth of projects in Iowa alone. In fact, Coralville, Iowa, which was hard-hit by flooding, has received low bids on recovery projects but cannot commit because of this freeze. As a result, they may lose a bid that is 20 percent below what was estimated, which would actually save taxpayer money.

The National Weather Service says there is an imminent widespread flood risk in the Midwest this spring. We must ensure FEMA has the resources needed to help our citizens who might be hit by flooding again, even as we pray that it won't be needed.

I urge my colleagues to support this legislation to ensure Iowans and communities nationwide continue to have this important safety net and we allow FEMA to fulfill its prior commitments to recovery.

Mr. LEWIS of California. Mr. Speaker, these will be my closing comments on the bill.

I would like to say to the Members, my chairman, my colleagues, that I am very empathetic to their description of the way we have handled FEMA funding in the past. I indeed agree that, in the vast percentage of cases, that money ought to not be subject to offset requirements. The emergency rule is there for appropriate reasons.

The only reason for raising this in a procedural way today is because of the reality that while we have disaster after disaster out there, we have never had quite a disaster like this huge deficit of this year, $1.6 trillion, and projecting out to the future there is no end. And eventually the public knows the economy can't stand it, and they are suggesting that we try to help them out of this disaster that is ahead of us.

So it is indeed important for us to realize that in spite of the fact that there is a huge amount of money in the stimulus package that is yet unspent that might be used for some of these offsets, we need to seriously get on track of reducing spending and undermining that growing deficit so the public can at least have some sense that we are trying to effect the crisis that is beyond our horizon.

I plan, after we are through here, to offer a motion to recommit on this bill in order to adopt the amendment I presented in the Rules Committee on Monday. The motion is simple. It cuts unnecessary money from the flawed $1 trillion stimulus to pay for the $5.1 billion FEMA spending provided in Mr. OBEY's bill. The balance of the questions, we have discussed earlier.

I yield back the balance of my time.

Mr. OBEY. Mr. Speaker, I would make only one additional point. This bill also provides for a 1-month extension of the Recovery Act Small Business Lending program and provides an additional $60 million for that program.

Through March 12 of this year, the Recovery Act Small Business Lending program has supported nearly $23 billion in small business lending which, according to SBA, has helped create or preserve over 500,000 jobs. I think it is well worth the effort. We need to keep this program alive.

Ms. RICHARDSON. Mr. Speaker, as Chair of the Homeland Security Subcommittee on Emergency, Communications, Preparedness, and Response, I rise today in strong support of H.R. 4899, the Disaster Relief and Summer Jobs Act of 2010. I support this legislation because it will help local communities, small businesses, and our Nation's youth. This is the kind of legislation we need to lift us out of this economic downturn and deal with the unprecedented disasters that our Nation has faced these past few months.

I would like to acknowledge Speaker PELOSI and Chairman OBEY for their leadership in bringing this important bill to the floor.

Mr. Speaker, the Disaster Relief and Summer Jobs Act of 2010 is a $5.1 billion disaster aid package that will help communities rebuild their homes, infrastructure and local economies and to take steps to protect them from future disasters. In addition, H.R. 4899 also provides fully offset funding to expand this summer's youth jobs program and continue assistance to America's small businesses.

In my home State of California, youth unemployment has hit over 25 percent. The funding provided by H.R. 4899 will allow local Workforce Investment Boards (WIBs) to expand successful summer jobs programs that were funded in the Recovery Act. California is also no stranger to natural disasters, such as wildfires and mudslides. H.R. 4899 provides $5.1 billion to ensure that the Federal Emergency Management Agency (FEMA) can continue its work helping communities recover from recent disasters and to ensure that they have resources to respond to future disasters.

In conclusion, Mr. Speaker, I support this bill because it will provide funding to the communities and populations that need the most assistance in both disaster relief and job training. I would also like to note that this bill is fully paid for because it rescinds emergency funding that is not needed this year, including $44 million provided for Cash for Clunkers and $103 million provided for agriculture disasters, that is no longer needed for those disasters.

Mr. Speaker, I urge my colleagues to join me in supporting H.R. 4899.

Mr. POMEROY. Mr. Speaker, I rise today in strong support of H. Res. 415, a bill that ensures that the Federal Emergency Management Agency (FEMA) can continue its work helping communities recover from recent disasters and to ensure that they have resources to respond to future disasters.

Like many of my colleagues, I was alarmed by FEMA's recent announcement that the Federal Emergency Management Agency's (FEMA) Disaster Relief Fund is running out of money.

As you know, my own State of North Dakota experienced record flooding last year and many local governments have still not fully recovered. In addition, leaders in my State have once again been in the trench battling spring flooding this year. The Disaster Relief Fund (DRF) is used in part to reimburse States and local governments in places like North Dakota for damages suffered during these kinds of disaster.

The Disaster Relief Fund is currently faced with a shortfall and as a result, FEMA has issued an order whereby funds cannot be used for the Hazard Mitigation Grant Program, and certain kinds of public assistance, until the Fund is replenished. As a result of this unnecessary delay, many North Dakota communities have been forced to hold off with initiatives like home buyouts and road repairs that help the State recover from last year's flooding and better prepare for flooding this spring. This is unacceptable, which is why I have been working with the House Appropriations Committee to appropriate the $5.1 billion in supplement funding that is needed for this vital relief program.

With the funding that will be enacted under this bill, North Dakota communities will be able to continue to recover from the floods in 2009 as well as prepare for future disasters. This is an important bill and I encourage my colleagues to strongly support H.R. 4899.

Mr. LARSEN of Washington. Mr. Speaker, I rise today in support of H.R. 4899, Disaster Relief and Summer Jobs Act.

While the bulk of this legislation provides disaster relief for ongoing response and recovery efforts, this bill makes important steps forward to continue our Nation's economic recovery and create jobs.

First, this bill provides fee reductions and eliminations under the Small Business Administration (SBA) 7(a) loan program and the 504 program, and extends the termination date for the loans through April 30.

These loans have been important economic drivers in my Congressional district, and have provided needed capital to small businesses in our communities.

Small businesses are going to play an important part of any economic recovery. Small businesses are the number one source of new job growth in our Nation and have created 65 percent of all new jobs in the last decade.

Between October 2009 and last month, there were 58 SBA 7(a) loans and 15,504

loans provided to small businesses in my district allowing them to expand and modernize.

These are the types of programs that Congress must support to continue our economic recovery and create jobs at home, and I am happy to support the legislation on the floor today.

Mr. CONYERS. Mr. Speaker, we are facing a crisis with our young adults—many of whom are unable to find work during this economic downturn. According to the Department of Labor, the unemployment rate for 16 to 19 year olds is 25 percent. This is simply unacceptable and that is why I rise in support of the ''Disaster Relief and Summer Jobs Act of 2010.'' This legislation, offered by my good friend, the Chairman of the Committee on Appropriations, will help mitigate this emergency by providing funds to summer youth programs. The bill will also ensure Federal Emergency Management Agency (FEMA) has adequate funds at its disposal to enable it to comprehensively and quickly respond to future natural disasters.

Today's legislation will appropriate funds to provide 300,000 youth workers a $600 million grant this summer. Furthermore, this appropriation will fund Workforce Investment Boards (WIBs) that will expand programs previously funded in the Recovery Act. I believe this is an effective way to develop our young citizens' critical leadership skills, and practical training, and in helping them become productive members of society. I believe these programs will have a positive and lasting impact in our communities.

Mr. Speaker, the tragedy after hurricane Katrina highlighted the need for proper management and resources at FEMA. The proposal being considered today will give $5.1 billion to complete urgently needed projects and ensure they are fully equipped to respond to future disasters.

If we are to build a better America, we need to invest in our country. I believe the proposal today will make America a stronger country and I urge my colleagues to support it.

Mr. OBERSTAR. Mr. Speaker, I rise in strong support of H.R. 4899, the ''Disaster Relief and Summer Jobs Act of 2010''. I strongly support this bill which, as requested by the President, appropriates an additional $5.1 billion for the Disaster Relief Fund to support ongoing disaster relief, recovery, and mitigation efforts, and to ensure that our Nation is adequately prepared in the event of future disasters.

The Disaster Relief Fund (DRF) provides the funding for the Federal Government's activities to help communities respond to, recover from, and mitigate major disasters and emergencies declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).

Last month, due to diminishing funds, FEMA announced that the agency was forced to limit expenditures from the DRF. In some cases, FEMA has completely suspended reimbursements to State and local governments for reconstruction projects for facilities damaged or destroyed by recent disasters. FEMA has also slowed the issuance of reimbursements for critical post-disaster hazard mitigation projects, which help communities, build better after a disaster to protect against future damage.

For example, FEMA has stopped funding projects to make repairs from facilities damaged in last Spring's flooding in my home State of Minnesota. Specifically, Federal funding is being held up for repairs to a building at Concordia College and for road repairs in Becker County, Lien Township and Gully Township.

Delays in providing reimbursements to States and local governments will necessarily slow the pace of recovery and mitigation projects, as most States do not have the flexibility in these difficult economic times to move ahead without a guarantee of when Federal funds will become available. Inadequate funding in the DRF, therefore, impedes the rapid recovery of communities across the country from devastating disasters and inhibits the job creation and economic stimulus that these projects provide.

If Congress does not act to replenish the Disaster Relief Fund, FEMA will be unable to respond to future disasters once the fund is depleted. This is particularly troubling because the National Weather Service has issued a warning that there is a high, or above average, risk of flooding this spring in much of the country. As one example, the Nation has watched carefully the situation in North Dakota and my home state of Minnesota, as the Red River crested over the weekend. It appears that major flooding has thankfully been avoided in large parts of the two States along the Red River for the time being. However, the risk of flooding remains and serves as an example of what other parts of the country may encounter in the coming months.

The Committee on Transportation and Infrastructure authorizes and oversees FEMA's disaster programs under the Stafford Act. Members of my Committee know first hand the devastation that a disaster can wreak on a community and the importance of a swift, effective Federal response. Through oversight and legislation, the Committee has been working to improve FEMA's operations and provision of disaster assistance. Without adequate funding in the DRF, however, FEMA will not be able to carry out any of its critical missions or functions.

On March 12, 2010, I wrote to Speaker PELOSI in support of the President's request for a supplemental appropriation for the Disaster Relief Fund and urging swift action to replenish the Fund. I would like to thank the Speaker and the gentleman from Wisconsin (Mr. OBEY), Chairman of the Committee on Appropriations, for bringing this bill before the House today. Their dedication to this issue affirms the importance of the DRF and underscores the urgency of ensuring its solvency.

I urge my colleagues to join me in supporting H.R. 4899.

Ms. KILPATRICK of Michigan. Mr. Speaker, Michigan, and our Nation, have faced, and continues to weather, high unemployment. Our businesses struggle with a lack of access to capital. Michiganders have had to face significant challenges that have tested our faith and our will. Michiganders, and all Americans, have usually responded with the grit, the effort, and the will that is evidence of the uniquely American ''can do'' spirit. Despite that spirit, many regions of our Nation desire and need help. The 13th Congressional District of Michigan is one of those areas. A portion of that help is in this bill, H.R. 4899, the Disaster Relief and Summer Jobs Act of 2010. Although I did not support an earlier jobs bill because it provided tax cuts, not funding, to our Nation's small businesses, I support this bill.

This legislation is not perfect. While it provides summer jobs to our Nation's youth, the money goes to the states before it goes to cities, counties and non-profit agencies. The problem? Our states are broke. Our states are desperate to balance their budgets. Our states need these funds as revenues from a once abundant housing market has evaporated. So while it is not the fault of our states, it is my desire to get these jobs created as fast as possible.

While I support H.R. 4899, I will continue to fight toward the enactment of a program similar to the Comprehensive Employment Training Act (CETA) program, a program that proved that it could reduce the unemployment rate and train people for short- and long-term jobs and careers. Funding for this program went directly from the Federal Government to cities, counties and non-profit organizations to get individuals trained and back to work.

This bill is great news for three reasons. One, this bill provides disaster relief. Many regions of our Nation faced record snowfalls, major floods, and other natural disasters. We still have not completely fulfilled our promise to the people of New Orleans after Hurricane Katrina. Not only will this $5.1 billion disaster aid package help these communities rebuild their homes, infrastructure and local economies, it will also take steps to protect them from future disasters.

Two, this bill provides funding for the summer jobs program. As our Nation begins the long recovery from the deepest economic crisis since the Great Depression, a summer job is more than just an opportunity for our Nation's youth to be exposed to possible career paths. It is often a matter of survival, of life and death. This bill has $600 million, fully offset, to support over 300,000 jobs for youth ages 16 to 24 through summer employment programs. This age group has some of the highest unemployment levels, 25 percent for those aged 16 to 19. This funding will allow local Workforce Investment Boards (WIBs) to expand successful summer jobs programs that were funded in the Recovery Act.

Three, this bill provides access to capital for our Nation's small businesses, our Nation's largest employer. There will be $60 million in the bill, that is fully offset, to extend the Recovery Act small business lending program for another month. That program eliminated the fees normally charged for loans through the Small Business Administration 7(a) and 504 loan programs and increased the government guarantees on 7(a) loans from 75 percent to 90 percent. Since its creation, the program has supported nearly $23 billion in small, business lending, which helped to create or retain over 560,000 jobs.

This bill is not only fiscally responsible, but it is needed and necessary. I am proud to support this bill, and look forward to working with my colleagues as we continue to enact legislation that will address the challenge of our Nation's astronomically high unemployment rate, provide capital to our Nation's businesses, and ensure that our economy survives and thrives. The families of America are counting on Congress to do what is needed to continue to make America great.

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

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 1204, the previous question is ordered on the bill.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. LEWIS of California. Mr. Speaker, I have a motion to recommit at the desk.

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

Mr. LEWIS of California. I am.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Lewis of California moves to recommit the bill H.R. 4899 to the Committee on Appropriations with instructions to report the same back to the House forthwith with the following amendments:

On page 2, strike line 10 and all that follows through line 4 on page 3.

On page 5, after line 16, insert the following:

(5) ''Department of Labor—Employment and Training Administration–Training and Employment'', $140,000,000 to be derived from unobligated balances available from amounts placed in a national reserve under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

(6) ''Department of Labor—Employment and Training Administration–Training and Employment'', $400,000,000 to be derived from unobligated balances available from amounts provided for competitive grants for worker training in high growth and emerging industry sectors under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

(7) ''Department of Health and Human Services—National Institutes of Health–Buildings and Facilities'', $434,000,000 to be derived from unobligated balances available from amounts provided under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

(8) ''Department of Health and Human Services—Agency for Healthcare Quality and Research–Healthcare Research and Quality'', $850,000,000 to be derived from unobligated balances available from amounts provided for comparative effectiveness research under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

(9) ''Department of Health and Human Services—Office of the Secretary–Office of the National Coordinator for Health Information Technology'', $1,900,000,000 to be derived from unobligated balances available under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

(10) ''Department of Health and Human Services—Public Health and Social Services Emergency Fund'', $38,000,000 to be derived from unobligated balances available under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

(11) ''Department of Education—Impact Aid'', $60,000,000 to be derived from unobligated balances available under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

(12) ''Department of Education—Institute of Education Science'', $250,000,000 to be derived from unobligated balances available under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

(13) ''Social Security Administration—Limitation on Administrative Expenses'', $497,000,000 to be derived from unobligated balances available from amounts provided for the replacement of the National Computing Center under this heading in title VIII of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

(14) ''Department of Energy—Energy Programs—Title 17–Innovative Technology Loan Guarantee Program'', $571,000,000 to be derived from unobligated balances available under this heading in title IV of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115).

Mr. LEWIS of California (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

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

There was no objection.

POINT OF ORDER

Mr. OBEY. Mr. Speaker, I would raise a point of order against the motion.

The SPEAKER pro tempore. The gentleman will state his point of order.

Mr. OBEY. Mr. Speaker, I make a point of order against the motion because it constitutes legislation on an appropriation bill, which is in violation of clause 2, rule XXI. The instructions in the motion include an amendment proposing to include language in the bill that would provide for the rescission of previously appropriated funds made available in other appropriation acts.

This is clearly a legislative proposition, Mr. Speaker. Section 1052 of the House Rules and Manual states, in part: An amendment proposing a rescission constitutes legislation under clause 2(c).

The amendment is, therefore, legislative in nature and is in violation of clause 2, rule XXI, and I ask for a ruling from the Chair.

Mr. LEWIS of California. Mr. Speaker, I wish to be heard on the point of order.

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

Mr. LEWIS of California. Mr. Speaker, as I suggested earlier, the bill before us contains almost $6 billion in new spending, spending that is not offset by true reductions. Instead, this $6 billion will simply pile more money on to the government's charge card and add to our already astronomical debt.

Mr. Speaker, it is my understanding that the bill before us today is considered to be a general appropriations bill, and under the rules of the House, general appropriations bills are privileged and are to be considered in the Committee on Appropriations or sent to the Committee on Appropriations prior to consideration on the House floor.

I have expressed my concern about the lack of regular order, the number of supplementals and appropriations bills that are not being heard in committee or subcommittee. I won't repeat all of those concerns, except to say that we are on this disastrous pathway because of our totally ignoring the need to make sense out of our national deficit and get a handle on spending.

Mr. Speaker, I ask for consideration of my motion to recommit.

The SPEAKER pro tempore. The Chair is prepared to rule.

The gentleman from Wisconsin raises a point of order against the motion on the basis that it violates clause 2 of rule XXI.

The motion proposes to insert a rescission in a general appropriation bill. As provided in section 1052 of the House Rules and Manual, an amendment proposing a rescission constitutes legislation in violation of clause 2(c) of rule XXI.

The point of order is sustained and the motion is not in order.

Mr. LEWIS of California. Mr. Speaker, I appeal the ruling of the Chair.

The SPEAKER pro tempore. The question is, Shall the decision of the Chair stand as the judgment of the House?

MOTION TO TABLE

Mr. OBEY. I move to table the appeal of the ruling of the Chair.

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

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

Mr. OBEY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to table will be followed by 5-minute votes on passage of the bill, if arising without further proceedings in recommittal, and the motion to suspend the rules on H.R. 3562.

The vote was taken by electronic device, and there were—yeas 239, nays 176, not voting 14, as follows:

[Roll No. 185]

YEAS—239

Ackerman	Carney	Doggett
Adler (NJ)	Carson (IN)	Doyle
Altmire	Castor (FL)	Driehaus
Andrews	Chandler	Edwards (MD)
Arcuri	Childers	Ellison
Baca	Chu	Engel
Baird	Clarke	Eshoo
Baldwin	Clay	Etheridge
Barrow	Cleaver	Farr
Bean	Clyburn	Fattah
Becerra	Cohen	Filner
Berkley	Connolly (VA)	Foster
Berman	Conyers	Frank (MA)
Berry	Cooper	Fudge
Bishop (GA)	Costa	Garamendi
Bishop (NY)	Costello	Giffords
Blumenauer	Courtney	Gonzalez
Boccieri	Crowley	Gordon (TN)
Boren	Cuellar	Grayson
Boswell	Cummings	Green, Al
Boyd	Dahlkemper	Green, Gene
Brady (PA)	Davis (CA)	Grijalva
Braley (IA)	Davis (IL)	Gutierrez
Bright	Davis (TN)	Hall (NY)
Brown, Corrine	DeFazio	Halvorson
Butterfield	DeGette	Hare
Capps	Delahunt	Harman
Capuano	DeLauro	Hastings (FL)
Cardoza	Dicks	Heinrich
Carnahan	Dingell	Herseth Sandlin

Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—176

Aderholt
Akin
Alexander
Austria
Bachmann
Bachus
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—14

Barrett (SC)
Boucher
Buchanan
Davis (AL)
Donnelly (IN)
Edwards (TX)
Ellsworth
Hoekstra
Jackson Lee (TX)
Johnson (GA)
Kilpatrick (MI)
Maloney
Reichert
Richardson

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1711

Messrs. HALL of Texas, EHLERS, Ms. FOXX, Mrs. BONO MACK, and Mr. LATHAM changed their vote from ''yea'' to ''nay.''

Ms. FUDGE, Mr. HINOJOSA, and Mrs. CAPPS changed their vote from ''nay'' to ''yea.''

So the motion to table was agreed to.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

Pursuant to clause 10 of rule XX, the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 239, nays 175, answered ''present'' 1, not voting 14, as follows:

[Roll No. 186]

YEAS—239

Ackerman
Adler (NJ)
Altmire
Andrews
Arcuri
Baca
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boren
Boswell
Boyd
Brady (PA)
Braley (IA)
Bright
Brown, Corrine
Butterfield
Cao
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Johnson (GA)
Johnson, E. B.
Jones
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilroy
Kind
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Markey (CO)
Markey (MA)
Marshall
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peterson
Pingree (ME)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Taylor
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—175

Aderholt
Akin
Alexander
Austria
Bachmann
Bachus
Baird
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Capito
Carter
Castle
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Herseth Sandlin
Hunter
Inglis
Jenkins
Johnson (IL)
Johnson, Sam
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy (CT)
Myrick
Neugebauer
Nunes
Olson
Paul
Paulsen
Pence
Peters
Petri
Pitts
Platts
Poe (TX)
Polis (CO)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Souder
Stearns
Sullivan
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland

Whitfield	Wittman	Young (AK)
Wilson (SC)	Wolf	Young (FL)

ANSWERED ''PRESENT''—1

Cassidy

NOT VOTING—14

Barrett (SC)	Issa	Rush
Boucher	Jackson Lee (TX)	Schrader
Cooper	Kilpatrick (MI)	Wasserman Schultz
Davis (AL)	Maloney	
Gutierrez	Reichert	
Hoekstra		

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1718

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. WASSERMAN SCHULTZ. Mr. Speaker, on rollcall No. 186 I was unavoidably detained. Had I been present, I would have voted ''aye.''

PERSONAL EXPLANATION

Ms. KILPATRICK of Michigan. Mr. Speaker, I was unable to attend to several votes today. Had I been present, I would have voted ''aye'' on rollcall No. 178; ''aye'' on rollcall No. 179; ''aye'' on rollcall No. 180; ''nay'' on rollcall No. 181; ''aye'' on rollcall No. 182; ''aye'' on rollcall No. 183; ''aye'' on rollcall No. 184; ''aye'' on rollcall No. 185, and ''aye'' on rollcall No. 186.

CHANEY, GOODMAN, SCHWERNER FEDERAL BUILDING

The SPEAKER pro tempore. The unfinished business is the question on suspending the rules and passing the bill, H.R. 3562, as amended.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. PERRIELLO) that the House suspend the rules and pass the bill, H.R. 3562, as amended.

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

The title was amended so as to read: ''A bill to designate the federally occupied building located at 1220 Echelon Parkway in Jackson, Mississippi, as the 'James Chaney, Andrew Goodman, and Michael Schwerner Federal Building' ''.

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 1586, TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS

Ms. MATSUI, from the Committee on Rules, submitted a privileged report (Rept. No. 111–456) on the resolution (H. Res. 1212) providing for consideration of the Senate amendments to the bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H. RES. 648

Ms. LINDA T. SÁNCHEZ of California. Mr. Speaker, I ask unanimous consent that my name be removed as an original cosponsor of H. Res. 648.

The SPEAKER pro tempore (Mr. POLIS). Is there objection to the request of the gentlewoman from California?

There was no objection.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1255

Mr. MORAN of Kansas. Mr. Speaker, I ask unanimous consent to remove my name as cosponsor of H.R. 1255.

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

There was no objection.

PERSONAL EXPLANATION

Ms. JACKSON LEE of Texas. Mr. Speaker, I was unavoidably detained at the State Department at a meeting, and I would like to register my vote for the Democratic motion to table the appeal of the ruling of the Chair. If I had been present, I would have voted ''aye'' and for passage of H.R. 4899, the Disaster Relief and Summer Jobs Act of 2010 that will impact the constituents in my district in creating more jobs, I would have enthusiastically voted ''aye.''

TEXANS WILL BENEFIT FROM HEALTH CARE REFORM

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON LEE of Texas. Mr. Speaker, as we reflect on the last 24 hours of the passage of this historic health care bill, more and more constituents are calling in recognizing that some aspect of this bill impacts them in a positive light. I said one time before that when we did the Medicare bill in 1965, that bill was the start of revising and refinement of that legislation.

I am glad today that we can say 45 million Americans have lived because of Medicare, and my mother, Ivalita Jackson, who I mentioned during the debate, lives because of the Medicare support system. That is why I am so disappointed that Greg Abbott, attorney general from the State of Texas, the State with the most uninsured persons, decided to file such a lawsuit that has no bearing in the Constitution and cannot make any point that this bill will not help Texas and save millions of dollars.

In addition, there are thousands of veterans that are not in TRICARE who will benefit from this health care system. We will fight that lawsuit because it is against the people of Texas.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. SUTTON) is recognized for 5 minutes.

(Ms. SUTTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

KANSAS ECONOMY NOT GOOD

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

Mr. MORAN of Kansas. The news on the Kansas economy is not good. Our State's unemployment rate rose to 7.1 percent in January. In February, State revenues fell a whopping $71 million more than expected. We need $500 million to balance our budget in Kansas in 2010 and 2011. These million-dollar numbers don't mean much up here in Washington, where this Congress continues to rack up trillions in debt obligations as if there are no consequences and money magically appears out of thin air. However, the effects of this thoughtlessness are indeed terrible.

In Kansas, the overwhelming majority of our State budget is comprised of health care and education responsibilities. Many of these responsibilities have been handed down to the States from the Federal Government. Our education system is teetering on the breaking point, with schools facing closure or consolidation and with educators and staff being laid off.

□ 1730

Services for our State's developmentally disabled and support for our sick and elderly have been cut. Folks in Kansas are hurting. I see their pain when I return from Washington, D.C., every weekend home to Kansas.

In our State, we think differently than they do up here in Washington. We don't spend what we can't afford, we don't sacrifice long-term prosperity for short-term gratification, we don't sidestep our personal responsibility, and we don't tell other people how to live their lives. It pains me to reflect

on all of the bad ideas of this Congress: the stimulus packages, the bailouts, Cash for Clunkers, cap-and-trade, because I know these mistakes are digging us deeper and deeper into a hole. I was one of only 17 members out of 435 to oppose all of these measures, not because I want to obstruct legislation, but because our personal freedom and economic liberty are restricted each time we create obligations we can't pay for.

Kansas, like many States, is constitutionally prohibited from running in the red. When Congress irresponsibly shoulders States with mandates and expenses, it's the States and their taxpayers that suffer because they can't evade fiscal responsibilities like the Federal Government often does.

Last Sunday is the latest and most glaring example of this elitist, Washington-knows-best attitude. On Sunday night, this Congress passed the Obama-Pelosi health care plan along a narrow partisan line against my staunch opposition. This plan, which became law on Monday, is the wrong direction for America for a long, long list of reasons. With our national debt already at more than $12 trillion, this new plan will drive us further in the hole. The total cost of this health care plan is more than $1.33 trillion. While this estimate is staggering, it doesn't take into account the almost $400 billion needed to fix the Medicare payments to physicians—payments that Kansas doctors must receive to avoid a 21-percent cut and keep their doors open.

Furthermore, this cost estimate doesn't account for the $20 billion that States must expend to implement the Medicaid expansion contained in the health care plan. Kansans can't afford these billions of new costs, but they are required to carry out so-called reforms. Since Kansans can't afford the requirements of this unfunded mandate, we may be forced to take deeper cuts out of our education system and close and consolidate more schools, dimming the light of opportunity for many Kansans.

Washington needs to open its eyes to this gathering storm. Kansans understand that we can't create an entirely new government entitlement program without exploding spending and increasing our national debt. Our history doesn't support the President's list of campaign-style, promise-the-world pledges. This bill will not only seriously injure our health care system, but its tax increases, mandates, and increased bureaucracy will ruin the Kansas economy and jobs.

I will continue the battle in Washington against this attitude that we know best. It threatens the future prosperity of our future State and Nation. On Monday, I introduced H.R. 4901, legislation to repeal the health care plan we just passed. Only with a total repeal of this budget-busting mistake can we then institute true reforms that will lower health care costs for families and businesses. My legislation will undo what has been done and replace it with something much more based upon common sense and the will of the American people. Only then can we have a health care system that is truly improved. We and other States demand this change for purposes of making sure that prosperity returns to our State.

And Madam Speaker, that's just the way it should be.

ON THE OCCASION OF THE 50TH ANNIVERSARY OF THE NATIONAL CENTER FOR ATMOSPHERIC RESEARCH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Colorado (Mr. POLIS) is recognized for 5 minutes.

Mr. POLIS. Madam Speaker, I rise today to congratulate the National Center for Atmospheric Research, or as we back home in Colorado call it, NCAR, on the occasion of their 50th year conducting the climate and weather research that has become an icon of the American spirit of research and a vital part of all of our daily lives.

In the 1950s, the Nation's farmers, the rapidly growing airlines, and other sectors of our industrializing economy needed better weather forecasts. Pollution of the atmosphere was becoming a serious problem in urban areas. Cloud-seeding experiments suggested it might some day be possible to modify or impact certain kinds of weather, but the U.S. atmospheric research community wasn't adequately meeting the challenges of information that the new world of opportunity offered to use.

In 1956, Detlev Bronk, president of the National Academy of Sciences, appointed a committee of distinguished scientists from several disciplines and instructed them to consider and recommend means by which to increase our understanding and control of the atmosphere. In 1958, the committee came back with several findings and recommendations that led to the establishment of the University Corporation for Atmospheric Research. Solar astronomer Walter Orr Roberts at the University of Colorado was appointed president of UCAR, and the decision was made to call the institute the National Center for Atmospheric Research, which chose a spectacular hilltop in Boulder, Colorado, to call its home in 1960.

This iconic building is not only home to the most advanced weather and climate change research in the world; it is also a part of the Boulder Community. Designed by I.M. Pei, this building is a focal point of our community. A breathtaking drive takes you to the facility that hosts an interactive climate and museum. The staff offers tours for the public to see firsthand the tools to fight climate change as well as to predict when you need an umbrella over the weekend.

The facility is also a community meeting place, a demonstration of what can happen when the Federal Government partners with local communities, schools, governments, and academia. On behalf of my constituents, I offer gratitude to have this facility and everything it stands for be part of our family in our district. I acknowledge through the research they produce they create great global benefit.

In this 50th year, I ask my colleagues to continue support for President Obama's ambitious levels of funding for the National Science Foundation and NCAR. I invite my friends on both sides of the aisle to visit Boulder, Colorado, and this facility, and experience the full context of what the symbiosis of government, academia, and private ingenuity can do.

My district, even in this economy, continues to have lower unemployment than surrounding districts. One of the reasons is as a result of the science and Federal research dollars that are spent in our district.

My hope is that NCAR will continue to yield Nobel laureates and offer the Nation and the world cutting-edge research with practical applications, and as a result continue to make Boulder the world headquarters for climate and weather research. Congratulations to NCAR and to the scientists and people who work there—my constituents—that carry on this important mission.

SPENDING MONEY WE DON'T HAVE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. Madam Speaker, I'm not going to talk for 5 minutes, but I would like to talk to my Democratic colleagues tonight because once again it seems that we're spending money that we don't have. And I know this may sound funny, but the American people can't figure out why they have to balance their budgets and we keep spending money we don't have, we don't have, we don't have.

Now, the bill we passed today provided $6 million in funds that we did appropriate money for, for use for summer jobs, and we had $5.1 billion for disaster relief. Well, now, disaster relief is something that I think is very laudable. But we have had the President say a number of times he is for what's called PAYGO, and if you come up with a program and don't have the money, you have to come up with the money by cutting another program to take care of the one that you're funding. So we had another $5.1 billion added to the deficit today.

The deficit projected by the White House over the next 10 years is $900 billion a year. And they've been short on their projections all over the place. For instance, they said that the health care bill we just passed—which most Americans don't want—was only going to cost about $800-and-some billion. But, when you realize that we're paying for

6 years of benefits but we're taxing for 10 years, you realize that it's going to cost way more than the $800-and-some billion they're talking about. It's going to cost like $1.6 trillion or $1.7 trillion for 10 years of coverage or 10 years of taxes.

So I would just like to say to my colleagues tonight and my colleagues back in the office—and if I were talking to the American people, if they were listening, if I could talk to them—I know I can't, Madam Speaker——I would say what we need to be doing in Washington is we need to be telling the President and the Democrat leadership to go down and buy several thousand reams of additional paper and several million gallons of ink so that they can go down to the printing press at the Treasury Department and print money that we don't have. That is what they ought to be doing.

And then the people who have money in the bank, let's say you got a thousand dollars in the bank, Madam Speaker, and we double the money supplied by printing money that we don't have, we double the money supply, you have a thousand in the bank. You still have a thousand dollars but it will only buy $500 worth of product. That is where we're heading. Inflation is a hidden tax that people don't even realize they're getting. And that's what's going to happen if we don't get control of spending.

The budget this year was $3.85 trillion that we don't have. The health care bill is going to cost more like $3 trillion in the next 10 years that we don't have. That doesn't include the doc fix, which is going to cost $250-some billion dollars that we don't have.

So I would just like to say, Madam Speaker, to my colleagues back in their offices and to the American people if I could talk to them, and I know I can't, you ought to talk to your representative and tell them, quit spending money we don't have. You're ruining our children's future. You're creating a society that is going to be costing them a lot more, taxing them a lot more and giving them a quality of life that does not equal what we have today. And that is a terrible legacy to leave to the future generations.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. FRANKS) is recognized for 5 minutes.

(Mr. FRANKS of Arizona addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. MCCOTTER) is recognized for 5 minutes.

(Mr. MCCOTTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

(Ms. ROS-LEHTINEN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. CARTER) is recognized for 5 minutes.

(Mr. CARTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. WOLF) is recognized for 5 minutes.

(Mr. WOLF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

MOVING THE ECONOMY FORWARD

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the majority leader.

Mr. GARAMENDI. I doubt that we will be here for a full 60 minutes, but there are some things that we really do need to discuss, particularly following the previous speaker as he talked about the American Recovery Act and the things that have actually been done to really move the American economy forward.

One of those things was the stimulus bill, the American Recovery Act, that is now just about 13 months old. In that American Recovery Act, there was a major element dealing with green technology, green jobs, which I think most Americans and most economists feel is where the future lies. We know we have an energy security issue. We know we import far more than we could possibly afford in foreign oil. We have to become energy independent. And in the American Recovery Act, there was an enormous advancement in research and in subsidies to encourage green technologies.

I would like now, with the permission of the Speaker, to enter into a colloquy with my colleague, and I would like to yield to our colleague from Maryland, (Mr. SARBANES).

Mr. SARBANES. I thank my colleague for yielding, and I appreciate him for convening this discussion this evening on jobs in general. And I would like to focus, as you mentioned, on green jobs in particular.

You mentioned the American Recovery and Reinvestment Act, which, when you look at it, was really the first major down payment and investment that we've had in this country really ever in this kind of green technology, which is going to jump, I believe, over time will jump the economy forward in a significant way.

One of the things all of the economists agree on is we're in a transitional phase. There are industries and jobs that once existed in plenty that are now going to be transitioned to a new place, and we have to create new economic frontiers and new space to create these new jobs. There is no better place to do that than with a green economy.

One of the things that excites me the most, I must tell you, is that I believe if we can get a new energy framework in place—and we certainly made our efforts here in the House to do that with the American Clean Energy and Security Act and other efforts that have been undertaken—if we create a new energy framework, new rules of the road for what investments in clean technology can mean, then what you're going to see is businesses all across this country, investors, are going to start putting their investments into clean technology.

□ 1745

Right now they are kind of hanging back a little bit because they don't know what the rules of the road are yet. They don't know how to measure that investment in a new technology in a renewable energy source, for example, against traditional investments. If we can get a framework in place for them, I think they will come and they will fill that space. So you will see entrepreneurs and businesspeople jumping into that space and creating these new clean technologies.

The other thing you will see—and all of this will result in job creation. The other thing you will see is ordinary citizens stepping into that space. One of the things I perceive, there is a

growing trend among our citizenry to become stakeholders in this green revolution, to take personal ownership of cleaning up the environment and thinking of things that they can do right at the household level, right there in their own homes, right there in their own neighborhoods.

One particular effort that I am very interested in, and I have introduced legislation to this effect, has to do with these programs called PACE programs. PACE is an acronym for Property Assessed Clean Energy program. What these are is a local municipality will decide to borrow funds and make those available to local homeowners so that those homeowners can borrow that money and then invest it in retrofitting their homes to make them more energy efficient. And there is actually legislation moving through the Congress right now that would create two new categories—Silver Star and Gold Star, under a Home Star umbrella—of energy efficiency to try to encourage people to achieve these high standards of green technology and energy efficiency in their own homes.

What the PACE programs do is make these loans available to a homeowner who can then take that, invest it in upgrading and retrofitting, you know, their HVAC system or whatever it may be, and then the repayment on that becomes part of the property tax payment over time, so it runs with the house. Then the next homeowner that comes in takes that obligation and continues to pay on the property tax.

The bill that I have introduced attempts, as many other initiatives do, to try to facilitate this more by making the bonds that can be issued by municipalities tax free. That makes them more attractive to investors, who will then begin to provide the capital for this kind of retrofitting, and they can turn around and make it available to homeowners. So it's a win/win.

Mr. GARAMENDI. If I might just interrupt you for a moment, Mr. SARBANES, this is actually happening, and your piece of legislation will expand what is taking place. I know that in California, the City of Berkeley put this program into effect about 2 years ago, but it was a real struggle for them to find a way in which they could sell the bonds. Now, your proposal would, as I understand it, provide a tax exempt municipal bond opportunity so investors would be willing to do this.

This is a very, very powerful thing in Berkeley, and a couple of other cities in California that have initiated this, they are putting solar panels on the roof that are good for 20, 30 years, and, as you say, you sell the home, the payment mechanism, the repayment mechanism then goes to the next buyer. This is really an excellent concept, and you are moving this thing one step forward.

Where is your bill right now? What is happening with it?

Mr. SARBANES. Well, we are gathering up cosponsorship for the bill. And I appreciate your comments, because this is designed to kind of jump this movement forward.

There are communities in the municipalities across the country that have begun to put these PACE programs in place. Annapolis, Maryland, which I represent, is another one. And what we are trying to do is create a more inviting environment for these sorts of programs. This is just one example of how we can partner with good legislation and good initiatives and good leverage coming from the legislation here. We can partner with the citizenry out there in our communities to do the right thing and to get back to the jobs priority.

If we begin to get homeowners making these kinds of changes, that is going to have a tremendous positive impact on all of those businesses, a lot of them small businesses who are in a position to do this kind of retrofit.

Mr. GARAMENDI. Well, let me give you an example that I know in my own district, the East Bay, Contra Costa County and Alameda County. The community colleges are putting together educational programs for the men and women that will start their own businesses to do that retrofitting, to do the insulation, the caulking of the doors and windows. We need a million caulkers out there in order for our homes to be energy efficient, but they have to be trained. The installation of the solar panels, that's a kind of employment opportunity for small businesses to get up and get going, often in conjunction with the manufacturers.

So what you are doing with your legislation is to provide a foundation, a financial foundation, that the small businesses or that the homeowner would then take advantage of the loan and the small businesses would then have the opportunity to engage with the homeowner to do the work.

This is the kind of thinking that we are finding on the Democratic side of the aisle, how to leverage. And your piece of legislation, together with the educational programs that have also passed this House in the last several months, all come together to create jobs.

Mr. SARBANES. Let me give you another example, and I appreciate again your comments, because I think they are right on the mark. Let me give you another example of where the ordinary citizen can take ownership of the problem, can really become part of the solution to these issues and these challenges that we have.

I represent a lot of the area that, you know, thinks every day when we get up about the Chesapeake Bay, which is a national treasure. In fact, I think there are 41 or 42 Members of Congress who have districts that include tributaries that flow into the Chesapeake Bay watershed. So there are a lot of folks who have a stake in the health of the Chesapeake Bay.

One of the things we are wrestling with is storm water runoff. You know, every time you see it rain, on the one hand you know it's making the flowers grow, and on the other hand you know that it's sweeping up a lot of oils and other toxins and putting those into the Chesapeake Bay, because we can do better in terms of the way we collect and disburse that rainwater so that it doesn't have such a negative impact on the bay.

I just did want to mention, one of our colleagues, DONNA EDWARDS, Congresswoman DONNA EDWARDS from Maryland, has introduced something called the Green Infrastructure for Clean Water Act. What this recognizes is that we need to really explore and develop technologies that can address this storm water runoff, and the term she is using for that is ''green infrastructure.''

This bill would create five centers of excellence across the country to begin to develop these technologies and help communities respond to this important challenge. Again, if you can help communities do this, ordinary citizens take ownership at that level of what's happening to the environment, in my case and DONNA's, what's happening to the Chesapeake Bay, they become a critical part of the solution and they generate an interest in new technologies, which, in turn, generates jobs. It is all a part of this kind of leading edge, using the environment as the leading edge of a new economy that can produce new jobs for future generations, and that's what's so exciting about this.

Mr. GARAMENDI. Your comment about Chesapeake Bay brought back memories. In the mid-1990s, I was Deputy Secretary at the Department of the Interior during the Clinton period, and during that time there was a major effort under way, What are we going to do about Chesapeake Bay? How do we save the bay because of the enormous decline in crab fishing and the shellfish and other very, very important environment, but also economic assets that were in Chesapeake Bay.

Now, you and your colleagues are carrying this thing a step forward using the programs to generate new ways of keeping water that flows in the bay, or cleaning water that flows into the bay. I want one of those centers of excellence in my district.

I represent the delta of California, the Sacramento-San Joaquin Delta, and this is an enormous environmental problem. The fish are declining, fisheries, invasive species. We know clearly that the contamination from various sources is a problem. So maybe we can get one of those centers of excellence in California also.

But what's at stake here is the knowledge necessary to solve our environmental problems and, simultaneously, from that knowledge will come the new technologies and the new jobs which will be useful, not only in Chesapeake Bay or the Sacramento-San Joaquin Delta, but we can then export that.

Mr. SARBANES. We are in a terrific place now where we have the opportunity not just to do the right thing for the environment but, at the same time, to create a tremendous number of jobs and economic opportunities for the workforce out there. It's a wonderful alignment, and it's one that we need to take advantage of with smart legislation.

Mr. GARAMENDI. Thank you. I was just thinking about the legislation that passed before I arrived here, the effort, it was called climate change legislation, but it was far more than that. It really dealt with national security. And that legislation is now over in the Senate and perhaps will become—will pass the Senate or we will have a conference committee to put it together.

But from that climate change legislation, it's really national security. And the discussion we were just having here on the national security side and about climate and about jobs, all of those things come together. If we are able to reduce our reliance on foreign oil, if we are able to transition to low-carbon fuel sources, whether they are solar or wind or wave or whatever, we will also enhance our national security.

I would like to take just a few seconds, actually a few minutes, talking about some of the other things that were in the American Recovery Act of last year.

There was a $400 per person tax credit for men and women that were working so that they would have more purchasing power. That's $800 for a family of two. There was the tax credit for colleges. And in the legislation that we just passed 2 days ago, along with the health care reform, there was an enormous expansion of the Pell Grants so that kids can go to college, so that they could get the education that they needed; for community colleges, an expansion for community college Pell Grants.

Again, changing the way in which we look at employment, employment is more than just a job. It's preparing for the next job. And in that corrections bill, sometimes called a reconciliation bill, that was accompanied with the health reform, we had the program to expand the support for men and women that wanted to go back to school and men and women that were in school. We also expanded, over time, the ability for those men and women to pay those loans back. Presently, it's 15 percent maximum for each year of employment when they are employed. We are going to reduce that to 10 percent so that they can spend their time acquiring a home, a wife, kids, a husband, and be able to continue to pay back the loans over a longer period of time. Very, very important, but unnoticed in the health care reform. But much noticed in the health care reform was the employment for the employers, the small business tax credit for those employers that continue to provide insurance for their employees.

I remember a phone call that I got from a radio station. A fellow phoned up and said, Well, how does this piece of legislation, the health care reform, help me? My wife and I are a small business. We have two employees: my wife, myself. What's it do for me?

And I was able to respond that when this bill becomes law—and it is now the law of the land. The President signed it yesterday. When it becomes law, it will do this for you. Thirty-five percent of the money you spent purchasing that insurance for you and your wife will be a tax credit. You will be able to deduct that from your taxes, literally reducing the cost of the health insurance by 35 percent. As you grow up to 100 employees in your business, you will continue to receive that tax credit for every insurance policy you buy for your employees.

In 2014, that tax credit goes to 50 percent, an incredible reduction in the cost of health insurance for small businesses all across America. And it goes into effect now, January 1, 2010, now that that bill has been signed. It is a very, very significant reduction in the cost of health insurance, allowing men, women who are in business, who have a small business, maybe it's a gardening business or a home care health business, to be able to continue to provide that insurance.

On another scale, I received a press release today from a group in the San Francisco Bay Area that points out that they are in strong support of what the President does.

□ 1800

This is 1,500 biotechnology businesses in the Bay Area that have banded together in an organization called Bay Bio. They said, this is a tremendous assistance to us.

Small businesses, which I just talked about the tax credit available to them, but also there are billions of dollars in this bill for research on pharmaceuticals, biological pharmaceuticals, enormous impetus for those businesses to produce the biological pharmaceuticals, the next generation of pharmaceuticals, drugs to help us in our health care when we become sick, all kinds of things, from diabetes to cancer treatment and everything in between.

The pharmaceutical industry in the biological area has an enormous push. They have 12 years to recoup their investment. It's given to them in the health care reform.

So when our colleagues over here on the Republican side say there's nothing in this, well, wait a minute. I've got 1,200 businesses in the biological communities in the Bay Area alone saying, this is a great inducement for us to produce new biologicals that will help people with their health care.

Also, in the fuel business, the same thing applies in the enormous effort that's under way to do biofuels. The incentives are built into, not just the health care bill, but also into the previous American Recovery Act to push along a whole new industry that will create an enormous number of jobs throughout the Nation.

So the health care bill is far more than just health insurance. It's also an inducement for businesses to invest and to create new businesses and new pharmaceuticals to keep us healthy and to repair our bodies when we become ill.

I want to talk just now a few moments about another aspect of the health care reform. We heard, before I took the microphone here, about the health care reform bill not being paid for. That's simply not true. The health reform is actually funded; it's funded in a variety of ways. But one of the most important ways is the considerable reduction in the cost of health care.

I had a gentleman come into my office earlier yesterday talking about, oh, my, in the health care reform bill there's an opportunity for us to engage in keeping people healthy. A major part of that health care reform is about keeping people healthy. It's wellness. It's prevention of medical illnesses. And he was looking at this and he said, here's an opportunity for me and my colleagues to expand our business. And he talked about a company that's coming to California that will take an idea about wellness. And this is specifically for the senior citizens, and it is specifically in the legislation. Wellness for Medicare.

He said, the bill allows us to change the way in which the Medicare services are provided. Instead of just fee-for-service, we can do capitation, and there's an incentive in there for us to keep people healthy.

The company operates out of Florida. They're now going to come to California. They're doing 50,000 seniors in Florida, proving that they can reduce the cost by 20 percent by keeping people healthy, keeping seniors from having to go to the hospital, having to go to the emergency room. They want to import it to California.

They're going to move it and ramp it up to 500,000 seniors in a wellness program, you know, everything, I suppose, from the food that's being served and the meals that the seniors prepare to, I suppose, exercise and yoga and other kinds of activities, again, emphasizing wellness rather than sickness.

Nobody talks about that from our Republican colleagues, but that's in the bill. And if that 20 percent reduction is available, we're talking about hundreds of billions of dollars over the years ahead. So there are many, many parts to the program.

I want to just conclude with discussing another part of the health care reform, and this is good for businesses, it's good for parents, it's good for children, and this is the insurance reform.

I was the insurance commissioner in California for 8 years, 1991–1995 and 2003–2007. And during my tenure, I

know the terrible things that the insurance companies were doing to their customers.

First of all, a person would buy a health insurance policy, they'd pay into it year after year after year, then they would get sick, probably a significant issue. Maybe they get diabetes or cancer, some other, maybe a heart illness; and it would get expensive and the insurance companies would go back, they would actually pay a bonus to their people to review those claims, go back to the original application that may have been made years before, and find an error, perhaps it was something as simple as having acne when they were teenagers, or an asthma attack at the age of three. They would then use that to cancel the policy, leaving the person high and dry, in deep financial trouble.

The health care reform law signed by the President yesterday says, no more, no more rescissions. Those days are over. The health insurance industry in this year will be prohibited from rescinding policies and dumping people after they become sick.

Now, for those that are already sick and don't have a health insurance policy, the legislation provides for people that are 50 to 65, who have a preexisting condition, and this is the population that is literally unemployable because they're sick. They have some preexisting illness. And nobody, no employer up there would want to pick them up because they know that if they were to hire that person, the cost of health care for all of their employees would go up. So those people are left out.

But under the new law, there is a solution for them. It's a high-risk pool that starts immediately. It goes into place in the next 90 days. And those people, and there are millions that fall into this category, they will be able to get insurance. They will not have to face bankruptcy. They will be able to be employable.

This is an enormously important thing, and I've seen this in my days as insurance commissioner. We didn't have the ability to deal with this except in a very narrow way in California, with what we call the high-risk medical insurance program. But now, with the Federal Government assistance, people will be able to get insurance.

The same thing for young children. Infants, the day they're born, they come up with some serious illness. Let's say it's a heart issue. That child cannot be insured under the old program. But now that the President has used his left hand to sign the legislation, we now know that those children, from the day they are born until they are 26, will be able to get insurance and their parents will be able to insure not only themselves, but also their child.

The day I was sworn in, 2 days after I was sworn in, I stood here on the floor and I spoke about the health care reform that I voted on on November 6. And I spoke about a dear friend of mine whose child was born with a kidney ailment. He and his wife struggled for years to find the money to pay for the insurance. Their insurance was canceled. They had it when the child was born, but their insurance was canceled by the insurance company because the kid had a very serious kidney problem.

With the new law in place, the hardship that that family has gone through for now 20 years is over. The insurance policy that they had the day the child was born cannot be canceled. And so for that family and millions of families like that, the insurance reform provides an immediate benefit.

And for all of the men and women out there and the mothers and fathers that have a kid that is approaching the age of 23, and about to be thrown off the families insurance policy, know this: with the bill that was signed yesterday, and in 6 months, that child, young adult will be able to stay on the family's health insurance policy until the age of 26.

And I cannot even begin to count the number of calls that I've had, and emails I've had saying, oh, thank God. I know, as a parent, that my child will continue to have health insurance at least until they're 26. And then at that time, 2014, the rest of the program kicks into place.

Final point is this, and that is, preexisting conditions for all of us. At the end of this year, those preexisting conditions will no longer be the case.

Final point, and then I'm going to close, long before my hour is over. And my final point is this: this legislation is fully paid for. Part of the pay, part of the money to pay for this is an obscene bonus that the insurance companies were granted 6 years ago, and that is known as the Medicare Advantage bonus. The average cost of providing Medicare insurance was calculated, and the insurance companies were given a 15 percent bonus to do what they should have been able to do without any additional money. We're going to end that bonus. We're going to take that money and plow it back into the Medicare program.

And the Medicare program, by law, no benefit reductions. That's what the law says. I hear a lot of other talk out there and a lot of scare tactics, but the fact is that the Medicare Advantage program will continue, but the bonus that was given to the insurance companies, an unnecessary multi-billion dollar bonus, is going to end and the money will be put back into the basic Medicare program so that the financial solvency of the Medicare program will be extended 9 years.

Now, that's important to everybody that is approaching Medicare and is in Medicare today. So people are going to continue to want to live to get into Medicare. That's what's out ahead for the Medicare recipients.

And I talked about the wellness program earlier.

Final point is this: on the financial side of the health care reform, the deficit of the United States Government in the years 2010 to 2020 will be reduced by $132 billion. That's in the first 10 years. So that is a reduction in the deficit. It comes about by reducing the amount of money that will have to be spent by the government on health care as a result of all of these reforms that are in the bill, some of which I've talked about tonight.

In the next 10 years, 2020 until 2030, the deficit will be reduced by $1.3 trillion, an enormous amount of money. So whatever the discussion you've heard out there in public, and all of the mischaracterizations of this bill that have been going on for months and, indeed, almost a year now, the facts are the deficit will be reduced, the program is fully funded, and it provides very, very necessary benefits immediately to small businesses with a tax credit to help pay for their insurance; for individuals, ending the insurance discrimination; and for seniors, a major new effort to keep you healthy so that you can enjoy life more, and the cost of the Medicare programs will be reduced.

With that, Madam Speaker, I yield back and thank people for the opportunity to explain a very, very important part of the new America that we will have in the years ahead.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mrs. MALONEY (at the request of Mr. HOYER) for today after 2 p.m. on account of a death in the family.

Ms. GINNY BROWN-WAITE of Florida (at the request of Mr. BOEHNER) for today before 3 p.m. on account of family reasons.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. SARBANES) to revise and extend their remarks and include extraneous material:)

Ms. SUTTON, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. POLIS, for 5 minutes, today.

(The following Members (at the request of Mr. MORAN of Kansas) to revise and extend their remarks and include extraneous material:)

Mr. CARTER, for 5 minutes, today and March 25.

Mr. WOLF, for 5 minutes, today and March 25 and 26.

Mr. FRANKS of Arizona, for 5 minutes, March 26.

BILL PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on March 22, 2010

she presented to the President of the United States, for his approval, the following bill.

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

ADJOURNMENT

Mr. GARAMENDI. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 6 o'clock and 14 minutes p.m.), the House adjourned until tomorrow, Thursday, March 25, 2010, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6759. A letter from the Director, Department of Defense, transmitting the Department's twentieth annual report for the Pentagon Renovation and Construction Program Office (PENREN) to the Committee on Armed Services.

6760. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Federal Motor Vehicle Safety Standards; Occupant Crash Protection [Docket No.: NHTSA-2009-0156] (RIN: 2127-AK57) received March 4, 2010 to the Committee on Energy and Commerce.

6761. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Requirements and Procedures for Consumer Assistance To Recycle and Save Program [Docket No.: NHTSA-2009-0120; Notice 2] (RIN: 2127-AK67) received March 4, 2010 to the Committee on Energy and Commerce.

6762. A letter from the Secretary, Department of the Treasury, transmitting the semiannual report detailing payments made to Cuba as a result of the provision of telecommunications services pursuant to Department of the Treasury specific licenses as required by section 1705(e)(6) of the Cuban Democracy Act of 1992, as amended by Section 102(g) of the Cuban Liberty and Democratic Solidarity (LIBERTAD) Act of 1996, 22 U.S.C. 6004(e)(6), and pursuant to Executive Order 13313 of July 31, 2003 to the Committee on Foreign Affairs.

6763. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting Transmittal No. DDTC 10-020 Certification of proposed issuance of an export license, pursuant to sections 36(c) and 36(d) of the Arms Export Control Act to the Committee on Foreign Affairs.

6764. A letter from the Chief Human Capital Officer, Corporation for National and Community Service, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6765. A letter from the Chief Human Capital Officer, Corporation for National and Community Service, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6766. A letter from the Assistant Director, Executive & Political Personnel, Department of Defense, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6767. A letter from the Assistant Director, Executive & Political Personnel, Department of Defense, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6768. A letter from the Associate General Counsel for General Law, Department of Homeland Security, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6769. A letter from the Assistant Director, Executive & Political Personnel, Department of the Air Force, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6770. A letter from the Assistant Director, Executive & Political Personnel, Department of the Air Force, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6771. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6772. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6773. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6774. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6775. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6776. A letter from the Assistant Director, Executive & Political Personnel, Department of the Navy, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6777. A letter from the Assistant Director, Executive & Political Personnel, Department of the Navy, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6778. A letter from the General Counsel, Institute of Museum and Library Services, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998 to the Committee on Oversight and Government Reform.

6779. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Civil Penalties [Docket No.: NHTSA-2009-0066; Notice 2] (RIN: 2127-AK40) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6780. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 30708; Amdt. No. 3359] received March 4, 2010 to the Committee on Transportation and Infrastructure.

6781. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Revocation of Class E Airspace; Hinesville, GA [Docket No.: FAA-2009-0960; Airspace Docket No. 09-ASO-29] received March 4, 2010 to the Committee on Transportation and Infrastructure.

6782. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A310-221, -222, -322, -324, and -325 Airplanes, and Model A300 B4-620, B4-622, B4-622R, and F4-622R Airplanes, Equipped with Pratt & Whitney PW4000 or JT9D-7R4 Series Airplanes [Docket No.: FAA-2009-0613; Directorate Identifier 2009-NM-013-AD; Amendment 39-16195; AD 2010-04-02] (RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6783. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Dassault-Aviation Model Falcon 900EX Airplanes [Docket No.: FAA-2009-0994; Directorate Identifier 2009-NM-108-AD; Amendment 39-16194; AD 2010-04-01] (RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6784. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Turbomeca Arriel 2S1 Turboshaft Engines [Docket No.: FAA-2009-0568; Directorate Identifier 2009-NE-20-AD; Amendment 39-16200; AD 2010-04-07] (RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6785. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A310 Series Airplanes [Docket No.: FAA-2009-0717; Directorate Identifier 2009-NM-002-AD; Amendment 39-16196; AD 2010-04-03] (RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

6786. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; SICLI Halon 1211 Portable Fire Extinguishers as Installed on Various Airplanes and Rotocraft [Docket No.: FAA-2010-0126; Directorate Identifier 2010-NM-015-AD; Amendment 39-16029; AD 2010-04-16] (RIN: 2120-AA64) received March 4, 2010 to the Committee on Transportation and Infrastructure.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Ms. SLAUGHTER: Committee on Rules. House Resolution 1212. Resolution providing for consideration of the Senate amendments to the bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients, and for other purposes (Rept. 111–456). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. MACK:
H.R. 4919. A bill to repeal the Patient Protection and Affordable Care Act; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, the Judiciary, Natural Resources, House Administration, Appropriations, and Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. RUSH:
H.R. 4920. A bill to create and encourage the creation of jobs for youth, and for other purposes; to the Committee on Education and Labor, and in addition to the Committees on Ways and Means, Natural Resources, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MINNICK (for himself, Ms. HERSETH SANDLIN, Mr. MATHESON, Mr. SHULER, Mr. BOYD, Mr. TANNER, Mr. ROSS, Mr. CARDOZA, Mr. COOPER, Ms. MARKEY of Colorado, Mr. CHILDERS, Mr. POMEROY, Mr. COSTA, Mr. BOREN, Mr. BARROW, Mr. BRIGHT, Ms. GIFFORDS, Mr. DAVIS of Tennessee, Mr. KRATOVIL, Mr. MURPHY of New York, Mr. NYE, Mr. BACA, Mr. PETERSON, Mr. BISHOP of Georgia, Mr. PATRICK J. MURPHY of Pennsylvania, Mr. SCHRADER, Mr. CUELLAR, Mr. MCINTYRE, and Mr. PETERS):
H.R. 4921. A bill to establish procedures for the expedited consideration by Congress of certain proposals by the President to rescind amounts of budget authority; to the Committee on the Budget, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MCGOVERN (for himself, Mr. FRANK of Massachusetts, Mr. KENNEDY, and Mr. LANGEVIN):
H.R. 4922. A bill to amend the Energy Policy Act of 2005 to repeal a section of that Act relating to exportation or importation of natural gas; to the Committee on Energy and Commerce.

By Mr. HEINRICH:
H.R. 4923. A bill to amend title 10, United States Code, to extend TRICARE coverage to certain dependents under the age of 26; to the Committee on Armed Services.

By Mrs. BACHMANN:
H.R. 4924. A bill to allow the Secretary of the Interior to clear a proposed project in the Lower St. Croix Wild and Scenic River, and for other purposes; to the Committee on Natural Resources.

By Ms. BALDWIN (for herself, Mrs. CAPITO, Ms. WASSERMAN SCHULTZ, Mrs. CAPPS, and Ms. LINDA T. SÁNCHEZ of California):
H.R. 4925. A bill to authorize grants to promote media literacy and youth empowerment programs, to authorize research on the role and impact of depictions of girls and women in the media, to provide for the establishment of a National Task Force on Girls and Women in the Media, and for other purposes; to the Committee on Energy and Commerce.

By Ms. BALDWIN (for herself, Mr. EDWARDS of Texas, Mr. POLIS of Colorado, Mr. SARBANES, and Mr. JOHNSON of Georgia):
H.R. 4926. A bill to provide for the coverage of medically necessary food under Federal health programs and private health insurance; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DAVIS of Tennessee (for himself and Mrs. BLACKBURN):
H.R. 4927. A bill to amend subtitle IV of title 40, United States Code, regarding county additions to the Appalachian region; to the Committee on Transportation and Infrastructure.

By Mr. GUTIERREZ:
H.R. 4928. A bill to amend the Federal Deposit Insurance Act to permanently extend the Transaction Amount Guarantee Program; to the Committee on Financial Services.

By Mr. RUSH:
H.R. 4929. A bill to amend the Small Business Act to ensure that certain Federal contracts are set aside for small businesses, to enhance services to small businesses that are disadvantaged, and for other purposes; to the Committee on Small Business, and in addition to the Committees on Financial Services, Oversight and Government Reform, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. HELLER:
H.R. 4930. A bill to amend the Internal Revenue Code of 1986 to provide a partial exclusion from gross income of gain from the sale of non-principal residences; to the Committee on Ways and Means.

By Mr. KLEIN of Florida:
H.R. 4931. A bill to amend the Congressional Budget Act of 1974 to require that the concurrent resolution on the budget for fiscal year 2012 include a benchmark plan to eliminate the budget deficit by fiscal year 2020 and that subsequent resolutions adhere to that plan; to the Committee on Rules, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. KRATOVIL:
H.R. 4932. A bill to waive temporarily the matching amount requirement with respect to section 21 of the Small Business Act, and for other purposes; to the Committee on Small Business.

By Ms. LEE of California:
H.R. 4933. A bill to establish a strategy to coordinate all health-related United States foreign assistance, to assist developing countries in improving delivery of health services, and to establish an initiative to assist developing countries in strengthening their indigenous health workforces, and for other purposes; to the Committee on Foreign Affairs, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. POSEY (for himself, Mr. PRICE of Georgia, Mr. HENSARLING, Mr. SOUDER, Mr. BURTON of Indiana, Mr. WESTMORELAND, Mr. POE of Texas, Mrs. BACHMANN, Mr. PITTS, Mr. BARTLETT, Mr. GOHMERT, Mr. GRIFFITH, Mr. BROUN of Georgia, Mr. BONNER, Mr. PAUL, Mr. KINGSTON, Mr. LAMBORN, and Mr. AKIN):
H.R. 4934. A bill to prohibit the enforcement of a climate change interpretive guidance issued by the Securities and Exchange Commission, and for other purposes; to the Committee on Financial Services.

By Mr. TIAHRT:
H.R. 4935. A bill to allow regional directors of the Federal Emergency Management Agency to extend temporarily the Provisional Accredited Levee period if a good faith effort to upgrade a levee to the accredited level is being made; to the Committee on Financial Services.

By Ms. TSONGAS:
H.R. 4936. A bill to amend the Expedited Funds Availability Act, to adjust dollar limits on check hold policies, and for other purposes; to the Committee on Financial Services.

By Ms. TSONGAS (for herself and Mr. PETRI):
H.R. 4937. A bill to modify certain requirements for countable resources and income under the Supplemental Security Income program, and for other purposes; to the Committee on Ways and Means.

By Mr. PERLMUTTER:
H. Con. Res. 257. Concurrent resolution providing for an adjournment or recess of the two Houses; considered and agreed to. considered and agreed to.

By Ms. FUDGE (for herself and Mr. EHLERS):
H. Res. 1213. A resolution recognizing the need to improve the participation and performance of America's students in Science, Technology, Engineering, and Mathematics (STEM) fields, supporting the ideals of National Lab Day, and for other purposes; to the Committee on Science and Technology.

By Mr. CARSON of Indiana (for himself and Mr. CONYERS):
H. Res. 1214. A resolution recognizing and commending Viola Liuzzo for her extraordinary courage and for her contribution to the United States; to the Committee on the Judiciary.

By Mr. CROWLEY (for himself and Mr. ROYCE):
H. Res. 1215. A resolution expressing support for Bangladesh's return to democracy; to the Committee on Foreign Affairs.

By Mr. LIPINSKI (for himself and Mr. FORTENBERRY):
H. Res. 1216. A resolution congratulating Reverend Daniel P. Coughlin on his tenth year of service as Chaplain of the House of Representatives; to the Committee on House Administration.

By Mr. OWENS:
H. Res. 1217. A resolution honoring Fort Drum's soldiers of the 10th Mountain Division for their past and continuing contributions to the security of the United States; to the Committee on Armed Services.

By Mr. TAYLOR (for himself, Mr. CHILDERS, Mr. HARPER, and Mr. THOMPSON of Mississippi):
H. Res. 1218. A resolution recognizing the University of Southern Mississippi for 100 years of service and excellence in higher education; to the Committee on Education and Labor.

MEMORIALS

Under clause 4 of rule XXII, memorials were presented and referred as follows:

249. The SPEAKER presented a memorial of the Senate of the State of New Mexico, relative to Senate Joint Memorial 51 urging the Congress of the United States to support the preservation of the Navajo Code Talkers' remarkable legacy; jointly to the Committees on Armed Services and Veterans' Affairs.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 40: Mr. DAVIS of Illinois and Ms. WATSON.
H.R. 211: Mr. ACKERMAN.
H.R. 303: Mr. SIMPSON and Mr. HUNTER.
H.R. 745: Mr. KISSELL.
H.R. 767: Mr. REYES.
H.R. 810: Mr. ROSS.
H.R. 811: Mr. MICHAUD.
H.R. 892: Mr. FORBES.
H.R. 927: Mr. OWENS.
H.R. 950: Mr. REYES, Mr. RODRIGUEZ, Mr. COHEN, and Ms. CLARKE.
H.R. 1157: Mr. ANDREWS.
H.R. 1177: Mr. ADERHOLT, Mr. ALEXANDER, Mr. BILBRAY, Mr. BILIRAKIS, Mr. BLUNT, Mr. BROWN of South Carolina, Mrs. CAPITO, Mr. CASTLE, Mr. DENT, Mr. EHLERS, Mr. THORNBERRY, Mr. YOUNG of Florida, Mr. GERLACH, Mr. GOHMERT, Mr. GOODLATTE, Mr. KING of Iowa, Mr. LATOURETTE, Mr. MANZULLO, Mr. MARCHANT, Mr. MCHENRY, Mr. MILLER of Florida, Mr. POE of Texas, Mr. PRICE of Georgia, Mr. REHBERG, Mr. REICHERT, Mr. ROSKAM, and Mr. SESSIONS.
H.R. 1199: Mr. FORBES.
H R 1343: Mr. CALVERT.
H.R. 1552: Mr. SPACE.
H.R. 1625: Mr. TERRY, Mr. POSEY, Ms. HERSETH SANDLIN, and Mr. ANDREWS.
H.R. 1646: Mr. COBLE.
H.R. 1722: Mr. CUMMINGS and Ms. NORTON.
H.R. 1884: Mr. ROGERS of Michigan, Mr. BILBRAY, Mr. DEFAZIO, Mr. AKIN, Mr. EHLERS, Mr. WAMP, Mr. BISHOP of Utah, Mr. SCHAUER, Mrs. MCMORRIS RODGERS, Mr. YARMUTH, Mr. PASTOR of Arizona, and Mrs. BONO MACK.
H.R. 1990: Mr. STEARNS.
H.R. 2067: Mr. LARSON of Connecticut and Mr. CONYERS.
H.R. 2110: Mr. DUNCAN.
H.R. 2305: Mr. JONES.
H.R. 2324: Mr. DAVIS of Illinois.
H.R. 2455: Mr. KISSELL.
H.R. 2478: Mr. TONKO.
H.R. 2568: Mrs. MALONEY.
H.R. 3186: Mr. CASTLE.
H.R. 3308: Mr. DENT.
H.R. 3339: Mr. HELLER.
H.R. 3406: Mr. CHAFFETZ, Mr. PLATTS, and Mr. PAUL.
H.R. 3415: Mr. LUJÁN, Mr. HARE, and Mrs. EMERSON.
H.R. 3484: Mr. FILNER.
H.R. 3578: Mr. COHEN and Mr. LOBIONDO.
H.R. 3636: Ms. WATERS.
H.R. 3655: Mr. BUTTERFIELD.
H.R. 3668: Ms. SCHWARTZ, Mr. HOLDEN, Mr. PASTOR of Arizona, Mr. MURPHY of Connecticut, Mr. GRAVES, Mr. HARE, and Mrs. DAVIS of California.
H.R. 3720: Mr. GUTHRIE.
H.R. 3745: Mr. DELAHUNT.
H.R. 3995: Mr. KAGEN.
H.R. 4000: Ms. CASTOR of Florida and Mr. BUTTERFIELD.
H.R. 4014: Ms. SPEIER and Ms. RICHARDSON.
H.R. 4021: Mr. SCHOCK.
H.R. 4036: Mr. RUSH.
H.R. 4053: Ms. SCHAKOWSKY.
H.R. 4128: Mr. ROYCE.
H.R. 4224: Mr. GUTIERREZ, Mr. SERRANO, and Mr. PIERLUISI.
H.R. 4278: Mr. HIGGINS.
H.R. 4296: Mr. BISHOP of New York.
H.R. 4302: Mr. RUPPERSBERGER and Mr. GARAMENDI.
H.R. 4530: Mr. NEAL of Massachusetts.
H.R. 4616: Mr. SERRANO.
H.R. 4647: Mr. BACA and Ms. TITUS.
H.R. 4677: Ms. WOOLSEY.
H.R. 4678: Mr. JACKSON of Illinois and Mr. ELLISON.
H.R. 4684: Mr. LARSON of Connecticut, Mr. BISHOP of Georgia, Mr. CARNEY, and Mr. DENT.
H.R. 4703: Mr. CALVERT.
H.R. 4800: Ms. CLARKE and Mr. GRIJALVA.
H.R. 4803: Mr. KINGSTON and Mr. YOUNG of Alaska.
H.R. 4807: Mr. MCMAHON.
H.R. 4812: Mr. PAYNE, Mr. RYAN of Ohio, Mr. BACA, Mr. PALLONE, Mr. NADLER of New York, Ms. HIRONO, Mr. HALL of New York, Mr. MORAN of Virginia, Mr. PASTOR of Arizona, Mr. SERRANO, Mrs. MALONEY, and Ms. VELÁZQUEZ.
H.R. 4815: Mr. BOYD and Mr. SCHRADER.
H.R. 4850: Mr. DINGELL, Mr. SCHAUER, Mr. ARCURI, Ms. SUTTON, and Mr. ISRAEL.
H.R. 4870: Mr. BRADY of Pennsylvania.
H.R. 4886: Mr. ROHRABACHER and Mr. CROWLEY.
H.R. 4896: Mr. POE of Texas and Mr. TIAHRT.
H.R. 4901: Mr. JONES.
H.R. 4903: Mr. WAMP, Mr. PENCE, Mr. GRIFFITH, and Mr. BARRETT of South Carolina.
H.R. 4904: Mr. GOODLATTE, Mr. GARY G. MILLER of California, Ms. JENKINS, Mr. LAMBORN, Mr. MCCAUL, Mr. HENSARLING, Mr. PENCE, Mrs. BACHMANN, Mr. PITTS, Mr. OLSON, Mr. FLEMING, Mr. BARTLETT, Mr. GRIFFITH, Mr. BONNER, Mr. CAMPBELL, Mr. BROUN of Georgia, Ms. FALLIN, Mr. POSEY, Mr. WESTMORELAND, Mrs. LUMMIS, Mr. AKIN, Mr. NEUGEBAUER, Mr. PRICE of Georgia, and Mr. ISSA.
H.R. 4910: Mr. TIAHRT, Mr. KINGSTON, Mr. WILSON of South Carolina, Mrs. BACHMANN, Mr. SOUDER, and Mr. HALL of Texas.
H.R. 4914: Mr. DELAHUNT.
H.J. Res. 1: Mr. DANIEL E. LUNGREN of California.
H. Con. Res. 49: Mr. SCHAUER, Ms. KOSMAS, and Mr. MEEKS of New York.
H. Con. Res. 128: Mr. COHEN, Ms. EDDIE BERNICE JOHNSON of Texas, and Ms. RICHARDSON.
H. Con. Res. 252: Mr. LIPINSKI.
H. Res. 173: Ms. KILROY, Mr. HOLT, Mr. BACA, Ms. CHU, Mr. LOBIONDO, Mrs. EMERSON, Mr. BRADY of Pennsylvania, Mr. SCHIFF, Ms. BERKLEY, Ms. LORETTA SANCHEZ of California, Mr. MICHAUD, and Mrs. DAVIS of California.
H. Res. 213: Ms. SUTTON and Ms. HARMAN.
H. Res. 704: Mr. REHBERG, Mr. CARNAHAN, and Mr. LATTA.
H. Res. 763: Mr. COBLE.
H. Res. 855: Mr. LAMBORN, Mr. TIAHRT, and Ms. BORDALLO.
H. Res. 857: Mr. FILNER.
H. Res. 870: Mr. ADERHOLT.
H. Res. 874: Mr. SCHOCK.
H. Res. 992: Mrs. MYRICK, Mr. ISSA, and Mr. POSEY.
H. Res. 996: Ms. MATSUI, Ms. BALDWIN, Mr. CARSON of Indiana, Mr. THOMPSON of Mississippi, Mr. KILDEE, Mr. LOEBSACK, Mr. SCOTT of Georgia, Ms. TITUS, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. JACKSON of Illinois, Mr. WATT, and Ms. KILROY
H. Res. 1060: Mr. CALVERT.
H. Res. 1094: Mr. MEEK of Florida.
H. Res. 1132: Mr. SKELTON, Mr. ORTIZ, Mr. ANDREWS, Mr. MURPHY of New York, Mr. BOCCIERI, Mr. CONNOLLY of Virginia, Mr. DRIEHAUS, Ms. FUDGE, Ms. MARKEY of Colorado, Mr. MCMAHON, Mr. PIERLUISI, Mr. POLIS of Colorado, Mr. SCHRADER, Mr. TONKO, Mr. HOLDEN, Mr. WILSON of Ohio, Mr. DAVIS of Tennessee, Mr. OWENS, Mr. SABLAN, Mr. SNYDER, Mr. MAFFEI, Mr. PERRIELLO, Mr. PETERS, Mr. SCHAUER, Mr. MATHESON, Ms. BALDWIN, Mr. MCNERNEY, Mr. CHANDLER, Mr. MELANCON, Mr. SCOTT of Virginia, and Mr. HALL of New York.
H. Res. 1171: Mr. ROTHMAN of New Jersey and Mr. TIM MURPHY of Pennsylvania.
H. Res. 1175: Mr. CARTER, Mr. JORDAN of Ohio, Mr. KINGSTON, and Mr. BISHOP of Georgia.
H. Res. 1187: Mr. DOGGETT, Mr. FARR, Ms. RICHARDSON, and Mr. TOWNS.
H. Res. 1188: Mr. REICHERT.
H. Res. 1209: Mrs. MCMORRIS RODGERS and Mr. INGLIS.
H. Res. 1211: Mr. RYAN of Ohio, Mr. WALZ, Ms. BORDALLO, and Mr. CLAY.

DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H.R. 1255: Mr. MORAN of Kansas.
H. Res. 648: Ms. LINDA T. SÁNCHEZ of California.

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PROCEEDINGS AND DEBATES OF THE 111th CONGRESS, SECOND SESSION

Vol. 156 WASHINGTON, WEDNESDAY, MARCH 24, 2010 *No. 47*

Senate

The Senate met at 9 a.m. and was called to order by the Honorable TOM UDALL, a Senator from the State of New Mexico.

PRAYER

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

Let us pray.

Almighty and eternal God, in whose keeping are the destinies of galaxies, here at this altar of supplication we lift our hearts to You. Today, crown the deliberations of our lawmakers with civility and respect as well as passionate sympathy for humanity. Facing great questions and issues, quicken in our Senators every noble impulse, transforming each task into a throne of service. Take away any desire to put off until tomorrow the things they should accomplish today. Lord, make them brave and steadfast until right becomes victorious might. We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

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

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

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

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

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 24, 2010.

To the Senate:

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

ROBERT C. BYRD,
President pro tempore.

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

RECOGNITION OF THE MAJORITY LEADER

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

SCHEDULE

Mr. REID. Mr. President, today the Senate will resume consideration of H.R. 4872, the Health Care and Education Reconciliation Act. Rollcall votes are expected to occur throughout the day. The vote-a-rama, as it has become known, will begin sometime this afternoon.

MEASURE PLACED ON THE CALENDAR—S. 3158

Mr. REID. Mr. President, it is my understanding that S. 3158 is at the desk and due for a second reading.

The ACTING PRESIDENT pro tempore. The clerk will read the bill by title for a second time.

The assistant legislative clerk read as follows:

A bill (S. 3158) to require Congress to lead by example and freeze its own pay and fully offset the cost of the extension of unemployment benefits and other Federal aid.

The ACTING PRESIDENT pro tempore. The majority leader.

Mr. REID. I object to any further proceedings with respect to the bill.

The ACTING PRESIDENT pro tempore. Objection is heard. The bill will be placed on the calendar.

RESERVATION OF LEADER TIME

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

HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 4872, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 4872) to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010, S. Con. Res. 13.

Pending:

Gregg-Coburn modified amendment No. 3567, to prevent Medicare from being used for new entitlements and to use Medicare savings to save Medicare.

McCain amendment No. 3570, to eliminate the sweetheart deals for Tennessee, Hawaii, Louisiana, Montana, Connecticut, and frontier States.

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

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

Barrasso amendment No. 3582, to ensure that Americans can keep the coverage they have by keeping premiums affordable.

Grassley-Roberts amendment No. 3564, to make sure the President, Cabinet members, all White House senior staff and congressional committee and leadership staff are purchasing health insurance through the health insurance exchanges established by the Patient Protection and Affordable Care Act.

Mr. REID. Mr. President, would the Chair report how much time is left on general debate on the bill.

The ACTING PRESIDENT pro tempore. The majority has 7 hours 32 minutes and the minority has 8 hours 30 minutes.

Mr. REID. Mr. President, I yield back all time remaining on the bill on the majority's side.

The ACTING PRESIDENT pro tempore. The leader has that right. The time is yielded back.

The Senator from Tennessee is recognized.

MOTION TO COMMIT

Mr. ALEXANDER. Mr. President, I ask unanimous consent to temporarily

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

set aside the pending motion so that I may offer a motion to commit, which is at the desk.

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

The clerk will report the motion.

The assistant legislative clerk read as follows:

The Senator from Tennessee [Mr. ALEXANDER] moves to commit the bill H.R. 4872 to the Committee on Health, Education, Labor, and Pensions of the Senate with instructions to report the same back to the Senate within 1 day with changes to reduce the interest paid by student borrowers by 1.5 percentage points and to add an offset.

The ACTING PRESIDENT pro tempore. The Senator from Montana.

Mr. BAUCUS. Mr. President, I wonder if the Senator from Tennessee would agree to modify his request so that the earlier amendments be set aside until a time designated by the leaders and this motion then be taken up at a time to be decided by the leaders, which is the customary practice we have been utilizing with previous amendments.

Mr. ALEXANDER. Mr. President, I wonder if the Senator from Montana would permit me to consider that request and then respond to him within a few minutes.

Mr. BAUCUS. The Senator would withdraw the request and make the request later?

Mr. ALEXANDER. If I may consult with Senator GREGG, then respond. If you will make the request later, I would be grateful.

Mr. BAUCUS. OK.

Mr. ALEXANDER. Thank you very much.

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

Mr. ALEXANDER. Mr. President, 19 million American families will be interested in this motion because it will reduce the cost of student loans which 19 million Americans have. This is the season of the year when a great many students have been admitted to a college or a community college and are making plans and looking for where they are going to get their money. This motion is aimed at reducing the interest rate on 19 million student loans from 6.8 percent to 5.3 percent. For the average student loan debt of about $25,000, it would save that student $1,700 or $1,800 over their ten-year loan. More specifically, it would not only help the student, but it would prevent the Federal Government from overcharging 19 million American college students on their student loans to help pay for the health care bill and other government programs.

One may say: Wait a minute, I thought we were debating the health care bill. How did we get to student loans? That is a very good question because it just came up over the weekend. Of course, we have talked about student loans. There have been proposals, but there have been no hearings in the Senate, no consideration in the Senate committee of which I am a member. Yet over the weekend, the Democratic majority said: Well, look, while we are at it, let's have another Washington takeover. Let's take over the Federal student loan program. Let's take a program which is working very well, in which 15 million American students have voted with their feet to say they would prefer to get a regular student loan backed by the government, which they get at their college campuses, through their community bank, through a nonprofit institution. Even though they do have an option for a government loan, three out of four students have said they prefer the student loan through the private lender. Yet over the weekend, the Democratic majority has said: While we are at it, let's take over the Federal student loan program.

That means that starting July 1, students have no choice. They go to the Federal Government to get their student loan, all 19 million of them, which is a new experience for 15 of the 19 million.

The way they are going to do it—and this is all going to be set up in a very short period of time—is they are now going to have to go to four Federal call centers. So instead of going to their local lender or to their nonprofit institution, that can help them with their application form and see what their options are and encourage them as they make their plans for college, welcome to the new government loan program. They have no choice. That is what they are going to do.

What are the other aspects of this? Well, other than denying choice to 19 million students on more than 2,000 campuses who prefer the Federal loan program, the Federal Government is going to have to borrow another $½ trillion in order to make these loans. Let's think about this for a moment. What is the No. 1 issue that most Americans worry about today? It is that we have too much debt. So what did this weekend takeover do? It adds about $½ trillion to the Federal debt in order to make student loans, at the rate of about $90 billion or $100 billion a year for 4 or 5 years.

So we take away choice, we add to the debt, and we also put 31,000 people out of their jobs. These are a lot of loans, and so we have a lot of people in these organizations, such as Edsouth in my State, a nonprofit organization that helps students get their loans. So all these lenders are out of business and we have one big bank—the Federal Government.

The Education Secretary is the new banker of the year. He is a very good Education Secretary, but I don't know how good a banker he is going to be.

But here is the rub, and this is what my motion is about. The Federal Government is going to be borrowing money at 2.8 percent and loaning it to students at 6.8 percent and taking the difference and spending it on new government programs, including the health care bill. So we are going to be overcharging 19 million students to help pay for the health care bill. And, according to the most recent Congressional Budget Office estimates, about $8.7 billion of the overcharged money is going to go to pay for the health care bill.

My friends on the other side have already spent the money, of course. They have announced to everybody that we are going to spend it on this and on that and on this, but what they do not tell you is, where they get the money. Where they get the money is overcharging students—overcharging students.

These aren't Wall Street financiers we are overcharging. This might be a single mom going to a community college in Tennessee who has a job but who wants a better job and so she borrows some money to go to the community college and the Federal Government is going to overcharge her to pay for some government program. She might not like that.

In fact, I think there will be about 19 million student loan holders across the country who will go to school next year and say: Wait a minute here. You mean you are overcharging me on my student loan to pay for this health care bill and to pay for other government programs? The answer will be: Yes, that is what we are doing, unless my colleagues support this motion.

The estimate by our friends on the other side is that their Federal takeover of the Federal student loan enterprise will save $61 billion. If they are correct, let's give it to the students. Let's reduce their interest rate. I mean, $1,700 or $1,800 per student in interest over 10 years is the average amount of savings, and that is a lot of money. It may not seem like a lot of money to Congressmen and Senators in Washington, but to the single mom going to the community college who is borrowing the money to go to school in order to get a better job, $1,700 or $1,800 is a lot of money.

So in addition to the higher premium numbers, the higher taxes, the Medicare cuts, and the new cost to States, we are going to be overcharging on student loans. Let me use a specific example from Tennessee, if I may. I was at the University of Tennessee earlier this week. This is the University of which I used to be president. The University of Tennessee has 30,000 students, and 37 percent of them—or 11,251—have Federal private loans today. The average student debt is about $20,000. After July 1, all 11,000 students at the University of Tennessee, with these Federal loans from private lenders, are going to have to switch to the government loans, and the government is going to overcharge 11,000 students who go to the University of Tennessee at Knoxville and use that overcharged money to pay for new government programs, including the health care bill.

They are going to do the same thing to the University of Tennessee at Martin. There they choose to use the private loan program. They like it better than the government loan program. They think it is more convenient for the students. They have chosen—3,600 students at UT Martin—have chosen Federal private loans. They are going to be out of those loans by July 1. They are going to have government loans, and the government is going to overcharge them to help pay for the health care program.

Maryville College—I will be there Saturday night to help dedicate their arts center. There, 824 students have Federal loans today. They are going to have government loans. They are going to switch from private to government loans. They will have no choice after July 1. I know a lot of these students. They come from modest families, in most cases. They are not going to be very happy to learn that when they switch to a government loan after July 1, and if they have an average-size loan, which is about $25,000, that over 10 years they are going to pay $1,700 or $1,800 to help pay for the health care program or other new government programs.

In Carson-Newman College, it is 1,259 students. In East Tennessee State University, it is 8,187 students. In all of Tennessee, it is 200,000 students who have student loans who are going to be overcharged an average of $1,700 or $1,800 a year to help pay for the health care program or some other government program, and this amendment would say: No, we are not. If we are going to take over the student loan program, at least we are not going to overcharge the students and use it for the health care program. We are going to give the money back to the students.

The point of my amendment is very simple. We are going to reduce the interest rate we charge on 19 million student loans from 6.8 percent to 5.3 percent and let the students have the savings instead of letting the government have the savings. That is what the other side has not told people about the student loans.

If we had an ample opportunity to debate this in the Senate, if we had a committee hearing on it, if we had taken it through the regular process, maybe we could have pointed this out, but no, we do it over the weekend, put it in the House bill, send it over here, jam it through with great breast beating and protestations: Look what we have done for the country. I am accustomed to that. I used to be a Governor. I remember lots of Members of Congress who would say I did a great thing in Washington and then send the bill to me to pay. And then, as Governor—in this case the health care bill will do the same thing. It will send to the Governors and to the States new costs. Our Governor estimates it is $1.1 billion over 5 years, to $1.5 billion. That is about $300 million a year new costs that State taxpayers will have to pay.

As the Medicaid cost goes up, we will get the second blow to the students of Tennessee because either the State is going to have to reduce funding for public higher education—which I believe this health care bill will help permanently damage—or they are going to have to raise taxes, or they are going to have to raise tuition, or they are going to have to do all three. If I am a student at Maryville College, Carson-Newman, or the University of Tennessee, first this health care bill is going to overcharge me on my student loan to help pay for it; second, it is going to send such big new costs to the government that the Governor is going to have to reduce funding to my college or university and my tuition is going to go up.

All those students in California who are protesting a 34-percent increase in tuition probably do not realize the reason for that happening. The main reason is that over the years the Federal Government has so regulated the Medicaid program that the States pay about a third of, that the State budgets have grown and grown and the Governors, such as Governor Schwarzenegger in California, have had no choice except to cut, knowing that when you get down through the budget process you have had no choice except to cut other programs. Governors know when you get down through the budget process in the State, it usually comes down to Medicaid or higher education. So a great university such as the University of California is on its knees, and if it even hoped to keep its quality, it raises tuition 34 percent.

My amendment will not help that problem. The law the President signed yesterday already will transfer to States these huge new costs that are going to permanently damage higher education and raise tuition. But what my amendment will do is say we are not going to overcharge 200,000 students in Tennessee for their student loans and use $8.7 billion to help pay for health care.

Sometimes I think the motto of the Obama administration is: If you can find it in the Yellow Pages, the government ought to be doing it.

This is breathtaking. While we are taking over cars, banks, insurance companies, while we are taking over more of health care, we will also take over the student loan program, add $½ trillion to the Federal debt, overcharge 19 million students, cause 31,000 people to lose their jobs and say ''all in a day's work.'' That is what happened last weekend. Over the weekend that is the decision they made. Then over here bragging about how much we are going to do for everybody. We are going to do a little more for everybody if we have a chance to vote on this amendment because when we go home we will have a chance to say either I cut the interest rate on your student loan from 6.8 to 5.3 percent and give you the savings, or I voted to overcharge you $1,700 or $1,800 a year and give the money to the government to help pay for the health care bill.

Mr. President, I ask unanimous consent to have printed in the RECORD following my remarks a few communications I received from Tennessee.

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

(See exhibit 1.)

Mr. ALEXANDER. Here is a letter from Vanderbilt University to Congressman COOPER from the Chancellor which says:

> Our overarching concern with [this proposal] is that the legislation forces institutions, including Vanderbilt, to switch to direct lending.

Here is a distinguished university, one of the top research universities in the world. They have chosen—they believe it is best for their students and for their campus to use the private banks and non-profits. We know better, of course, than Vanderbilt University, what is best for the campus and best for the students. We say no, July 1, only the government.

In their letter they continue:

> Vanderbilt opposes the elimination of the FFEL program. We encourage Congress to carefully study the many alternate proposals. . . . In addition to our concerns about the elimination of choice, competition, and the high level of services, products and debt management we believe would come with this switch, we are very concerned that the proposed timeframe for this mandated conversion is unreasonable.

So Vanderbilt opposes that. So does the Baptist College of Health Sciences, so does Maryville College, so does the Middle Tennessee School of Anesthesia, so does Dyersburg State Community College.

I ask to have these remarks printed in the RECORD and an article I wrote in the Washington Post that was published on Sunday, March 7, about the student loan takeover.

EXHIBIT 1

VANDERBILT UNIVERSITY,
September 10, 2009.

Hon. JIM COOPER,
Longworth House Office Building,
Washington, DC.

DEAR CONGRESSMAN COOPER: The House of Representatives will soon consider H.R. 3221, the Student Aid and Fiscal Responsibility Act which would fundamentally restructure the federal student aid system and funnel the projected savings into a variety of higher education and K–12 programs as well as deficit reduction. While Vanderbilt supports efforts to restructure and expand federal student aid programs, we have serious reservations about this legislation.

As you know, one proposed change has to do with the Direct Loan (DL) program, in which the government acts as the lender, and the Federal Family Education Loan (FFEL) program, in which lending institutions provide loans to students. Vanderbilt has a long and successful history of participation in the FFEL program which has provided our students with superior loan products, service, and choice in their federal loans for many years.

Earlier this year, the administration proposed eliminating the FFEL program, requiring all institutions to participate in DL and using the projected $87 billion in savings over 10 years from this switch to fund a mandatory Pell Grant and expand the Perkins

Loan program. [Other estimates have put the ten-year savings figure at closer to $47 billion.] H.R. 3221 seeks to implement those proposals. Unfortunately, the legislation has attracted a host of other education-related provisions which, while perhaps meritorious in their own right, we believe should not be attached to federal student aid legislation.

We applaud and strongly support a number of provisions of H.R. 3221:

Modest increases to Pell Grants. Any increase in Pell Grants is deeply appreciated and will benefit undergraduate students. Although the bill does not create the mandatory Pell Grant proposed by the administration, it calls for $40 billion of the projected savings to be invested in the Pell Grant program, moving it toward a $6,900 maximum grant by 2019.

Converts Stafford Loan interest rates from fixed to variable. The bill provides $3.25 billion to change the fixed interest rates on subsidized loans to a variable rate capped at 6.8 percent.

Simplifies the FAFSA. We support reasonable efforts included in the bill to simplify the FAFSA for federal student aid programs.

ELIMINATING THE FFEL PROGRAM

Our overarching concern with H.R. 3221 is that the legislation forces institutions, including Vanderbilt, to switch to Direct Lending. Of additional concern is the fact that the proposed legislation does not then direct all of the savings from this federal mandate back into federal aid programs. Vanderbilt opposes the elimination of the FFEL program. We encourage Congress to carefully study the many alternate proposals to a mandatory conversion to DL. In addition to our concerns about the elimination of choice, competition, and the high level of services, products and debt management that we believe would come with this switch, we are very concerned that the proposed timeframe for this mandated conversion is unreasonable. Institutions will need sufficient time to make changes to their IT systems and update their printed and on-line recruitment materials. Completing this by the proposed July 1, 2010 deadline is simply not feasible. In fact, Vanderbilt has already printed many of its recruitment materials and launched its 2010–2011 admissions and financial aid efforts. We would advise that, if a mandated conversion to DL is implemented, the earliest effective date be July 1, 2011.

A NEW PERKINS LOAN PROGRAM

The bill restructures the Perkins Loan program into essentially a second DL program that is campus-based, with an additional $5 billion. The legislation proposes a complex institutional allocation formula based on holding past participants, such as Vanderbilt, harmless, while significantly expanding participation based on low tuition and improved Pell recipient graduation rates. We believe that a Perkins program allocation formula should be based on the aggregate need of an institution's students relative to the aggregate need of all students at institutions participating in the program nationally, subject to and including the hold harmless provisions.

While Vanderbilt supports expanding participation in the Perkins Loan program as well as the provisions that would hold harmless existing participants, we are troubled by proposals to eliminate the in-school interest subsidy and loan forgiveness programs. These features have made Perkins Loans uniquely attractive for many of our students. Vanderbilt also opposes proposals to require institutions to pay the accrued interest while students are still enrolled in school. This would impose significant costs on our financial aid budget and could jeopardize our participation in the program. H.R. 3221 is also not clear as to whether institutional matching funds will be required or how that determination would be made.

CREATES ACCESS, COMPLETION, AND PERSISTENCE GRANT PROGRAMS

Included in the bill is $3 billion for the College Access Challenge Grant program. These funds would be allocated primarily to states and guaranty agencies with a small portion retained for a national competition. While Vanderbilt supports the goals of this program, and is proud of our 95 percent freshman retention and 92 percent six-year graduation rates, we are concerned that diverting up to 75 percent of the funding to the states could severely restrict the ability of private institutions to compete for the funding and could inappropriately increase state oversight of private institutions. We also believe that any savings generated from the switch to DL should remain in the existing federal student aid programs.

In addition to these, there are several other provisions of the legislation that are troubling to us:

Family Asset Cap. Students with family assets of more than $150,000 would be ineligible for any need-based federal aid. While the value of a family's house, farm, business, or employee pension benefit plan would be excluded, we believe this cap should be increased to at least $250,000, geographic factors should be applied, and an option established for financial aid administrators to be able to use their professional judgment such that students and parents in unique circumstances can be held harmless by this provision.

Beyond Student Aid. H.R. 3221 goes far beyond federal student aid to include funding for other higher education programs as well as K–12 school construction and early childhood education. We believe that all savings generated from the student aid programs should remain in these programs. These initiatives, while potentially meritorious, should be funded through avenues other than student aid programs' savings.

H.R. 3221 truly is a mixed hag. While Vanderbilt supports the significant new investment in the Pell Grant program, we are concerned that allocations to other initiatives have significantly reduced the possible level of support for the Pell Grant program. We remain strongly opposed to the elimination of the FFEL program. And, although it could bring low-cost Perkins Loans to millions of new students, we are troubled by proposals to eliminate the in-school interest subsidy and other changes to that program.

Vanderbilt remains committed to the federal student aid programs, which provide a foundation to our aid packages for both undergraduate and graduate students. We look forward to continuing to work with you to ensure that all capable and eligible students, regardless of financial circumstances, are able to access and complete post-secondary education. If you have any questions or if I can provide any additional information, please let me know.

Sincerely,

CHRISTINA D. WEST,
Director of Federal Relations.

TENNESSEE ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS,

November 25, 2009.

Hon. LAMAR ALEXANDER,
U.S. Senate, Dirksen Senate Office Building, Washington, DC.

DEAR SENATOR ALEXANDER: On behalf of the Executive Board of the Tennessee Association of Student Financial Aid Administrators (TASFAA), I want to communicate to you our collective concerns regarding the Federal Student Loan Program (Stafford and PLUS).

TASFAA represents financial aid officers from 106 postsecondary institutions in Tennessee. The Tennessee postsecondary institutions serve several thousand students, many who are student loan borrowers. While our membership and schools are located within Tennessee, we have students from every state in the Union. We seek your support of our requests, which are made on behalf of the students and parents we serve. These students and parents have been well served by not only the institutions and individual professionals, but by the Federal Direct Lending Program (FDSLP) through the Department of Education and by private sector lenders within the Federal Family Education Loan Program (FFELP) also. Importantly, our students and parents have benefitted by the opportunity to seek out lenders who offer loans with savings and service that aid the borrowers throughout repayment.

TASFAA is an advocate for choice within the respective loan programs. As President Obama stated in his address to a Joint Session of Congress, ''Consumers do better when there is choice and competition.'' We also want to focus on the timing of all schools currently participating in the FFELP having to switch to the Federal Direct Student Loan Program should the Senate version of H.R. 3221 be enacted. Recent information from the Department of Education showed that 1,990 of the 5,455 schools that participate in federal student loan programs are currently participating in the Direct Loan Program. Therefore, 3,465 colleges and universities across the country, that serve millions of students, are not yet participating in the FDSLP.

Many elected officials have expressed their concerns regarding the timing of such a transition. Most Tennessee institutions will begin awarding financial aid packages to traditional students in early spring. In addition to the traditional calendar, some institutions have non-traditional students in year-round programs who borrow student loans throughout the year in what is known as the Borrower-Based Academic Year (BBAY). For these students, loans will be packaged in approximately four weeks, and the precarious status of the legislation may greatly harm these student borrowers. The Secretary's assistant has noted it will take 3–4 months for schools to convert their programs. Due to the issues related to the transition to a new program (shortage of staff members, new software systems, lack of training, financial issues at small schools, etc.), we ask that you consider the dilemma that these students face by the timing of such an action and at the very least, delay the implementation of full conversion to FDSLP to July 1, 2011.

If you choose to support the Senate version of H.R. 3221 and move forward with full conversion to FDSLP but allow for the delayed implementation date, we implore you to support S. 2796 to extend the Ensuring Continued Access to Student Loans Act (ECASLA). ECASLA has assured that students have been able to obtain the loan(s) necessary to ensure their educational goals and dreams. This action will ensure that every educational loan borrower will be able to continue to secure the respective loan with no interrupted service.

As of the date of this letter, the Senate committee of jurisdiction has not acted on this proposed legislation, as well as the entire Senate or any conferees. This is of major concern to us as the timing of the possible conversion to, and implementation of, 100 percent FDSLP is further delayed. The Senate had noted it would vote on H.R. 3221 by

October 15, 2009, but as of the date of this letter, proposed legislation still has not reached the Senate for a vote.

With all of the above taken into consideration, the Executive Board of TASFAA, on behalf of our entire membership, urges you to support ''choice and competition.'' But if not, we ask you to implement a reasonable timeframe for transition.

Sincerely,

MARIAN MALONE HUFFMAN,
President, TASFAA.

BAPTIST COLLEGE
OF HEALTH SCIENCES,
Memphis, TN, November 24, 2009.

MEMBERS OF CONGRESS: I ask that you support H.R. 4103 and S. 2796 to ensure uninterrupted FFELP funding of Federal Student Loans for students and parents attending colleges and universities across the country.

I have worked in the student financial aid profession since 1982, ALWAYS at FFELP schools. In my many years of experience, I have witnessed tens of thousands of students being well served by the FFELP system. The idea of the Federal Direct Student Loan Programs certainly contributed to needed improvements to FFELP, and the two programs have served to keep each other ''on their toes.'' To shift now to a federal monopoly in the student loan business could prove to be a monumental mistake.

Schools have had plenty of time to choose between FFELP and Direct Lending. It is clear that FFELP works better for some schools and Direct Lending for other schools. And most importantly, BOTH programs do a good job of serving needy students attend college. Let's please keep it that way.

Sincerely,

JANET BONNEY-BAKER,
Financial Aid Supervisor, Baptist College of Health Sciences.

OFFICE OF FINANCIAL AID,
DYERSBURG STATE COMMUNITY COLLEGE
Dyersburg, TN, November 25, 2009

As a student financial aid administrator for over thirty-five years, I have concerns regarding students receiving needed funds to attend post-secondary institutions in the 2010–2011 academic year. Regardless of our stance on direct lending, we all have one common bond, and that is helping the students we serve.

All schools are planning for the 2010–2011 academic year, and we feel trapped. I implore you to consider extending the Ensuring Continued Access to Student Loans Act (ECASLA) as quickly as possible, so that the students in this country will not suffer with the uncertainties accompanying delays in implementation of new programs. Timing is critical for higher education in this country.

Please consider choice as the loan option for the students of this country. Competition and choice is a foundation of our economy. As President Obama stated in his address to a Joint Session of Congress, ''consumers do better when there is choice and competition''.

The Secretary's assistant has noted that it will take 3–4 months for schools to convert their programs. Due to the issues related to the transition to a new program (shortage of staff members, new software systems, lack of training, financial issues at small schools, etc.), please consider delaying the implementation of full conversion of the Federal Direct Student Loan Program to July 1, 2011, at the earliest which will provide us with a reasonable timeframe for transition, if choice is not an option for us.

Sincerely,

SANDRA ROCKETT,
Director of Financial Aid.

MIDDLE TENNESSEE
SCHOOL OF ANESTHESIA,
November 24, 2009.

MEMBERS OF CONGRESS: I ask you to support H.R. 4103 and S. 2796 to ensure uninterrupted FFELP funding of Federal Student Loans for students and parents attending colleges and universities across the country.

I am the sole worker in Financial Aid at Middle Tennessee School of Anesthesia, (MTSA) and we like the FFELP program. The students here at MTSA DO NOT want to use Direct Lending. The decision to end the FFELP program takes away the right to choose. The advent of the Federal Direct Student Loan Programs certainly contributed to needed improvements to FFELP, and the two programs have served to keep each other ''on their toes.'' To shift now to a federal monopoly in the student loan business could prove to be a monumental mistake. Having the ability to use both programs gives the Financial Aid Industry a healthy competition.

Schools should have the ability to talk to different lenders and choose between FFELP and Direct Lending. It is clear that FFELP works better for some schools and Direct Lending for other schools. And most importantly, BOTH programs do a good job of serving needy students attending college.

Sincerely,

M. JOANNA HAYES DICKENS,
Financial Aid Coordinator.

RHODES COLLEGE,
FINANCIAL AID OFFICE,
Memphis, TN, December 8, 2009.

SENATOR LAMAR ALEXANDER,
Dirksen Senate Office Building,
District of Columbia.

DEAR SENATOR ALEXANDER, I write to urge you to vote in favor of extending the Ensuring Continued Access to Student Loans Act, H.R. 4103 and S. 2796. As a financial aid professional, I know firsthand the importance of these funds in meeting students' educational expenses. I believe that competition breeds excellence and I am in favor of keeping both the FFEL and Direct programs in place. To eliminate FFEL especially during this particular time in history, would be a mistake that would cost institutions and students time and money that we simply can't afford.

An interruption in the delivery of these funds would create a hardship for many students and make the neediest among them unable to attend college. This bill will ensure that sufficient funds will be available for students in the 2010–2011 academic year.

Please Vote YES to H.R. 4103 and S. 2796! Thank you for your understanding and support of our students!

Most Sincerely,

ASHLEY BIANCHI,
Acting Director of Financial Aid.

AND NOW FOR STUDENTS, BIG LENDER

(By Lamar Alexander)

While health-care reform occupies the spotlight, the Obama administration is pushing for another Washington takeover—this time of the student loan system. Last month, U.S. Education Secretary Arne Duncan made the administration's latest pitch on this page.

Here is what the administration and congressional Democrats have told us about this latest attempt: Starting in July, all 19 million students who want government-backed loans will line up at offices designated by the U.S. Education Department. Gone will be the days when students and their colleges picked the lender that best fit their needs; instead, a federal bureaucrat will make that choice for every student in America based on still-unclear guidelines. They say that this will save taxpayers up to $87 billion in subsidies that now go to ''greedy'' banks. In gleeful anticipation, members of Congress have lined up to spend those billions on Pell Grants and almost a dozen other programs. Banks are punished. Students are helped. Members of Congress look good.

Here is what they haven't told us: The Education Department will borrow money at 2.8 percent from the Treasury, lend it to you at 6.8 percent and spend the difference on new programs. So you'll work longer to pay off your student loan to help pay for someone else's education—and to help your U.S. representative's reelection.

And there are some other things the government should tell you: The estimated $87 billion in savings isn't real. According to a July 2009 letter from the Congressional Budget Office (CBO) to Sen. Judd Gregg (R–N.H.), the savings are closer to $47 billion including administration costs, if we use the same ''scoring'' (i.e., cost analysis) method that Congress required the CBO to use when it scored the Troubled Asset Relief Program last year because the method would more accurately calculate the cost to taxpayers.

Finally, the government should disclose that getting your student loan will become about as enjoyable as going to the Department of Motor Vehicles.

Today, roughly 2,000 lenders offer government-backed student loans on more than 4,000 campuses. One lender, Edsouth, offers Tennessee students college and career counselors, financial-aid training, and college-admissions assistance; performs hundreds of presentations at Tennessee schools; and works with 12,000 Tennessee students to improve their understanding of the college-admissions and financial-aid process.

Nonprofit lenders such as Edsouth use the revenue generated under the student-loan system to operate and provide these valuable benefits—but of course, these services cost money. If—under this latest Washington takeover—Edsouth and other nonprofit lenders are prevented from making the number of loans they make today, they will no longer be able to provide these services, depriving students of real choices in lending.

The student loan ''Banker of the Year'' will be the only student loan banker left calling the shots; the education secretary in Washington. Imagine trying to get all Edsouth's services from a federal call center.

I was education secretary for President George H.W. Bush when, in 1991, Congress offered students a choice for borrow from a local lender or the Education Department. In 2008, 15 million students voted with their feet and chose nongovernment lenders—and only 4 million students chose to get their loans from Washington.

Congress has reduced subsidies paid to lenders twice in the past four years, investing the savings in Pell Grants and other programs. But if there really is $47 billion in savings to be found, Congress should return it to students as lower interest rates, not trick students by overcharging them so Washington can create more government programs.

Seven-eighths of students who applied for federal aid using the Free Application for Federal Student Aid (FAFSA) had an average loan debt of $24,651. Assuming a standard 10-year repayment at 6.8 percent, those students would pay roughly $9,400 in interest. If we really want to have students money, why not just reduce the interest rate by 1.5 percentage points, to 5.3 percent, saving students $2,240 in interest?

If this Washington takeover happens, I propose that all 19 million-plus student loans made by the government carry this warning label:

''Beware: Your federal government is overcharging you so your representative can

take credit for starting new government programs. Enjoy the extra hours you work to pay off your student loan.''

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire is recognized.

Mr. GREGG. I am recognized, correct?

The ACTING PRESIDENT pro tempore. That is correct.

Mr. GREGG. I ask unanimous consent at this time to withdraw the amendment of the Senator from—on behalf of the Senator from Tennessee, I ask to withdraw his amendment.

The ACTING PRESIDENT pro tempore. Is there objection?

Without objection, the amendment is withdrawn.

Mr. BAUCUS. Mr. President, reserving the right to object.

The ACTING PRESIDENT pro tempore. The Senator from Montana.

Mr. BAUCUS. Mr. President, I regret, I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

The Senator from Tennessee is recognized.

Mr. ALEXANDER. Mr. President, I withdraw my motion.

The ACTING PRESIDENT pro tempore. The motion is withdrawn.

The Senator from New Hampshire is recognized.

Mr. GREGG. Mr. President, at this time I yield such time as he may take off the bill to Senator ALEXANDER to discuss his amendment, which he is not offering at this time, while retaining the right to the floor.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

Is there objection?

Mr. BAUCUS. Mr. President, reserving the right to object, what is the parliamentary situation at the moment?

The ACTING PRESIDENT pro tempore. There is a Grassley amendment pending.

Mr. BAUCUS. Mr. President, who has the floor?

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire has yielded time off the bill.

Mr. GREGG. Without losing my right to the floor.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee has been recognized.

The Senator from New Hampshire cannot reserve his right to the floor.

Mr. BAUCUS. May I ask who has the floor?

The ACTING PRESIDENT pro tempore. The Senator from Tennessee has the floor.

Mr. ALEXANDER. Mr. President, would you let me know when 10 more minutes has expired, please?

I have a little history with the student loan program. I see the distinguished Senator from Utah is here. When he was the ranking Republican on the Senate Health and Education Committee 20 years ago, I was the U.S. Education Secretary. He even helped me in my confirmation process, for which I have always been deeply grateful. But he and I worked together during that time when the question of having a government loan program or a direct loan program came up. It was widely discussed. We had a Republican President then and a Democratic Congress. We came to a compromise. The compromise was to say let's have both. We will give students the option and help them stay on and keep the organizations on their toes. So if you are a student at the University of Tennessee, University of Utah, you have a choice. You can either say I don't want to fool with all these private lenders or the local bank or the nonprofit organizations in my State or Edsouth or others or the State organization, I want to go straight to the government. All institutions have that choice. That is 6,000 colleges and universities and 19 million students. Only one-fourth of them choose the government direct lending program.

In the United States of America where choice and competition is an important part of our culture, that usually teaches us a lesson. That would suggest to us that most campuses, most students, by overwhelming majorities prefer being in the private market to lining up to go to the government. Otherwise we would have the government grocery store, we would have the government car company. Actually we are beginning to sound like that in this country. We would have the government insurance company and all banks would be government banks. Everything would be in the government.

They used to have a system like that in the Soviet Union. Ours did a little better over time. Generally, our motto has been if you can find it in the Yellow Pages the government should not be doing it. What is happening with this administration and this Congress is the reverse. If you can find it in the Yellow Pages, the government should be doing it.

Here is the situation that developed over the last 20 years. There are roughly 6,000 institutions of higher education in this country. Many people say all higher education is like the University of Tennessee or Harvard or University of California, but there are many kinds of colleges and universities—for-profit, nonprofit, private, public, historically Black colleges, many different kinds of institutions. The genius of our system is that we let Federal dollars, either through Pell grants or through loans, follow the student to the institution of their choice. Choice and competition in our system of higher education has given us by far the best system of higher education in the world.

Of those 6,000 institutions, last year, 2008, 4,421 schools chose to use the regular student loan program. That is three out of four. About one out of four used the government loan, the direct loan program, the one that everybody is going to be made to use now. Currently there are just under 2,000 lenders who participate in the student loan program. They are banks and they are nonprofit institutions such as Edsouth in Tennessee.

Last year nearly $100 billion in student loans was made. Let's keep in mind as the government takes this over we go from a system where we have government-backed loans, which cost the taxpayers very little, to government loans at the rate of $100 billion a year which means we are going to have to run up a half trillion more in debt at a time when our debt is ridiculously out of control. That is this weekend's newest Washington takeover that just occurred.

There is not definitive evidence to suggest that the Federal Government can make these loans better than lenders can make these loans. I don't think the Department of Education has the manpower to do it. I think that by July 1 there is going to be consternation all over the country from families who have applied for student loans and are applying through their Federal call center or through the Internet.

Edsouth, a nonprofit provider in Tennessee, for example, has five regional outreach counselors who canvas Tennessee and provide career training. They made 443 presentations to Tennessee schools to help students understand—remember, we have 200,000 of these students in Tennessee—to help them understand their options. They worked with 12,000 students to help them understand what they could do. They worked with 1,000 school counselors.

The U.S. Department of Education will soon be providing all of these services.

Senator GREGG earlier had written the Congressional Budget Office asking how much money this Federal takeover would save. They came back with an explanation that it is not $67 billion or $61 billion, which is the current number being used today, but more like $47 billion. My own suspicion, and I cannot prove it, but my own suspicion, having been a university president, having been Secretary of Education and having watched this program for 20 years, is that in the real world the Federal Government is not going to make these 19 million loans more convenient for students. It is not going to be able to do it any cheaper. It is just going to deny people choice, run up the debt, throw 31,000 people out of jobs, and the icing on the cake, and it is a sour-tasting icing, is that the 19 million students who have student loans after July 1 are going to be overcharged by the Federal Government, which will be borrowing money at 2.8 percent, loaning it at 6.8 percent, and using the money to help pay for the health care bill and other programs.

Our friends on the other side, they will be saying—they like to blame everything on the bankers or the lenders—well, the lenders are charging too much money. Well, if they are charging too much money, reduce what they get.

You are saying there are $61 billion in savings, much of which comes from the fact that the Federal Government can borrow money more cheaply than private lenders can.

But then you are saying, we are going to take the savings and we are going to spend it. We are going to overcharge these students. I can't believe the brazenness of this, and I believe neither will 19 million students understand it.

So I am glad to come to the floor today and talk about my motion, which I will be glad to introduce at the appropriate time. No Senate bill has been introduced. Our committee has held no hearings. We have not had a markup of this bill. This is a wondrous Washington takeover over the weekend.

We stick into the health care bill another Washington takeover, this time of 19 million student loans. On top of it: Congratulations, Mr. and Mrs. Working Student, you are going to get to be overcharged on your loan to help pay for the health care bill and other government programs.

I hope my friends in the Senate, on both sides of the aisle, will see the injustice of this and say: OK, you are right, Senator ALEXANDER. If we are going to take it over, and if we are going to create $61 billion in savings, at least let's give the students the savings. Let's not give it to the government. Let's not overcharge the students, on an average $25,000 student debt, $1,700 or $1,800 over 10 years.

I think we need to have a truth-and-lending stamp that goes on every single student loan starting July 1 that says: Warning. Your government is overcharging you in order to help pay for other government programs.

We will let the single mom who has a job, who is going to school to help improve her circumstances, see what she thinks about the idea of her being overcharged to help pay for other government programs.

So my motion, when it is voted on, will do a very simple thing. It will say to the 19 million students in the country: We are going to reduce your interest rate on your student loan from a typical 6.8 percent to 5.3 percent. That is going to save you $1,700 or $1,800 on an average loan over ten years. It says: We are not going to overcharge 19 million students to help pay for the health care bill.

Before I yield the floor, I see my friend from New Hampshire is engaged in conversation. I wonder if I could address the Senator from New Hampshire through the Chair. Before I yield the floor, I wished to ask, through the Chair, whether that is what I should do.

Mr. GREGG. Well, I would like to ask the Senator from Tennessee a question on the substance of his proposal.

Mr. ALEXANDER. I will be glad to take the Senator's question.

Mr. GREGG. Because I do think it is an important proposal. As I understand it, what the Senator is saying is that they put this baggage on the train, which is the nationalization of all student loans in this country, the government is going to take them all over, which will be the fourth major nationalization event this administration has undertaken.

First, they nationalized the auto industry. Now, they are in the process of quasi-nationalizing the health care industry. Now they are going to nationalize the educational industry. If the House final reform bill passes, they will essentially be nationalizing the financial industry—or having the capacity to—because they can break up any company, whether they are healthy or not, under the Kanjorski amendment.

So my question is: They threw this proposal on the train, nationalizing the student loan industry, in order to use student loan money to finance the health care bill because this bill would have violated the budget rules if it did not have the student loan money basically paying for it?

Mr. ALEXANDER. Mr. President, I am afraid the Senator from New Hampshire is exactly right. According to the Congressional Budget Office's updated estimate, $8.7 billion of this money that is being overcharged to students will be used to help pay for the health care bill.

The other money, except for a small part, will be used for other government programs. So you are right on both counts—one Washington takeover after another. That is why I am saying, I think we ought to hide the Yellow Pages from these fellows because if they find something in there that is being done in the private sector, they are going to say: Oh, we can cut out the profit, we can cut out the business; why does not the government do it?

Then, second, I mean this is astonishing to me. These are not Wall Street financiers going to community colleges in New Hampshire and Tennessee, these are people with jobs who are trying to improve their lot. Their student loan levels are already too high. We are worried about that. So we are going to take another $1,700 or $1,800 on a $25,000 average loan over 10 years. We are just going to say: Well, we will overcharge you. We are going to use that in government. The answer is, yes, to your question, Senator; $8.7 billion of the money taken from students by overcharging them on their student loans will go to help pay for the health care bill.

Mr. GREGG. If I can ask a further question of the Senator. If they did not have that $8.7 billion of student loan money being used to finance the health care bill, this reconciliation bill would fall; would it not? Because it would not meet the budget instructions of having $1 billion of savings.

Mr. ALEXANDER. The Senator is correct.

Mr. GREGG. The Senator had a further question about whether the floor could be yielded. We are in the process of seeking a unanimous consent agreement.

Mr. BAUCUS. I was going to ask the Senator from Tennessee a question.

Mr. ALEXANDER. I will be glad to have a question.

Mr. BAUCUS. Is it not true that the Congressional Budget Office stated in a letter, dated March 20, commented on the bill in a letter to the Speaker on page 13, where it states: The title as a whole—that is referring to the education title—states that the title as a whole would reduce budget deficits in both the 10-year projection period and in subsequent years.

Is it not true that the Congressional Budget Office reached that conclusion and so states in their letter of March 20?

Mr. ALEXANDER. Mr. President, I do not have that letter in front of me, and I do not know what that has to do with my amendment.

What I am saying is, the Democratic majority is deliberately overcharging 19 million students to help pay for the health care bill. Those are the Congressional Budget Office's figures, not mine.

I would ask, through the Chair, to the Senator from New Hampshire, whether I should at this point yield the floor.

Mr. GREGG. I appreciate the Senator from Tennessee's courtesy. At this time, we are ready to go forward with a unanimous consent request.

Mr. ALEXANDER. I yield the floor.

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

Mr. BAUCUS. Mr. President, I will propose a unanimous consent. Following that, I will state my intention on the order of votes, which I have yet to clear with the leader's office.

I ask unanimous consent that the total time on the bill be divided equally between the majority and minority leaders or their designees and that the offering of amendments not add additional claims to the time.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. GREGG. Reserving the right to object, I would simply note that the next amendment on our side would be offered by Senator HATCH.

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

Mr. GREGG. Mr. President, I would ask further unanimous consent——

Mr. BAUCUS. Mr. President, I wish to finish up that business. It is something, I think, the Senator will appreciate.

It is my intention—I am not asking for a unanimous consent agreement, but it is my intention that the order of amendments would be, beginning with the Gregg amendment, Medicare; McCain, target provisions; then the Crapo amendment on taxes; then the Enzi motion to commit, regarding employer mandates; the Barrasso amendment regarding premiums; and then,

next, the Grassley amendment regarding executive personnel should be in the exchange.

Mr. GREGG. As I understand what the Senator is asking, is that the voting order be in the order they were offered.

Mr. BAUCUS. That is correct. I am not asking consent. That is my intention, but there is no unanimous consent request at this time.

Mr. President, I yield 10 minutes to the Senator from——

Mr. GREGG. May I make a point? Mr. President, I spoke inappropriately. I believe the Senator from Tennessee will want to submit his amendment back for the RECORD. He had withdrawn it. Can we do that?

I ask unanimous consent that the pending amendment be the Senator from Tennessee's amendment.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. BAUCUS. Reserving the right to object, I might ask if the understanding be that the motion, as on the earlier amendments, that this motion be set aside until a time to be determined by the leaders.

Mr. GREGG. Why don't we do that on every amendment we offer so we do not have to do that.

Mr. BAUCUS. That would be fine.

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

Mr. BAUCUS. Mr. President, I yield 15 minutes to the Senator from Michigan, under the motion.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Mr. LEVIN. Mr. President, the debate which will come to a close this week has, in one sense, been going on for a year. But in another sense, it has been going on for a century.

In 1912, Theodore Roosevelt campaigned on the promise of a national health insurance program. Workers, Roosevelt said, are entitled to a basic standard of protection from injury and illness.

> Wherever such standards are not met by given establishments, by given industries, are unprovided for by a Legislature, or are balked by unenlightened courts, the workers are in jeopardy, the progressive employer is penalized, and the community pays a heavy cost in lessened efficiency and in misery.

Well, since Teddy Roosevelt said that, Presidents and Members of Congress from both parties, seeing the same costs Theodore Roosevelt saw in the failure to assure health care for all, have grappled with this issue.

These attempts at reform have largely fallen short. They have foundered for many reasons: Health care is personal and complex. The timing was wrong or the politics were difficult. Leaders on all sides failed to find the compromises that would have enabled them to move forward. But the recurring theme is that time and again, reformers have failed to overcome the enormous obstacles that those who profit from the status quo have been able to erect. Because we have fallen short in the past, Americans today face a health care system that costs too much and too often delivers too little.

In our United States today, mothers and fathers wonder what else they can cut from the family budget to afford yet another increase in their health care premiums. Parents file for bankruptcy because their insurance fell thousands of dollars short in providing for a child's lifesaving treatment. Nearly two-thirds of bankruptcies in this country involve medical costs, and more than half of those involve people who had insurance.

Small business owners eliminate health coverage for employees because they cannot afford another year of massive premium increases. Thousands of Americans who woke this morning with health care insurance will go to bed tonight without it.

Despite those tragic facts, entrenched interests have sought again to prevent reform to consign our Nation to an unsustainable status quo because what is good for the American people will not necessarily profit some company.

The health insurance industry has dominated health care decisions in this country for too long. How often have our constituents come to us with stories of insurance companies that deny them coverage of necessary treatment? How often have our constituents told us of insurance companies that deny coverage because of preexisting conditions or canceled coverage because of minor inaccuracies the company conveniently discovered just after diagnosis of a serious and costly illness?

It is time to end the unhealthy dominance of the health insurance industry. So I will cast my vote again against those entrenched interests and my vote will be for health care reform. I hope our colleagues will do the same.

We have the opportunity to finish the task of overcoming the entrenched opposition to do what so many Presidents and so many Members of this body have fought for decades to accomplish.

The months of debate have been difficult. They have too often been filled with too much heat and too little light, with exaggeration, with half-truth, with untruth, with innuendo designed to obscure rather than to inform.

That is no different in many ways from some previous debates on major reforms. When Congress approved Social Security in 1935, one Republican Senator warned that it would ''end the progress of a great country.'' When Medicare was debated in 1965, one critic charged that cooperating with the plan would be ''complicit in evil.'' Scare tactics of the past proved absurd, but they worked.

Now we get more scare tactics. A number of our Republican colleagues continue to claim this is a big government takeover of health care. The American Medical Association supports this health care plan. Surely the American Medical Association is not a supporter of a government takeover of health care. Then we are told this will hurt Medicare. Yet the association that represents more seniors than any other, AARP, endorses this health care plan.

The scare tactics are coming at it again, but there is a difference. While scare tactics were able to derail health care reform in the past, scare tactics are just not working this time. The American people have expressed their disapproval of wild, inaccurate claims in many ways, including personal conversations with most of us.

It is true that because health care is so complex, because changes must be phased in and transition periods are often necessary, many of the benefits of this bill will not take effect for some time. But improvements in health care for millions of Americans will take place almost immediately.

After President Obama signed this bill into law, small businesses immediately got a tax cut to help defray the cost of providing insurance to their employees. Within 3 months of the signing yesterday, the bill will allow people with preexisting conditions to access a special fund to help cover the gap until insurance exchanges, where they can obtain coverage, become operational. And retiree health plans will qualify for a reinsurance program to help lower cost. In October, the Federal Government will begin helping States set up agencies to help consumers choose new health plans or to challenge unfair decisions by their current insurance plan. Eventually, those agencies will help consumers enroll in insurance exchanges that will help millions of people find dependable coverage that meets minimum quality standards at a price they are more likely to afford. Within 6 months of the President's signature yesterday, insurance reforms will begin to take hold. New health plans will be required to let women see an OB/GYN without seeking insurance company approval. They will be prohibited from denying coverage to children based on preexisting conditions and required to allow children to remain on their parents' policies until age 26. Insurance companies will have to provide preventive care without copays or deductibles, and they will be barred from setting lifetime coverage limits. Those historic improvements in our health care system will take place within the first 6 months after enactment of this legislation.

More sweeping changes will come with full implementation of this bill's provisions. We will protect Americans of all ages from denial of coverage based on preexisting conditions, from annual limits on treatment, from exorbitant out-of-pocket costs, and from confusing and opaque language that disguises the cost or the scope of coverage. We will even require insurers to give customers a rebate if those insurers don't spend enough revenue on patient care. We will fill the Medicare

doughnut hole that hurts many seniors.

At its heart, this bill and its improvements in this reconciliation effort aim to tackle the central problems of our health care system—rising costs and the insecurity many Americans rightly feel about the lack of dependability of their insurance.

The cost of health care already exceeds the ability of many American families to pay, will price more and more families out of the system if it continues to rise, and will present enormous problems for the Federal budget if not contained. We can and we will make the health insurance system work for those who already have coverage by holding down those unsustainable increases in premiums. In ways large and small, we attempt to tame this beast that threatens to swallow family budgets and our Federal budget.

How are we going to do this?

I ask the Chair how many minutes I have remaining.

The ACTING PRESIDENT pro tempore. The Senator has 5½ minutes remaining.

Mr. LEVIN. I thank the Chair.

Mr. President, even though health care experts believe these measures are going to help lower costs for families and the government, the CBO is not even taking into account the savings which will come into existence by ending wasteful subsidies to insurance companies using Medicare Advantage, by requiring Medicare Advantage to spend at least 85 percent of revenue on benefits, and by other kinds of savings. Some of those savings cannot be figured out precisely by the Congressional Budget Office. So they are prudent. They don't even take those savings into account. But what they do, obviously, take into account and do count are savings which will lead to $140 billion for the Federal budget in the first 10 years and $1 trillion over the next decade. Those savings are real savings. Those are savings which they can figure out and cost.

We are going to subject investment income of the Nation's wealthiest families with incomes over $250,000 to the Medicare tax. We are going to impose a moderate Medicare tax increase on those who have that kind of earned income, over $¼ million.

This bill cracks down on artificial financial structures. I commend the Finance Committee, Senator BAUCUS and his colleagues. They are cracking down on artificial financial structures with no economic substance whose only purpose is to allow their users to avoid taxes. The Finance Committee has struggled with that issue for years. They have been trying to do this for years. They have succeeded. We pick up an awful lot of revenue that is owed to Uncle Sam by ending this kind of loophole which has allowed wealthy individuals to avoid paying taxes through the use of artificial financial structures that have no economic substance, whose only purpose is to avoid paying income taxes.

We will take an enormous step with the passage of this reconciliation bill, joined with the bill the President signed yesterday. Leaders of our country—from Franklin Roosevelt to Harry Truman, Richard Nixon to Ted Kennedy—have fought so hard for these kinds of reforms. We are finally going to provide health insurance to millions of Americans who do not now have it, and we are going to protect those workers who Teddy Roosevelt warned nearly 100 years ago were in jeopardy unless every American had health insurance.

Opponents of reform are vocal. They are strident. We are going to hear amendment after amendment being offered in an attempt to derail this effort. I hope our colleagues will answer history's call and make the real and lasting changes these bills provide, which will improve the lives of our citizens in ways we have been struggling to do in this Senate for decades and long before many of us got here.

To those who continue to oppose reform, let me ask some questions. Isn't it long overdue to end discrimination based on preexisting conditions? The American people believe we should. So do I. Isn't it long overdue to end the insurance industry practice of rescissions, the denial of coverage to those who paid for it? The American people believe we should, and so do I. Should we not do something about the thousands of Americans who are forced into bankruptcy because of health expenses even though they have insurance they thought would protect them? The American people believe we should, and so do I. Should we not take strong steps to rein in enormous, ever-growing health care expenses, expenses that threaten to put health care out of reach for more and more Americans and to bankrupt our Nation? The American people believe we should. So do I. And should we not clear the way for 32 million Americans who do not now have health insurance to obtain it? The American people believe we should, and so do I.

I hope we will join together this week and do what so many before us have tried and been unable to do—to reform a system that leaves so many of our fellow citizens in jeopardy. I urge approval of this bill, this essential reconciliation bill, passed by the House as part of a package of historic legislation to finish the task of bringing landmark change to American health care.

I yield the floor.

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

Mr. BAUCUS. Mr. President, I ask unanimous consent that Senators WARNER, BEGICH, BURRIS, TOM UDALL, MARK UDALL, SHAHEEN, and MERKLEY be allowed to engage in a colloquy for up to 25 minutes.

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

The Senator from Virginia is recognized.

Mr. WARNER. Mr. President, as we approach the end of this long journey, at least the end of the first step of this long journey, I and a number of my colleagues are going to come one more time to the floor to engage in a conversation for a few moments about what this health care bill will mean to our constituents and to the people of the United States. We are going to talk about some of the causes of how we got here and some of the consequences of what would happen if we don't act. At the end, I will add some comments about how we make sure we implement this bill in the appropriate fashion.

Recognizing that the hour is late and colleagues have other business, I first ask my good friend, the Senator from Illinois, Mr. BURRIS, if he would like to give a brief recap of why he has been such a firm supporter of this legislation and why he thinks this bill is so important, not only to the people of Illinois but to the people of the United States.

Mr. BURRIS. Mr. President, I thank Senator WARNER. I compliment him for his leadership in getting the freshmen engaged and involved in making sure we are getting the message out to the American people.

This piece of legislation, which was signed yesterday by President Obama, is historic. I am proud and appreciative that I had the opportunity to play a part. As you know, my position was for a very strong public option. But as to the issues that are in it, we deal with cost and accountability for the insurance companies. Therefore, it is a major piece of legislation which we want the public to understand.

We want the public to understand that for some people this law takes effect immediately. Small businesses benefit in that they will get a tax credit right away. These tax credits can total as much as 35 percent of total premiums. Secondly, for children there will be no elimination for preexisting conditions. Within the next 90 days, these provisions will kick in on behalf of children. So there are a lot of things in this bill that will benefit all of us.

We have been trying to do this for over 97 years.

I say to my colleagues on the other side, the reconciliation bill is important to make some corrections. The battle they are waging, not from the standpoint of policy but certainly from the standpoint of politics, seeking to make a failure out of this issue, is not really fair to the American people. The misinformation that has been going out about this legislation is not fair.

Not only are we going to see immediate benefits, but the long-term benefits of this legislation are also helpful. Situations dealing with preexisting conditions—in 2014, that will kick in. I remember when my daughter was changing jobs, she needed to get insurance because she had a headache problem. They wouldn't insure her. I had to

battle to get insurance for my daughter.

This is good legislation. It is history. I want the American people to know that it is on the books, and we are going to make necessary corrections. The people will go forward.

I thank my colleague from Virginia.

Mr. WARNER. I thank Senator BURRIS for his comments. I know how hard he fought for this legislation, since day one.

This legislation is going to have wide-ranging effects for people from all across the Nation.

I now know my colleague, the Senator from North Carolina, wishes to speak. North Carolina and Virginia are neighbors. We both share a number of small businesses. We have a vibrant entrepreneurial flavor in Virginia and North Carolina. I know Senator HAGAN has been concerned not only on the overall aspects of health care but particularly how this health care bill is going to affect small business in her State.

I wish to now ask Senator HAGAN to tell us how this bill will affect people in North Carolina.

Mrs. HAGAN. I thank Senator WARNER. I too appreciate the time for us to come down here and talk about the need for health care reform. The bill that was signed into law yesterday is getting us on that track.

The new and historic law, combined with the bill we are now considering in the Senate, is going to reform our health care system to reduce costs and improve patient care for those families in North Carolina and in Virginia and families across America.

In 1996, the average premium in North Carolina for a family of four was $6,000. Today it is $12,000. It is projected, in 2016, to be 24,000. People cannot afford that. That is why we need to have change.

After decades of working to fix a broken health care system, this law controls exploding costs, increases access to health care, and reduces our long-term deficit, which I know we are very concerned about, by as much as $1.2 trillion over the next 20 years.

But in addition to containing costs, health care reform will improve access and quality of health care for millions of Americans. Right now, in North Carolina, we have 1.7 million people without insurance. They will now have access to a family doctor.

This bill provides immediate benefits to small businesses, middle-class families, and seniors in North Carolina. The small business owners whom I talk to want to provide coverage for their employees, but the costs are prohibitive.

This month, I received an e-mail from a small chiropractic practice in eastern North Carolina that had to drop its health plan for its employees because the rates doubled over the last 2 years. But starting today, 112,000 North Carolinian small businesses will be eligible for tax credits to provide health care to their employees.

Within the next 6 months, hard-working, middle-class families will be able to add their children up to the age of 26 on their health care plans. This will benefit about 870,000 young adults in my State.

This year, insurance companies will no longer be able to deny coverage to a child for a preexisting condition, such as asthma or diabetes. And it means insurance companies will no longer be able to drop your coverage because you get sick or because you file too many claims.

In North Carolina, 1.4 million seniors will receive preventive services with no additional costs, and 250,000 seniors will have their drug costs in the doughnut hole immediately reduced and eventually eliminated.

I am proud of these immediate benefits and our efforts to reform the health care system over the long term. The health care reform effort would not have been possible without the work of tenacious Capitol Hill staffers. I personally want to thank two incredible health care staffers on my team, Michelle Adams and Tracy Zvenyach, who worked countless hours for reform in our country.

Mr. WARNER. I thank Senator HAGAN. I appreciate her leadership on this issue. Again, I also appreciate her recognition of not only the Members who have been struggling with the bill for almost a year, but the staff members who help us put together the facts, put together the case studies, who help us crunch the numbers, as we try to make sure we get this right.

I now want to call on my friend, the Senator from Alaska. One of the things the freshmen have always said, as we have come to the floor over these months—as we have pointed out—is that the price of doing nothing is extraordinarily high to our economy, to our families, to our businesses, and that the status quo is not sustainable.

I know this has been a theme Senator BEGICH has echoed repeatedly on the floor. As we come to the closing hours of this debate, if you could share with us one more time why you think the status quo is unacceptable. What is the price of doing nothing? How would that affect the people and businesses in the great State of Alaska?

Senator BEGICH.

Mr. BEGICH. I thank the Senator. Thank you again for your leadership, and especially as the freshmen group worked on the cost containment piece of this legislation. That was an important part we will see for many years to come.

Over the next few days we are focusing on making a good bill a little bit better. Yesterday, the President signed the landmark legislation moving health care reform into law. So over the next few days, again, we are going to work on making that bill a little bit better. You are going to see clearly the differences. You are going to see our side of the equation has worked hard on this legislation. Those who voted for health care reform are on the side of American families, not on the side of the insurance industry. We are on the side of seniors who will see lower prescription drug costs—because reform is going to work in that direction—not on the side of big drug companies. We are on the side of American small business—not business as usual.

I was truly proud to vote for and help pass that legislation last December. But as mentioned already this morning, there are many benefits that occur right now, this year. This year, for example, there is help for small businesses. As you just heard, immediately, firms with fewer than 10 workers get a tax credit worth 35 percent of what they will spend now on health insurance. It will eventually ramp up to a 50-percent tax credit, and firms with up to 25 workers will get a partial credit. For small businesses—truly the backbone of the Alaska business community and this country's business community—that is an immediate benefit.

Coverage for preexisting conditions: Within 3 months, people with preexisting conditions and no insurance will get help. A $5 billion fund is being set up to provide them with affordable coverage.

Coverage for dependent children: Within 6 months, parents will be able to extend their policies to cover their dependent children up to the age of 26.

Some of these points you have already heard, as I said, this morning, but it is important to repeat them because I think in the noise over the last year and a half a lot of it got lost.

Another—a very important one—free preventive care: Within 6 months, all insurance plans must provide free checkups. This includes seniors on Medicare. And there is much, much more when you look at this legislation.

For my own State, the bill addresses many specific concerns I have heard in Alaska. It includes several of my amendments, including a panel to improve Federal health care in Alaska, increased loan forgiveness for thousands of new primary care providers, and added funding for community hospitals.

We also, as a team of freshmen, wrote a cost containment amendment that cuts prices for consumers, increases value and innovation in the health care system and, as mentioned earlier—let's not forget—it is a deficit reducer: in the first 10 years, $143 billion, and in the next 10 years, $1.3 trillion in deficit reduction.

This bill is paid for—paid for. These are many of the improvements. Again, these improvements will save lives; add 32 million people, those uninsured—making sure they have coverage—save seniors on prescription drug costs by closing the doughnut hole; save families, by providing tax relief to help them afford health care; and crack down on waste and fraud.

It has been an enormous time in this last year and a half working on this. But I also want to say, the next 3 days

will also be tedious and confusing to the public because what you will see on the other side is every imaginable amendment we would love to see—many of them we probably would love to vote for. I am not voting for any of them because the whole tactic is to delay the delivery, to ensure that people who want a family doctor will not get one, to protect the insurance companies instead of what we are trying to do to make sure people get a fair shake from their companies. So you are going to see that over the next 3 days.

I think what is important for us is to remind Americans—Alaskans in my State—why this bill is important. It helps small business, families, seniors. It does it now. It is important. It is important for us to get it done. But do not be fooled by the next 3 days on what goes on this floor.

We have passed health care reform. All we are doing now is making a good bill better.

I thank the Senator from Virginia.

Mr. WARNER. I thank the Senator. Thank you for your comments. Thank you for your leadership, particularly on a series of freshmen amendments that dealt with cost containment. And if time exists after my colleagues speak, I am going to go back to that issue.

But I now want to ask my good friend from Oregon a question. No one has come to this body with more passion about making sure working families get a fair break, not only in health care but in the world of financial reform and issues that cut across the spectrum. I know one of the issues Senator MERKLEY has worked on tirelessly throughout this whole conversation is how to make sure the Oregon families get that fair break, get that fair shot, how to make sure health care is affordable.

I would like you to share with our colleagues and those Americans who are at home watching what this health care bill does to help those middle-class Americans, middle-class Oregonians to make sure they get that fair shot, fair break in health care reform.

Senator MERKLEY.

Mr. MERKLEY. I thank the Senator so much. It is a pleasure to come here with my colleagues on the floor.

I know when all of my colleagues go home, they hear stories from their constituents about our broken health care system. That certainly is what I hear. I hear it in my townhalls. I hear it on the street, as people stop me and share their story. And I certainly hear it in my mail.

I have in my hand a few of the stories citizens in Oregon have sent to me. To give you a sense of the type of frustration we are hearing, Don writes:

> Last year my premium went up 65 percent even though I've made no significant claims against my policy.

Or we can turn to Jane, who says:

> . . . we are subject to being turned down for health insurance [because] I have a chronic illness. . . .

Or we can turn to Adrienne, who observes:

> The medical debt was crushing, and we were forced to file for bankruptcy.

Or we can turn to Amanda, who says:

> My daughter cut her finger. I took her to emergency, the hospital is a network provider. The ER Physician said she needed surgery. Okay, what do I know, they are the experts. It turns out that the Surgeon is not a network provider. She bills [me] over $9,000.00. . . .
>
> . . . I have little hope. Do I file [for] bankruptcy?

Or we can turn to Art, who says:

> In less than 5 years, I had to change my health insurance 5 times. It was never a matter of choice; I simply had to take whatever plan my employer decided to offer.

Or Dagne, who observes: When I started to fill out my insurance form, I had ''Questions such as 'Have you ever had . . . '''—for instance, I had asthma.

And he goes on to describe his challenges. And the list goes on and on and on. That is why we are in this health care dialog. Because we need to fix our health care system that is broken for working Americans.

The bill we have passed and the President has signed has three terrific provisions. It creates State-based markets for health care policies, where consumers can shop for the best policy. These markets will increase choice and competition. Second, the bill ends insurance company practices that victimize our working families—practices such as turning people down for preexisting conditions or dumping them off of their policies when they are injured or when they have a disease. And, third, it invests in our provider workforce to counter the rapid retirement of baby boomers. Out in Oregon, we are going to lose 20 percent of our primary care physicians in the next 5 years, while many of us, as baby boomers ourselves, are going to need more health care.

So those things are huge challenges. This bill takes a stride that is very significant, and this week we will work to pass—with an up-or-down vote—a bill that will make further improvements to the bill the President signed yesterday.

I am pleased to join my colleagues in this fight to repair a broken health care system that is not working for our working citizens.

Thank you.

Mr. WARNER. I thank Senator MERKLEY. Thank you for sharing those stories from real folks who are dealing with the current broken health care system. There are enormous stress, challenges, and burdens that our current system places on those families. I think we are taking a giant step forward. The President already has by signing into law the bill yesterday. We will continue that step with passing this reconciliation bill later this week.

I now wish to call on another one of my colleagues, Senator TOM UDALL of New Mexico. Senator UDALL has, again, along with all the other freshmen colleagues, been a leader in this fight. He has particularly taken on the issue of prevention and the fact that we have a health care system in this country that is more a sick care system than it is a wellness and prevention system. I want to hear from Senator UDALL about how the bill is going to affect the good folks of New Mexico.

Senator UDALL.

Mr. UDALL of New Mexico. Mr. President, I thank Senator WARNER for leading us and pulling us together in this freshman effort. It has been a pleasure to work with all of my fellow freshman Senators on the floor again and to join them right now. Last fall, we gathered right here in this Chamber to fight for health care reform. As a group, we helped lead the charge to make quality, affordable health care accessible to all Americans. Yesterday, the change we have been fighting for became a reality. With President Obama's signature, health care reform is now the law of the land.

This moment has been a long time coming. Teddy Roosevelt first called for health care reform nearly a century ago. His banner was taken up by a long and distinguished list of men and women who advocated for change. For too many years, New Mexicans, like Americans across the country, have struggled to find or afford health insurance. They have struggled to hang on to policies that get more and more expensive and more and more restrictive every day. With this reform, all of that begins to change.

No longer will insurance companies be able to discriminate based on preexisting conditions. No longer will they be able to dramatically increase rates without public scrutiny. No longer will 32 million Americans worry every day about what would happen to their families if they get sick or are in an accident. I am proud to have fought for and voted in favor of this historic legislation.

This reform will benefit all Americans, including our country's First Americans, the 1.9 million American Indian and Alaska Natives who have spent too many years suffering because the federal government hasn't lived up to its promise to them.

With this reform, we begin meeting our obligations to Native Americans by reforming the Indian health care system and permanently reauthorizing the Indian Health Care Improvement Act. This law, which provides a framework under which health care programs for Native Americans are delivered, hasn't been reauthorized in more than 10 years. As a result, American Indian and Alaska Natives are three times as likely as whites to be uninsured, and almost half of low-income American Indians and Alaska Natives lack health coverage.

With this reform, no longer will Native Americans be forced to suffer needlessly. No longer will they have to go without treatment for chronic conditions like diabetes and heart disease.

No longer will they have to put off basic care like colonoscopies or cholesterol screenings.

I say again, today is a new day for health care in America. I am proud to have fought for, and voted in favor of, this historic legislation.

Yesterday, we began taking back control of our own health care. Today, the journey continues. I pledge to continue fighting every day to ensure New Mexican families and small businesses have the security and stability that comes with access to quality, affordable health care.

The reason I have fought so hard for reform is simple. For my constituents, the status quo is not an option. So it is the people of New Mexico I wish to talk about today. They are the reason I stand up every day and fight for comprehensive reform.

People such as Katheryn Whitesides—Katheryn lives in Clayton, NM. We met last year when she attended one of my health care townhalls. Katheryn worked hard all her life. She had affordable insurance through her employer. But since she retired, Katheryn's health insurance premiums have risen dramatically from $110 a month when she was working, to more than $800 a month today. Katheryn's insurer recently denied a claim for a treatment she received. Now, on top of skyrocketing monthly premiums, she also owes about $4,000 in medical bills. That is more money than she receives from 5 months of pension payments.

As Katheryn herself said:

It's unsustainable for me. And I know I'm not the only one. I'm just looking for some relief—not just for me, but for all those people coming behind me.

To folks such as Katheryn, I say: Relief is coming. This reform will make health insurance more affordable by placing caps on out-of-pocket medical expenses. It will make it more affordable by providing premium assistance through tax credits for low- and moderate-income families.

I am fighting for New Mexicans such as Katheryn, and I am also fighting for New Mexico's small business and for entrepreneurs such as Arvind Raichur. Arvind has owned a small business in Albuquerque for more than a decade. As the boss, he has made it a priority to provide his employees with good benefits. For years, he paid 100 percent of his employees' health care premiums, but he is not sure how much longer he will be able to do that and stay afloat. You see, for the past few years, Arvind's insurer has increased his company's health care premiums by between 30 and 40 percent every year, and there is nothing Arvind can do about it.

As Arvind said:

We've got no bargaining power. We've got no leverage. I'm insuring maybe a dozen people at my company here. It's very hard. The insurance companies give you a 30 or 40 percent increase and that's what you get. . . . It's too big a bite.

To small business owners such as Arvind and their employees, I say: Relief is coming.

This reform will help small businesses by making it more affordable for them to offer coverage for their employees. We do this by providing tax credits for up to 50 percent of premiums and by creating small business health exchanges to build a larger employee pool.

In New Mexico, the vast majority of our insured are employed, but they and their employers can't afford coverage. These new tax credits will help our small businesses provide insurance for their employees at a cost they can afford.

For hardworking New Mexicans like Katheryn and for small business owners like Arvind, health care reform can't come fast enough. Katheryn and Arvind can't afford the health care status quo. Katheryn and Arvind are the reason I stand here today. To my friends on both sides of the aisle I say: Let's get this done.

I am proud to be part of this body as we cast our final votes in favor of this landmark reform. With this final vote, we will finish this leg of the race. I look forward to building on this solid foundation in the coming months and years.

I yield the floor.

Mr. WARNER. I thank Senator UDALL. I know our time is running out; just a final comment I wish to make.

As many of my colleagues know, I had the honor of serving as Governor of Virginia before becoming a Senator. I think one of the differences between an executive and a legislator is, as a former executive I realize that passing the bill is just the first step. What happens is going to be in the implementation afterwards.

The appeal I would make, particularly to my colleagues on the other side, is, I agree with some of their points that we don't go far enough on cost containment, but there are a lot of things in this bill where we grant the Secretary the ability to start experimental programs—on cost containment, on bundling of payments. How this bill is implemented is going to be where the rubber hits the road. I, for one, believe there is more we can do around this issue of cost containment, and I hope in the coming weeks and months, rather than being for repeal, they would join with us in finding that common ground to make this legislation even better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I wish to let Senators know that we intend to alternate blocks of time, roughly a half hour on each side. So I ask unanimous consent that the next half hour be under the control of the Republicans and the half hour thereafter be under the control of the majority.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Florida.

AMENDMENT NO. 3586

Mr. LEMIEUX. Mr. President, I ask unanimous consent to temporarily set aside the pending motions and amendments so that I may offer an amendment which is at the desk.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Florida [Mr. LEMIEUX] proposes an amendment numbered 3586.

Mr. LEMIEUX. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To enroll Members of Congress in the Medicaid program)

At the end of subtitle C of title I, add the following:

SEC. 1207. MEMBERS OF CONGRESS REQUIRED TO HAVE COVERAGE UNDER MEDICAID INSTEAD OF THROUGH FEHBP.

(a) IN GENERAL.—Notwithstanding chapter 89 of title 5, United States Code, title XIX of the Social Security Act, or any provision of this Act, effective on the date of enactment of this Act—

(1) each Member of Congress shall be eligible for medical assistance under the Medicaid plan of the State in which the Member resides; and

(2) any employer contribution under chapter 89 of title 5 of such Code on behalf of the Member may be paid only to the State agency responsible for administering the Medicaid plan in which the Member enrolls and not to the offeror of a plan offered through the Federal employees health benefit program under such chapter.

(b) PAYMENTS BY FEDERAL GOVERNMENT.—The Secretary of Health and Human Services, in consultation with the Director of the Office of Personnel Management, shall establish procedures under which the employer contributions that would otherwise be made on behalf of a Member of Congress if the Member were enrolled in a plan offered through the Federal employees health benefit program may be made directly to the State agencies described in subsection (a).

(c) INELIGIBLE FOR FEHBP.—Effective on the date of enactment of this Act, no Member of Congress shall be eligible to obtain health insurance coverage under the program chapter 89 of title 5, United States Code.

(d) DEFINITION.—In this section, the term ''Member of Congress'' means any member of the House of Representatives or the Senate.

Mr. LEMIEUX. Mr. President, I rise in support of the amendment I am offering today.

I wish to thank my colleague from Virginia who asked us to think about the practical aspects of this health care reform. I just listened to my freshman colleagues on the Democratic side talk about all of the good things, in their opinion, this bill is going to do. There is one thing I didn't hear them speak about. I didn't hear them speak about the fact that half of the new people who are going to be covered by health care in this country—some 16 million of the 30-some million who

have the opportunity for health care under this law—are going into Medicaid.

The practical impact my friend from Virginia asked us to think about is that our States right now are finding themselves in bankruptcy, realistically, because of the obligations of Medicaid. Our States, unlike the Federal Government, have to balance their budgets. Medicaid is a program that the States pay some 50 percent of, and they can't make it work. We are finding out in Florida right now that this program—this new law—will cost Florida $1 billion in the next 10 years. Because they balance their budget and because they can't print money, that means the dollars will go away from teachers, away from students, and away from police.

The point I wish to make today and the amendment I am offering is this: Several times, as I have been on the floor and heard from my Democratic colleagues, they have made this point: Why shouldn't the American people have the same health care that we in the Congress enjoy? Why shouldn't they, as do all Federal employees, be able to pick from a comprehensive and rich plan of benefits in order to take care of their health and the health of their families?

That is a good point, but what is going to happen to these 16 million new Americans? They are going to go on Medicaid. That is not the plan we have. That is not the rich benefits the Members of Congress enjoy. Medicaid—health care for the poor, which will now have some 50 million Americans in it after these 16 million join it—is a program in crisis. It is a program that is failing.

Let me give my colleagues some real examples. Right now we know patients on Medicaid can't find doctors who will treat them. We know in California, for example, 49 percent of family physicians do not participate in Medicaid.

I entered this document into the RECORD last week. On March 17 the Seattle Times reported that Walgreens will no longer take new Medicaid patients in the city of Seattle. On March 15, the New York Times reported about Mrs. Vliet. She is in Flint, MI. She has cancer. For 2 years she has been receiving treatment, but now her doctor is dropping her from Medicaid. He says:

> But after a while you realize that we're really losing money on seeing those patients, not even breaking even. We are starting to lose more and more money, month after month.

All across America, health care providers are dumping Medicaid, and we are about to add 16 million new people. So I wish to take a page from my friends on the other side because they say the American people should have the same rich benefits we have.

What I am proposing today with this amendment is that 535 Members of Congress should have the same benefits as these 16 million new people and these 50 million Americans. Under this amendment, the Members of Congress will go into Medicaid. If it is good enough for 50 million Americans, it should be good enough for us.

So I have offered amendment No. 3586. It will require that the benefits that are paid for health care by the Federal Government for the 535 Members of Congress go to the State Medicaid agencies, and then we can all enjoy this program that 50 million people in America are struggling with. If it is good enough for 50 million Americans, it is good enough for Members of Congress.

I wish to call upon my distinguished colleague from Arizona whom I know wishes to speak on this issue as well.

Mr. MCCAIN. Mr. President, I ask unanimous consent to engage in a colloquy with the Senator from Oklahoma, the Senator from Florida, and myself.

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

Mr. MCCAIN. Mr. President, I strongly support the amendment. Let me also just for a moment point out where we are.

Where are we now that all the champagne has been drunk and all the celebration has gone on; the inside-the-beltway excitement has subsided along with the adoring media? Here we are: We have a budget deficit that is still $1.4 trillion. We still have 9.7 percent unemployment. Beginning right away we have $½ trillion worth of Medicare cuts that will take place over the next 10 years—$½ trillion beginning right away, $½ trillion worth of tax increases over the next 10 years.

Beginning in 4 years, $2.5 trillion in new health care entitlements spending begin. The plan still puts government in control. It still mandates that every American must purchase a government designed and approved health policy. It still mandates that employers have to provide health insurance or pay a fee, and 330,000 Medicare Advantage members in my State are going to be exposed to drastic cuts.

Fortunately, we took out one of the sweetheart deals so that now, at least the 800,000 who were carved out before in Florida will be subject to the same cuts. No one, no one, no one believes—the so-called doc fix—that the 21-percent cut in physicians payments for treatment of Medicare patients is going to happen.

You can put lipstick on a pig, but this is still a pig. I noticed the Senator from Illinois came to the floor this morning and said how great this is and how there is going to be real reductions in the deficit as a result of this legislation. I wonder what his response has been to one of the biggest corporations in the State of Illinois, Caterpillar, who sent him a letter saying:

> In our fragile economy, we can ill afford increases that place us at a disadvantage versus global competitors that are not similarly burdened.

They state:

> Elements of the legislation would drive up Caterpillar's health care costs by more than 20 percent, over $100 million.

The Senator from Illinois is sponsoring legislation that increases costs for one of the largest manufacturers and exporters in America that is going to increase their cost by $100 million. I wonder when he is going to go out and visit headquarters out there in Peoria. I hope it is soon.

The fact is, there are things in this legislation that are wrong, and there are things that are left out of this legislation that are wrong, including $100 billion a year that could be saved by medical malpractice reform. Is there anything in those 2,073 pages that have anything to do with medical malpractice reform? That is the dirty little secret. The dirty little secret in this body is that trial lawyers control the agenda, certainly as far as this legislation is concerned.

The State of Texas has reduced costs, has reduced premiums, and has increased the number of people who have been able to—lawsuit filings are down from defensive medicine increases for annual costs by 10 percent. Physician recruitment is up. The largest malpractice insurance company in the State has sliced its premiums by 35 percent, saving doctors some $217 million over 4 years in the State of Texas. And I would like to ask my friend from Oklahoma why in the world we would not enact medical malpractice reform if we are truly interested in reducing the cost of health care in America.

The Senator from Oklahoma and our other doctor in the Senate, Senator BARRASSO from Wyoming, can testify because of their experience of the requirement to practice defensive medicine, which could be as much as $100 billion a year. So here we are, looking at dramatic increases in cost, and the President is going around the country saying that insurance premiums will go down. Individual premiums will go up between 10 and 13 percent. You know, facts are stubborn things.

So I would ask my friend from Oklahoma if he might talk a little bit about not only what is in this bill but what is not in this bill, and medical malpractice reform is certainly something that anyone would logically assume would be part of any real reform if you are interested in reducing cost.

If you are interested in increasing government bureaucracy, I hear this bill could mean the employment or hiring of some 16,500 new IRS agents. We are trying to track down the facts behind that. So we are now embarked on one of the greatest expansions of government in the history of this country.

Mr. COBURN. I thank the Senator for his question. If you look at Thomson Reuters and several others who have studied the health care field, the estimate for defensive medicine costs is $250 billion a year. It is not just that we order tests that protect us from frivolous lawsuits, but those tests have consequences. Some of those tests actually hurt patients or expose them to radiation or, in fact, limit our ability

to do what is best for the patient because we are more interested in protecting ourselves.

Mr. MCCAIN. May I ask the opinion of the Senator from Oklahoma as to why he thinks there is no address of medical malpractice reform whatsoever in this legislation that has the slightest impact on reducing health care costs?

Mr. COBURN. I think there are two reasons. One is because there is large support of those who wrote this legislation by those who benefit from suing doctors. That is pretty straightforward. And the doctor's only defense is to order tests which they need but which the patient doesn't necessarily need. The second is because they couldn't get—or wouldn't put it in the bill because they knew it would pass and the American people would agree with it. You know, it is beyond me.

But let me go to the point of this current amendment. I have delivered somewhere over 4,000 babies, and 2,000 of those were Medicaid babies. Over half the babies I have delivered in my life I have cared for through Medicaid. The State of Oklahoma just cut, in February or March, Medicaid reimbursements 3 percent. They are going to cut it another 8 percent. Forty percent of the primary care doctors don't see Medicaid patients because the price that is paid for the coverage doesn't cover the cost, let alone any margin. It doesn't cover the cost of nurses, the rent, the malpractice, and everything else.

The second point is, of the specialists who are available, 65 percent of the specialists in this country won't see Medicaid patients. So when I am taking care of Medicaid patients, I have trouble finding somebody better than me in a specialized area to care for my patients.

What is the other thing we know about Medicaid? Even if you normalize for social factors, their outcomes are worse. The cost in terms of the number of procedures, the failure of therapeutics—all are worse.

So why is this a good idea? It is not just a political stunt. If Members of Congress are enrolled in Medicaid, the first thing that is going to happen is Medicaid and reimbursements are going to go up so that the availability of the finest and the best and the brightest in this country is available to Members of Congress. So it is not just a stunt to say we put our membership in Medicaid; it is a very important ulterior motive to improve Medicaid.

Think about it. If you are one of the 16 million people who are going to get health care under Medicaid, supposedly, in this bill—and I doubt that seriously, simply because we are going to see a marked decrease of 50 or 60 percent of doctors who won't see them—think about what is going to happen: You are not going to be able to find a doctor. You may have coverage, but you won't be able to get anybody to care for you. Is that coverage? Is that care? Is that prevention? Is that management of chronic disease? No. None of that will happen.

So the whole idea of placing us in a leadership position into Medicaid is so that we will lead and fix it and make it what it should be. There is only one health care system worse in America than Medicaid, and that is the Indian Health Service. That is the only one that is worse. Everything else outside of those two programs is better. So why would we consign 16 million Americans to a health care program that is failing today? So the way to fix that is to put us into it. And I guarantee you, the self-interests of the Members of Congress will fix Medicaid and make it what it should be.

With that, I yield back to the original author of the amendment.

Mr. LEMIEUX. I thank my friend and colleague from Oklahoma.

How could anyone in this body not vote for this amendment? Why should we have better health care than the 16 million people whom we are going to put into Medicaid, and now will be 50 million Americans? Why should we have it better? Why should we have a gold-plated premium health care plan?

Look, I have a family of five. We are going to have a baby any day—could be today—so it will be a family of six. I pay $400 a month on the government program—$5,000 a year. Could I get that in the marketplace? Of course I couldn't. There is a doctor here in the Capitol, a whole staff of them, anytime I want to see a doctor. I get fantastic health care as a Member of Congress.

Why shouldn't we have the same health care we are subjecting 15 million new Americans to and 50 million Americans in total? As my friend from Oklahoma says, certainly won't that make the point to us that this health care system is failing? What will happen when a Member of Congress tries to find a doctor and can't find a doctor who will take him? What is going to happen when he tries to find a specialist and no specialist will take him? You don't hear our friends on the other side talking about the fact that half of the people getting coverage under this legislation are going into a failing system. That is not one of their talking points, but it is the truth. So I challenge my friends who say that they should walk among the least of us to vote for this amendment.

I want to turn again to my colleague from Arizona. He and I have expressed our distress about this bill for lots of reasons, but a specific reason is that we both represent States with lots of seniors.

We have this Medicare Advantage Program that is going to get $200 billion cut out of it. That will really affect our two States. So I wonder—and I would ask my colleague, the distinguished Senator from Arizona, to speak on this issue—how is this going to affect seniors in Arizona when we are raiding Medicare to start this new program?

Mr. MCCAIN. I thank my friend from Florida. The fact is, Medicare Advantage is a program that provides seniors with choices. That is one of the reasons it is a major target of the other side—because it doesn't fit in, then, with the government mandates this whole bill embodies. So I am worried about the 11 million Americans who have the Medicare Advantage Program.

I would like to refer my colleagues to an article—I know the Senator from Utah is waiting, if he would just give me another minute or so here—today in the Wall Street Journal titled ''Now, Can We Have Health-Care Reform?'' And I want to quote from part of it, as follows:

> Health insurers, and indeed Corporate America as a whole, are like monkeys who are caught by staking a glass jar to the ground with a shiny trinket inside. They won't let go so they can't get their hands out of the jar. That trinket is the ruinous and regressive $250 billion-a-year tax benefit for employer-provided insurance.

That is the elephant in the room, my friends.

> Corporate America isn't brave enough to argue against a direct subsidy to its employment costs, no matter how perverse its impact in insulating consumers from the true cost of their health care choices. Insurers are not brave enough to say: Give us a tax code that lets us go back to being insurers rather than a tax laundromat for the middle class's health care spending.
>
> Almost any bill would have been worth having that fundamentally fixed this tax distortion, regardless of its other elements.
>
> We say this because any bill, including the one signed by the President yesterday, will be revisited many times in the future. Millions of pages of rules will be written by regulators before we see how it really works. Congress itself will return in predictable ways: It will reverse the proposed Medicare cuts that created ObamaCare's illusion of fiscal probity. It will tighten the mandate that requires insurers to cover the sick at favorable prices. It will not tighten the requirement that the young and healthy buy insurance at prices that subsidize the old and unhealthy.
>
> More and more tax money will have to be found to keep the jalopy on the road. More and more administrative controls on medicine will attempt vainly to keep the jalopy from bankrupting the Nation.
>
> Under the law just signed, employers have even more incentive than they did yesterday to lavish excessive health insurance on their high-end employees.

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

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

[From the Wall Street Journal, Mar. 24, 2010]

NOW, CAN WE HAVE HEALTH-CARE REFORM?

(By Holman W. Jenkins, Jr.)

A certain kind of person—we get emails from them all the time—understands exactly nothing about the health-care debate, but thinks they know who the villain is: the insurance industry.

Barack Obama is not one of them. In the desperate hours he played to public ignorance. But from the beginning, the industry was his ally because he set out to solve its

biggest problem—which is not the same as America's biggest problem.

We'll let Angela Braly, CEO of insurer WellPoint, take the story from here. She was recently hauled before Congress to justify her company's proposed 39% rate hike in California. She explained the source was two-fold: rising medical costs and healthier customers dropping their coverage, forcing the sick to pick up the tab.

Now this sounds like two problems, but for WellPoint and other insurers it's really only one problem. Once everyone is required by government mandate to buy insurance, the industry's survival is no longer threatened: It can just pass its skyrocketing costs along to customers. Once customers can no longer refuse to buy the industry's product, the problem of costs won't be fixed, but it no longer is the insurance industry's problem.

There, in that one sentence, we give you the failure of ObamaCare, the failure of the congressional health-care debate, the failure of health-care politics in this country.

Health insurers, and indeed Corporate America as a whole, are like monkeys who are caught by staking a glass jar to the ground with a shiny trinket inside. They won't let go so they can't get their hands out of the jar. That trinket is the ruinous and regressive $250 billion-a-year tax benefit for employer-provided insurance.

Corporate America isn't brave enough to argue against a direct subsidy to its employment costs, no matter how perverse its impact in insulating consumers from the true cost of their health care choices. Insurers are not brave enough to say: Give us a tax code that lets us go back to being insurers rather than a tax laundromat for the middle class's health-care spending.

Almost any bill would have been worth having that fundamentally fixed this tax distortion, regardless of its other elements.

We say this because any bill, including the one signed by the president yesterday, will be revisited many times in the future. Millions of pages of rules will be written by regulators before we see how it really works. Congress itself will return in predictable ways: It will reverse the proposed Medicare cuts that created ObamaCare's illusion of fiscal probity. It will tighten the mandate that requires insurers to cover the sick at favorable prices. It will not tighten the requirement that the young and healthy buy insurance at prices that subsidize the old and unhealthy.

More and more tax money will have to be found to keep the jalopy on the road. More and more administrative controls on medicine will attempt vainly to keep the jalopy from bankrupting the nation.

Under the law just signed, employers have even more incentive than they did yesterday to lavish excessive health insurance on their high-end employees. They have less incentive to cover low-end workers, or even hire them.

For the young, healthy or anyone not stumbling into a giant tax handout, buying insurance at the inflated prices available in the marketplace would be an even crazier financial decision today than it was yesterday—because now you can wait and buy it when you're sick.

For insurers, the check is in the mail: So watered down is the individual mandate that it must accelerate the industry's death spiral if not for the massive subsidies the government now has obliged itself to provide to keep the industry afloat and allow insurers to continue scalping their 15% off the top for serving as gatekeeper to a tax loophole.

When all is said and done, with unerring accuracy, ObamaCare has ended up doubling down on the system's existing perversities. The one thing it doesn't do (though it would be perfectly consistent with the Democratic goal of universal access) is incentivize a health-care marketplace based on competition in price and quality.

A world-class hospital in India does heart surgery the equal of any heart surgery in America, but does so at one-tenth the cost (and increasingly attracts a world-wide clientele). The reason is not what you think: low-paid doctors and nurses. The reason is that competition works in medicine as it does in everything else when the patient cares about getting value for money. This is the great low-hanging fruit of health-care reform. It continues to hang.

Mr. MCCAIN. Mr. President, I thank my friend from Utah for his indulgence.

The other side is going around the country right now telling the American people things that simply are not correct, including the fact that these budget projections we know are patently false, not because CBO gave us false numbers but because the assumptions were wrong. One of the biggest assumptions—and we will be talking about this more—is the so-called doc fix. Is there anyone who believes we are going to have a 21-percent cut in Medicare physician payments this fall?

I would ask my friend, the Senator from Utah, who is very familiar with this issue—I know he has an amendment, but this is one of the reasons Americans are so angry. They know they are not going to cut doctors' payments from Medicare by 21 percent, and that is a fundamental part of the assessments as to the cost by CBO. It is a sham perpetrated on the American people.

So I would say to my friend from Florida and my friend from Utah, we will be back on the floor probably this fall sometime or early next year, and we will be talking about the fact that this doc fix—the doctor payments provision of health care for Medicare enrollees—was not cut 21 percent, as the other side is telling the American people that it will be. It is not fair to the American people, I would say to my friend from Utah.

Mr. HATCH. I agree with my friend from Arizona, no question.

MOTION TO COMMIT

Mr. HATCH. Mr. President, I ask unanimous consent to set aside the pending motion to offer a motion to commit.

The PRESIDING OFFICER. Without objection, the clerk will report.

The legislative clerk read as follows:

The Senator from Utah [Mr. HATCH] moves to commit the bill H.R. 4872 to the Committee on Finance with instructions to report the same back to the Senate within 1 day with changes to strike all cuts to the Medicare Advantage program and add an offset if the Department of Health and Human Services' actuary certifies that 1,000,000 or more Medicare Advantage beneficiaries, American seniors, and disabled individuals, will lose their current Medicare Advantage coverage or plan benefits.

Mr. HATCH. Mr. President, before I discuss my motion to commit to protect the Medicare Advantage Program for more than 10 million seniors, I would like to take a few moments to discuss the broader issue of health care reform.

To be honest, we have never seen anything like the issues facing our country right now. We are at a pivotal point as a Nation. The line between private businesses and public government has never been so blurred. Government effectively owns several of our Nation's financial institutions, insurance companies, and auto manufacturers. CEOs have been fired by government bureaucrats, and Washington is now in the business of running our health care system more than ever before.

Our fiscal outlook is bleaker than ever. According to the recent 10-year outlook by the Congressional Budget Office, the CBO, the current administration's policies would add $8.5 trillion to our already record national debt. The report also confirmed that we would be facing a record deficit of $1.5 trillion this year, along with a dire prediction of our deficits only getting worse after 2015 and beyond.

Let me put this in perspective. Our deficit this year is the largest yearly deficit since 1945. It is 10 percent of our entire economy. Our national debt is on a path to double in the next 5 years and triple in the next 10 years. According to CBO, our national debt will explode to $20.3 trillion by 2020 or 90 percent of our GDP. We are literally drowning the future of this Nation and the future of our kids and grandkids in a sea of red ink.

I deliver these remarks with a heavy heart because what could have been a strong bipartisan bill reflecting our collective and genuine desire for responsible health care reform turned out to be an extremely partisan exercise resulting in one of the largest big-government spending bills being signed into law yesterday. We are jamming through another 153-page addition of new taxes and spending.

Recent polls show that a majority of Americans remain concerned and skeptical about all the promises of reduced deficits and lower costs under this legislation. Why? Because they know there is no such thing as a free lunch, especially when Washington is the one inviting you over.

According to the administration's own Actuary at the Centers for Medicare and Medicaid Services, CMS, the health care bill signed by President Obama yesterday will actually raise our total health care spending by $222 billion over the next 10 years. That does not even include the doc fix the distinguished Senator from Arizona was talking about, which is as much as $371 billion more.

But the most cynical joke played by Washington on the American people in this entire exercise has been the promise of this $2.5 trillion tax-and-spend bill actually reducing our deficit. Nobody believes that.

The biggest bait and switch on the American people about the bill's impact on the deficit is a simple math

trick. If something is too expensive to do for a full 10-year period, just do it for 5 or 6 years. Most of the major spending provisions of the bill do not go into effect until 2014 or later—coincidentally after the 2012 Presidential elections. So what we are seeing is not a full 10-year score but rather a 6-year score. According to the Senate Budget Committee, the full 10-year score of the Senate bill would approach $2.5 trillion. We are already spending $2.4 trillion.

More importantly, let me also clarify what the Congressional Budget Office has said on the nearly $500 billion in Medicare cuts which my friends on the other side argue will magically not only extend Medicare solvency but also pay for a large part of this bill. This is like telling American families that they can spend the same magical dollar to not only pay their mortgage but also their credit cards. It is nonsensical. Here is what the experts at CBO said:

> The key point is that the savings to Medicare trust fund . . . would be received by government only once, so they cannot be set aside to pay for future Medicare spending and, at the same time, pay for current spending on other parts of the legislation or on other programs.

By the way, did I mention that at a time when major government programs like Medicare and Medicaid are already on a path to fiscal insolvency, it is interesting to note that more than half of the newly covered lives, 16 million out of the 32 million, are simply being pushed into the Medicaid Program. And if anyone thinks that States, that are facing more than $200 billion in deficits, will not be left holding the bag in the future, then I have a bridge to sell to you.

I have said all along that this is not a fight between Republicans and Democrats, but a fight between the Democrats and a majority of Americans who did not want this bill. In townhall after townhall and poll after poll and election after election, Americans begged Washington to listen to their voices. But Washington ignored them and used every means necessary—from backroom deals to procedural trickery—to get this bill passed.

We need to remember the real implications of these policies—not simply in terms of political legacies and ideological holy grails—but in terms of its impact on the future of our children and grandchildren. We need to ensure that they have the same opportunities to prosper that we have all been blessed with.

I would now like to speak for a few minutes about a motion to commit that I will be offering. My motion to commit states that if the Actuary of the Department of Health and Human Services certifies that 1 million Medicare Advantage beneficiaries lose their coverage or benefits, the cuts to the Medicare Advantage program will not go into effect. It is that simple.

It is important to point out that the bill the President signed into law yesterday would slash $120 billion from the Medicare Advantage program. This reconciliation bill would cut the program by an additional $66 billion for a grand total of $202 billion.

Before the health care reform bill was signed into law, CBO projected that Medicare Advantage enrollment would have increased from 10.9 million in 2010 to 13.9 million in 2019. Now, Medicare Advantage enrollment will be 4.8 million less in 2019 due to the passage of the new health bill or almost 2 million less than today.

CBO also projected that rebates for additional benefits and reduced cost-sharing offered through Medicare Advantage would be reduced by 50 percent from $135 per member per month to $67 per member per month in 2019. These lost benefits include lower premiums, lower copayments, and lower deductibles. It will also impact everything from hearing aids to dental and vision benefits. Most importantly, it would violate President Obama's own pledge ''if you like what you have, you may keep it.''

Medicare Advantage works. Every Medicare beneficiary has access to a Medicare Advantage plan. Almost 90 percent of Medicare beneficiaries participating in the program are satisfied with their health coverage. It is time for us to stand up for more than 10 million seniors and ensure that this program is not used as a piggy-bank to finance Washington's big government plans.

I appreciate my colleagues allowing me to go maybe a minute longer than I should have, but I urge my colleagues to support my motion to commit this bill.

The PRESIDING OFFICER. Who yields time? The Senator from Montana.

Mr. BAUCUS. Mr. President, have Republicans used up their time?

The PRESIDING OFFICER. The Republicans have 1 minute remaining.

Mr. BAUCUS. I don't mean to be picky, but I assume they will yield back that minute.

Mr. HATCH. I will yield back the minute.

Mr. BAUCUS. I will yield 15 minutes to the Senator from Maryland.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Mr. President, this is indeed a great day because we are passing real health care reform for American families, for American workers, for American small business, for seniors, and our communities. Health care reform will save lives. No longer will dreams and lives be endangered because people lost their health care insurance when they got sick, lost a job or had an accident.

I listened to the other side which says they listen to the people. You heard the old saying, ''Men are from Mars, women are from Venus.'' I think that party is from Mars and we are from planet Earth. I think they have been out in orbit. The planet Earth that I am on tells me to pass health insurance reform.

One of the reasons I am voting for this bill, the main reason I am voting for this bill, is the stories I heard from my constituents in Maryland—roundtables, townhalls, hearings, lots of letters, phone calls, e-mails. They told me about the situation in their lives, where they were terrified that one big health care incident could lead them into bankruptcy. They were terrified that if they had changed a job to one in our new high-tech communities that would have offered great opportunity for them—they didn't take it because they were not going to have health insurance.

When I listen to people, I think about the lady in Cumberland who works full time, but her employer does not provide health insurance and she is terrified that she is one sickness away from a catastrophic situation, or from Karen, in Kensington, whose father had to quit work because he had Crohn's disease. He was making payments on his insurance. He was two payments short, and they canceled his insurance. It took him 6 months to try to get it back. He lost his coverage, and he was only 59 years old when he passed away.

Then there were the breast cancer survivors, the wonderful women and the men they love who are out there raising money for the cure. But even in a prosperous community such as Annapolis, a woman told me how she lost her job and with it her family's health insurance, and when her insurance ran out, she was terrified she would lose her cancer treatment.

Walking around the diners—and I love diners. I see myself as a diner Democrat. In every diner it is usually multigenerational people. What do they tell me? Barb, don't forget the old people. Senator Barb, no matter what, keep Medicare stable. If you are 50 years old, you are terrified your parents can lose their Medicare and it is going to fall on you. The sandwiches they are eating are eaten by the sandwich generation, worried about the oldtimers' health care, worried about keeping their own, and then trying to figure out how they were going to pay for college. Medicare has multigenerational implications.

This is why in this bill I am so proud of the fact that we are going to stabilize Medicare for another 10 years and do very important reforms in Medicare.

I am also pleased to respond to the people who said no matter what, make health care available and affordable. For every parent who has ever worried about covering a child with a chronic illness, whether autism or cerebral palsy or juvenile diabetes, they will always be able to get health insurance. The small business owner, such as my own father who once had a grocery store or my grandmother who had the best bakery shop, worried about how they were going to provide individual

health care for themselves—this generation will not have to worry about that.

This bill is an exceptional one. We save Medicare, expand its solvency for another nearly a decade. We end the punitive practices of insurance companies. We expand uniform access, and we pay for it with an emphasis on wellness and quality, saying goodbye to quantity medicine and emphasizing quality medicine; goodbye to volume medicine and getting value for our dollar.

For our seniors, one of the most important things we will do is close that doughnut hole. The doughnut hole has been hard to swallow ever since this bill was passed. We are going to provide a $250 rebate for seniors who hit the gap in the prescription drug benefit and also offer a better discount on prescription drugs.

I am also very excited and honored because of the role I played in making sure we ended the punitive practices of insurance companies toward women. For too long, in too many ways, they treated simply being a woman as a preexisting condition. First of all, they charged us 30 percent to 40 percent more just simply to be able to get insurance. Then they would have the punitive practices of denying us health insurance for a preexisting condition. In eight States, domestic violence was viewed as a preexisting condition. You talk about being abused—you were abused by your husband, then you were abused by your insurance company. We are not going to be battered anymore by these companies. We ended that in this bill.

Then there was the hearing that shocked and chilled me, a hearing on gender discrimination in insurance. A woman told a compelling story, Peggy from Colorado, that after she had a C-section and a premature baby, the costs were high. She lost her health insurance and when she went to apply they told her in order to get health insurance, because she had a premature baby, because she had a C-section, they would not give her health insurance unless she was sterilized.

I couldn't believe it. That is what fascist countries do. That is what authoritarian regimes do. It was not the Taliban in Afghanistan, it was an insurance company in Colorado. We took up that fight and ended those abusive practices in this bill. Never again will a woman be able to be denied health insurance because of any preexisting condition. We ended gender discrimination in charging women more.

But as the debate went forward, they wanted to take the mammograms away from us and they didn't want to put mammogram and preventive services for women in the bill. They said it costs too much money.

I didn't want to hear that. I asked the women to suit up and come to the floor and we offered an amendment. The good men of the Senate also joined us. Many remember we wore pink that day. Today we are in the pink as well. We offered our amendment to ensure preventive services for women so that if your doctor says you need a mammogram, you are going to get one. If you need screening for cervical cancer or a Pap smear, you are going to get one and you are not going to have to pay a copay and a deductible. But like the old song ''Bread and Roses,'' we fight not only for women, but we fight for men too. Because for us it is not gender, it is about the agenda, and the biggest agenda is to make sure we provide health care to as many Americans as we can in the most affordable way, with value, quality, and prevention as their underpinnings.

We were able to make significant changes in this bill. But affordability is an issue. I believe we dealt with that by emphasizing quality. At Senator Kennedy's request, I led the quality task force. Because of proven ways that we are going to be able to offer in these initiatives, we are going to be able to increase the affordability of this bill to make people healthier. We want to prevent disease and manage chronic disease. By the emphasis on the management of chronic disease, we are going to save lives and save money.

First of all, we are getting more value for the dollar. Yes, we will be looking at comparative effectiveness, so when you go for a treatment or you buy a drug, you know we are getting value for the dollar.

The other is, we are going to emphasize the reduction of medical errors and also medical infections in hospitals by introducing quality initiatives that reward hospitals for being able to do that. But I also listen to the providers. I represent iconic international institutions such as Johns Hopkins medical institution and the University of Maryland.

I listen to my primary care doctors as well. They said: Senator BARB, please reduce the hassle factor; too much paperwork and not enough time to be with patients; too many contradictory rules from the insurance companies and not enough of a clear path on what we can do to be able to help people.

So we made sure we are going to save money by reducing the hassle factor by simplifying administrative costs, by emphasizing medical health information technology. We are going to promote evidence-based medicine through this comparative effectiveness research. We are going to also reward, following the recommendations of the Finance Committee, the encouragement of medical homes in order to be able to manage chronic disease.

These are the many reforms that are in this bill and that I am very proud of. I am also, as the daughter of a small business owner, excited about how we are going to be able to help small business be able to provide health care to their employees. The fact that we are going to offer tax breaks for small business and be able to have health exchanges where they can buy those health care policies at a better cost is indeed important.

So, again, the other party might be Mars, but I am glad my feet were planted in planet Earth, by listening to the people I represent, by listening to their concerns and then listening to the excellent ideas that came from both the people themselves and, I must say, the people who are the providers who could help us lead the way.

I am going to vote for this bill. I know there is much to reform in it in the years ahead. But this is more than a beginning, this is a leap into the future. It is a leap we can take with confidence that when this bill passes with reconciliation, we will have won a major historic advance for the American people.

Our job is about creating opportunity and opportunity to have health care is one of the greatest benefits we can provide.

I yield the floor.

The PRESIDING OFFICER (Mr. BURRIS). The Senator from Montana.

Mr. BAUCUS. Mr. President, I ask unanimous consent that at the conclusion of the half hour under the majority's control, at about roughly 11:21, the Republicans control the next half hour and the majority control the half hour after that, starting at about 11:51.

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

Mr. BAUCUS. Mr. President, I would like to take a couple moments to speak on two amendments, one offered by, I think, Senator HATCH, with respect to Medicare Advantage. Off the topic, it is important to remember that health care reform will reduce excessive overpayments to Medicare Advantage plans, while at the same time rewarding high-quality, efficient plans for providing care to seniors.

Medicare Advantage plans that achieve high-quality rankings under this legislation, let's say, for regular checkups for blood pressure, diabetes, will receive an increase in payments. That is very important because, today, Medicare Advantage plans are paid the same amount regardless of the quality of care they provide.

For the first time, under this legislation, payments to plans would be based on performance. I think that is something all seniors would prefer. That makes this Medicare Advantage plan more fair, more reasonable. This will enable plans to participate everywhere in the country, both urban and rural, while eliminating overpayments that plans receive today.

According to MedPAC—MedPAC is that bipartisan commission that advises Congress on Medicare payments—that organization says Medicare Advantage plans are paid 13 percent more than traditional fee-for-service plans, on average, and in some parts of the country overpayment is as high as 20 percent. They strongly recommend that we reduce that overpayment because it causes great inefficiencies.

I might also say that, today, because of the overpayments, all seniors on

Medicare—I am talking now especially about seniors who take fee for service—all seniors on Medicare pay for these overpayments, even if they are not in Medicare Advantage plans. How? Well, it is basically because every senior pays $3 more per month in Part B premiums, that totals about $80, on average. So seniors in traditional fee for service are paying for the overpayments for Medicare Advantage plans.

Medicare Advantage overpayments drain resources for the Medicare trust fund. If they are overpaid, that means they are draining excessive resources from the Medicare trust fund. In fact, the government estimates that Medicare Advantage overpayments speed up insolvency of the Medicare trust fund by about 18 months.

After that, there is no evidence that overpayments to Medicare Advantage plans—do not forget these are private insurance plans—even though they say Medicare, they are private insurance plans. There is no evidence that overpayments to them lead to better quality for Medicare beneficiaries.

In fact, seniors can end up spending more out-of-pocket dollars under Medicare Advantage plans than under traditional Medicare, even if they have certain conditions. The bill eliminates these overpayments by decreasing the statutory rates in place today and giving quality performance payment increases to high-ranking plans. We are paying more than we do today to high-ranking plans.

No senior in Medicare Advantage will lose access to any of their Medicare benefits under this proposal. We hear all these false claims across the aisle that these cuts, which cause more efficiency, prevent waste, prevent overpayments, are going to cut beneficiaries, Medicare Advantage beneficiaries' payments. That is not true. It is misleading.

Plans will not be allowed to lower or drop their basic Medicare benefits that seniors are entitled to under the Medicare Program. So there are no cuts in basic Medicare benefits. In fact, they are guaranteed. The reforms in this bill will ensure that the dollars for the Medicare trust fund go toward improving the quality of care for seniors, rather than to support the operations of private insurers. I think that is something the vast majority of seniors would prefer. I wish to make that clear because some of the statements made on the other side of the aisle are quite misleading, which leads me to another point.

Americans probably are a little confused about what is in health care reform because they hear all kinds of claims, both sides. Well, now health care reform has passed. The President signed the bill yesterday. This is sort of to help, a fixer-upper around the edges a little bit. Americans can look for themselves as to who is telling the truth. They will want to look more closely than they have in the past because now it is law. Now it affects people.

Some people are going to ask: Gee, how does it affect me? I better find out. When people start to find out, they are going to learn—I say this somewhat presumptuously, but I believe it very strongly—they are going to find out that those who are claiming all the bad things that are going to happen, all the bad things about this bill, are basically not true.

They are also going to start to realize that all the good things in this bill, that a lot of proponents have been mentioning, from the President on down, they are pretty much true, the good things are pretty much true. I think once people start thinking closely, separating the wheat from the chaff, they will start to realize that not only are the Medicare Advantage charges false, but a lot of the other charges that some make about why the bill is so bad are also false. Again, I say, somewhat presumptuously, the prevention provisions, I think are very good and help seniors, are basically accurate.

One small, final point. The Senator from Florida offered an amendment basically requiring all Members of Congress to enroll in Medicaid. Now I ask you, that clearly is not a serious amendment. Medicaid is a very vital program for vulnerable Americans. It should be treated very seriously and should not be used for political games.

I now yield the remainder of our time in this half hour to the Senator from Rhode Island.

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

Mr. REED. First, I wish to begin by recognizing the extraordinary leadership of majority leader HARRY REID, Chairman BAUCUS, Chairman DODD, and Chairman HARKIN to get us to this point.

Commonsense and cost-effective health care reform is now the law of the land. The question before the Senate now is whether we will make some important improvements to that reform or whether we will respond to the wishes of the insurance industry and others who want to preserve a broken status quo of higher premiums and dwindling coverage for middle-class families.

Yesterday, President Obama signed into law a health insurance reform bill that will cut the deficit by $143 billion over the next 10 years, ensure that health insurance companies actually provide Americans with the coverage that they pay for, and preserve Medicare for our senior citizens. That is no small achievement, and it would be a tragedy if the other side of the aisle persists in its effort to defeat health care reform by seeking to delay and upend the package of improvements in the bill that we are now debating.

It sometimes gets lost in the heated rhetoric of the other side, but under the status quo, the healthy are faced with ever-increasing costs and the ill are denied care, dropped from coverage, and prevented from purchasing coverage. The new health insurance reforms will provide relief for every American. Indeed, under the law just signed by President Obama, these five reforms will take place by the fall of next year:

No child will be denied coverage because of a preexisting condition.

Small businesses will receive a 35-percent tax credit to purchase insurance for their employees.

Seniors on Medicare who confront the doughnut hole will receive additional assistance.

Health insurers will be required to spend more of their premium revenues on clinical services, with less going to administrative costs and profits, or else they must pay a rebate to policy holders.

And our State's Community Health Centers will receive a boost in Federal resources.

Rhode Islanders will particularly welcome this relief. Just last week, Rhode Islanders learned that health insurance premiums in the State will go up 10 percent this year. In the same week, they also received news that as many as 21 percent of individuals in the State will be without insurance sometime during this year. This is double the rate of uninsured just 10 years ago.

In Rhode Island, these two headlines, coupled with an unemployment rate of nearly 13 percent, have caused a perfect storm.

As the economy took jobs away from Rhode Islanders, it also took away their health insurance. The healthy hoped not to get sick, the sick started showing up in hospital emergency rooms, and those who still had access to insurance stopped being able to afford it.

Hospitals in Rhode Island can no longer shoulder the burden of the uninsured. Community health centers in Rhode Island can no longer shoulder the burden of the uninsured. Indeed, the economy can no longer shoulder the burden of the uninsured.

Today we are considering a bill that makes further improvements to the health insurance reform law. Indeed, these are changes that Americans have consistently said they want, and that is why we should support this bill. It is also why I intend to oppose the legislative maneuvers from the other side of the aisle. They are interested in overturning the reform of our health care system, reforms which have replaced the costly status quo with a system based on more competitive markets. They are in favor of a system where the whim of insurance companies rule. They are in favor of a health care system in which costs continue to rise at astronomical rates each year for families and for businesses.

It may be politically heartening for the other side to try and slow down reform through a series of repetitive amendments, but I think Rhode Islanders and all Americans want us to pass the bill because it contains straightforward proposals.

First, this reconciliation bill, as it is known, would eliminate the so-called Corn-Husker kickback, which would have created an entirely inappropriate Medicaid reimbursement system exclusively for one State. Gone too are other provisions that would have unfairly supported some States and not others.

Second, this bill begins the process of closing the Medicare prescription drug coverage gap, also known as the doughnut hole, which requires seniors to pay more for their medications than they ordinarily would. This year seniors would receive $250 when they enter the doughnut hole and pay less for drugs they purchase once they enter this coverage gap.

Third, at a time when so many of us are worried about government spending, this bill does more to reduce the budget deficit so that we can save up to $1.3 trillion in the next two decades. Those are real savings. I find it ironic that some on the other side oppose them.

Fourth, the bill makes sure the so-called Cadillac tax, which was intended to affect the most expensive health care plans, is reduced by 80 percent so that it hits its intended targets, not middle-class families.

Fifth, the bill recognizes that we should do even more to help struggling families afford health insurance, and so it provides new tax breaks to help make coverage more affordable.

As I said, in the next few days my colleagues on the other side of the aisle are expected to file and attempt to offer numerous amendments to this bill. These are tactics that are purely dilatory. That is, again, another reason I will oppose the amendments. Some of these amendments may seem as though they are common sense, but each one is designed for the purpose of derailing this legislation, of sending it back to the House, of undercutting the most significant reform of health care in the last several decades.

But there is another aspect to this legislation which is vitally important; that is, the improvement to the student support system for higher education. It is the dream of every parent that their child will have a better life, and a big part of that dream is that they will have the opportunity to go on to college or even an advanced degree. This bill ends the student aid system that gives away billions of Federal subsidies to private banks, including some that helped create the 2008 financial meltdown, and instead puts those taxpayer dollars directly into the hands of students to pay for their education.

During this economic downturn, paying for college has become all the more difficult for many families in Rhode Island and across the Nation. Like health care, one of the top concerns of families as they sit around their kitchen tables during these difficult times is how they will pay for their child's education. The key to ensuring our Nation's economic stability and progress is also providing access to education. It is the engine that moves people forward. It is what expands our capacity and our capabilities in a complex world.

Now we have the opportunity so that we can, in fact, provide additional assistance through Pell grants, and we can do it by saving money from bank subsidies and reinvesting that in Pell grants. Approximately $42 billion will be freed up; over $35 billion will be committed to Pell grants. It will be expanded to additional recipients, and the maximum grant will increase to nearly $6,000. We will also provide in Rhode Island $7.5 million for information so that families and students can locate the best arrangements for their college education, for their financial aid. It will also invest $2 billion in community colleges, which have become a central part of our educational system, particularly for those people who are transitioning into the workforce or through the workforce.

One final point: It is particularly fitting that we are investing in the Pell grant, named after my predecessor Senator Claiborne Pell. His vision to give people the opportunity to higher education and then to stand back and watch them do great things has been legitimized and vindicated over 30 years. I don't think Senator Pell foresaw the Internet. I don't know how much he used it even when it arrived. But he knew if we gave people the skills and talents, they would do great things. They have done great things.

With this legislation, they will do even more.

I yield the floor.

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

Mr. GREGG. How much time does the majority have on their half hour?

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

The Senator from New Hampshire.

Mr. GREGG. Mr. President, a couple comments need to be responded to because they are so patently inconsistent with the facts that they should be clearly rejected. It is almost as if somebody spent too much time at the movie ''Alice in Wonderland.'' The idea that by their own score, when you cut Medicare by $521 billion—$½ trillion cut out of Medicare by their own score, which is inaccurate, of course, because it doesn't count the full 10 years—if you count the full 10 years, it is $1 trillion taken out of Medicare—the idea that seniors are not going to be affected by that type of a cut is absurd on its face.

The claim is, we don't affect senior benefits. That is nice. That is like telling somebody they can have a car, but there is no engine in it. I mean, the simple fact is, when you cut the providers of seniors by as much as this bill cuts them, clearly it is going to be harder for a senior citizen to see a provider, a doctor, a hospital group. Or when you reduce the spending on Medicare Advantage, which is an insurance program that many seniors appreciate—CBO scores the reduction as being so large that over 11 million seniors will be thrown off that system—that affects seniors.

If they genuinely believe their language, ''we don't do anything about Medicare; we don't do anything about seniors,'' even though the score says they cut Medicare by $500 billion, their own score, and the CBO has said over 11 million people will be knocked off of Medicare Advantage—if they believe that, if they believe their language, then they have to vote for my amendment. They have to vote for my amendment which makes it clear that we protect Medicare.

Then there was some other comment made that somebody was going to vote against our amendments, not because they don't make sense but because they are dilatory. This is from a leadership on the other side of the aisle that produced the largest piece of social engineering in our history: 2,500 pages, $2.6 trillion of spending, $1 trillion of cuts in Medicare when fully implemented. They produced that bill in a closed room behind a secret door somewhere on that side of the Capitol, never open to the public, brought it to the floor of the Senate on a Saturday afternoon, filled up the tree, wouldn't allow any amendments, and within 3 days forced us to vote on it on Christmas Eve. Then they took it over to the House, where they rewrote this trailer bill, again, in a secret room, behind a closed door, and brought that bill to the floor and didn't allow anybody to amend that. But amendments are dilatory.

Why have an opposition party? Maybe we should just go with the Cuban system. That seems to be the attitude of the other side of the aisle. The American people are an unfortunate inconvenience. The fact that they have elected a Republican membership to this Senate and to the House, they are an unfortunate inconvenience that should be ignored and not allowed to participate in the process.

When they come up with ideas such as protecting the Medicare system or such as taking out the sweetheart deals or such as suggesting that the President and his people and the staff of the majority leader should be under the laws we are about to pass or suggest that we should live by the terms of the rhetoric which is, if your premiums go up, you won't be impacted by this bill, or that says that there won't be any taxes on people under $200,000 of income, amendments which just fulfill the statements of the other side of the aisle on issues—they are going to keep the bill clean, they are not going to tax people under $200,000 of incomes, people's premiums won't go up, Medicare won't be affected, and everybody will be subject to this new law of the land, including the President of the United States and his people and the staff of the majority leader—when we offer amendments like that, they are dilatory. They are an inconvenience. They

should not be allowed. They should not be voted on, not because they don't make sense but get rid of them; they are the opposition.

They are the American people speaking through their elected representatives and they ought to have a voice and they ought to be voted on and they ought to be given a vote based on the substance of the amendments, not on the fact that the other side of the aisle doesn't like opposition.

It is so arrogant, this attitude which pervades Washington now that says: The American people, we know better than you do how to live your lives. Why do you get in our way? We in Washington know how you should live. Just stand back. Let us make your decisions as to what you should do with your life, especially relative to health care. We will do a much better job. Certainly, don't countenance any opposition. Don't countenance any dissent, and, certainly, don't hold us to our word, for example, when we say people with incomes under $200,000 won't be taxed or when we say premiums won't go up or when we say everybody will be covered by the bill or when we say Medicare recipients won't be impacted. Don't make us hold to those words by voting on amendments because those amendments are dilatory.

The arrogance is palpable and inexcusable.

Now we will hear from the Senator from Oklahoma who has another amendment that I am sure the other side will say is dilatory and inappropriate, even though it makes a heck of a lot of sense to me.

I yield the floor.

AMENDMENT NO. 3556

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. I thank the Senator from New Hampshire.

As I contemplate what is happening at 62 years of age and looking back through my life, this is undoubtedly the greatest assault on liberty this country has ever had. It is not direct; it is indirect. But it is what the Senator from New Hampshire talked about: we are going to decide for you what you get.

What the American people still don't understand is there are three areas in this bill that in the next 5 years will put the government in charge of everybody's health care—what you can have, what you can't have, and who can give it to you. That is what is coming. So if you are a caregiver or you are a patient, you might think long and hard about the three provisions in this bill that are going to do that: a Medicare advisory commission, the cost-effectiveness comparative effectiveness panel, and the U.S. preventative task force panel. All of those are going to carry the force of law, and it will not just apply to government-run plans. If you have private insurance with your employer today, you are going to be told what treatments you can have because some group of bureaucracies in Washington are going to decide that. That is what is in this bill.

The Senator from New Hampshire mentioned several claims that have been made.

I ask unanimous consent to temporarily set aside the pending motions and amendments so I may offer an amendment which is at the desk, No. 3556.

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

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Oklahoma [Mr. COBURN] proposes an amendment numbered 3556.

Mr. COBURN. I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To reduce the cost of providing federally funded prescription drugs by eliminating fraudulent payments and prohibiting coverage of Viagra for child molesters and rapists and for drugs intended to induce abortion)

At the end of subtitle D of title I, add the following:

SEC. 1306. REDUCING HEALTH CARE COSTS BY ELIMINATING PAYMENTS FOR FRAUDULENT CLAIMS AND PROHIBITING COVERAGE FOR ABORTION DRUGS AND ERECTILE DYSFUNCTION DRUGS FOR RAPISTS AND CHILD MOLESTERS.

(a) ELIMINATING FRAUDULENT PAYMENTS FOR PRESCRIPTION DRUGS.—The Secretary shall establish a fraud prevention system and issue guidance to—

(1) prevent the processing of claims of prescribing providers and dispensing pharmacies debarred from Federal contracts or excluded from the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.);

(2) ensure that drug utilization reviews and restricted recipient program requirements adequately identify and prevent doctor shopping and other abuses of controlled substances;

(3) develop a claims processing system to identify duplicate enrollments and deaths of Medicaid beneficiaries and prevent the approval of fraudulent claims; and

(4) develop a claims processing systems to identify deaths of Medicaid providers and prevent the approval of fraudulent claims filed using the identity of such providers.

(b) PROHIBITING COVERAGE OF CERTAIN PRESCRIPTION DRUGS.—

(1) IN GENERAL.—Health programs administered by the Federal Government and American Health Benefit Exchanges (as described in section 1311 of the Patient Protection and Affordable Care Act) shall not provide coverage or reimbursement for—

(A) prescription drugs to treat erectile dysfunction for individuals convicted of child molestation, rape, or other forms of sexual assault; or

(B) drugs prescribed with the intent of inducing an abortion for reasons other than as described in paragraph (2).

(2) EXCEPTIONS.—The limitation under paragraph (1)(B) shall not apply to an abortion—

(A) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself; or

(B) if the pregnancy is the result of an act of forcible rape or incest.

Mr. COBURN. This is a constructive amendment that saves millions and millions of dollars in Medicaid. The fraud in Medicaid prescriptions is out of this world. It can be fixed. This amendment will prohibit prescriptions for recreational drugs for rapists and child molesters. Nobody can disagree with that. It is not in the bill. It is the current state. But if this bill goes through without this amendment, your tax dollars are going to be paying for Viagra for child molesters. That is what is going to happen. There is an Executive order that this will override. The bill overrides the Executive order. So there is no prohibition in the bill for this at this time.

A Government Accountability Office audit of Medicaid found 65,000 instances of improper prescriptions costing $65 million over the last 2 years, including thousands of prescriptions written for dead patients by people prescribing and posing as doctors. The audit focused on 10 types of frequently abused prescription drugs in just 5 States, which means this audit, which is just over 5 States, multiply by at least 10, and you get $650 million worth of fraud in prescriptions in Medicaid alone. We are not going to address that.

Sixty-five doctors or pharmacists were banned from Medicaid for writing or filling prescriptions or illegally selling drugs—but just in those five States.

About 1,800 prescriptions were written for dead patients and 1,200 prescriptions were ''written'' by dead doctors—just in those five States.

This amendment would direct the Centers for Medicare and Medicaid Services to enact the GAO recommendations to prevent and eliminate these fraudulent prescriptions. Specifically, it would direct CMS to establish a fraud prevention system for the Medicaid Program and issue guidance for States to prevent the processing of claims of all prescribing providers and dispensing pharmacies debarred from Federal contracts or excluded from the Medicare and Medicaid programs; ensure that drug utilization review and restricted recipient program requirements adequately identify and prevent doctor ''shopping'' and other abuses of controlled substances; develop a claims processing system to identify both duplicate enrollments and deaths of Medicaid beneficiaries and prevent the approval of fraudulent claims.

For years, the Federal Government had required States to provide prescriptions for Viagra and other impotence drugs to Medicaid patients, including to convicted sex offenders, child molesters, and rapists. States had provided the coverage based on a 1998 letter from the Clinton administration. As a result of that, an Executive order was issued in 2005, which this bill, if

unamended, will reverse. Mr. President, 800 convicted sex offenders in 14 States received Medicaid-funded prescription drugs for erectile dysfunction. That is according to a 2005 survey.

The predators' victims have been as young as 2 years old. So we have convicted sex offenders, rapists, and child molesters who were taking Federal tax dollars and buying a drug so they can act again.

In Florida, 218 cases; New York, 198 cases; Texas, 191 cases, and it goes down the list.

This amendment would prohibit the new health care exchanges from providing coverage of ED drugs to convicted child molesters and convicted rapists. It is pretty simple.

The claims that are made on this bill are outlandish. As somebody who has practiced medicine for 27 years, 50 percent of my patients were Medicaid patients. What you are going to do if you do not fix some of the things in this bill is destroy the best doctor-patient relationships in the world. That is what you are going to do.

You are going to put 16 million people into a failing Medicaid system that the States cannot afford. Almost every State is cutting Medicaid reimbursement. At this time, only 40 percent of the doctors in the specialties will see Medicaid patients. It is going to go to 20 percent. So we are going to put 16 million people in a system, and then they are not going to be able to find a doctor. Because of the costs, in my own State, we are going to have an 11-percent net reduction in Medicaid reimbursements, which is only 75 percent of Medicare.

What do you think is going to happen in all the States in the country when the Medicaid reimbursement goes down and we add 16 million new people to Medicaid? You are going to call it care. You are going to rub your shoulder, rub that medal on your shoulder, and say: Oh, we fixed health care. You are going to promise them they are going to have care, but they are not going to have care. They are going to have a card, but they will have no care. We are going to have Indian Health Service-type care in Medicaid because nobody is going to be there to care for them.

The claims under this bill keep me sleepless at night—not because of Washington but because of those 10,000 Medicaid patients I have taken care of through my career for whom I know you are going to destroy what care is left for them. You can claim otherwise, but the facts are going to prove you wrong. We are seeing it in every State in the country right now—the cuts to Medicaid reimbursements.

So at least you ought to help save $650 million a year by getting rid of fraudulent prescriptions, eliminating prescriptions for convicted child molesters for erectile dysfunction, and recreational uses with drugs such as Viagra. The American people do not want to pay for that.

To vote against this amendment, to not fix something that is very obvious, is criminal—it is not just not right, it is an active aid to help those who would hurt our children.

I yield to the minority whip.

Mr. KYL. Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Arizona is recognized.

Mr. KYL. Mr. President, I would say, we are fortunate to have a real doctor, a physician, Dr. Tom Coburn of Oklahoma, as one of our colleagues in the Senate to talk about the real impact of legislation like this as he sees it when he treats his patients. I think his words deserve a lot of attention.

I just want to briefly address this morning a couple of the claims my Democratic colleagues are making about this new legislation, claims that are simply false.

The first one: There is a big tax cut. One of my colleagues said this is the biggest tax cut we have ever had. There is no tax cut for taxpayers in this bill. What they are touting as a tax cut is, rather, a direct payment to insurance companies. I find it very odd that is called a tax cut. When I think of a tax cut, I think of money remaining in the pockets of taxpayers so they do not have to pay taxes they have been paying in the past. That is not what is in this bill.

What the bill does is to provide a subsidy to insurance companies to dispense government-mandated insurance. It is not a tax cut for taxpayers. Instead, most of the so-called tax relief goes directly to the insurance companies. It never touches—you never touch the money—it never touches an American family's pocket.

These premium subsidies are delivered straight from the U.S. Treasury to help insurance companies, as I said, to purchase this government-mandated, government-approved insurance. They are not extra dollars in people's pockets, as the chairman of the Finance Committee argued. They are, rather, advanceable, refundable tax credits, which is code for a new tax entitlement. In fact, that is exactly the way it is recorded in the Federal budget. It is recorded as a spending program, the reason being that the people receiving these so-called refundable credits paid very little if any taxes. These are folks who do not pay taxes, so they get what is called a refundable tax credit. But even then the money goes directly to the insurance company, not to them. I always thought you had to pay taxes to get a tax cut, but not in the rubric of this legislation.

According to the Joint Committee on Taxation, only about 8 percent of all taxpayers making under $200,000 a year would actually benefit from this government subsidy for health insurance. The remaining 92 percent would receive no tax benefit under the bill.

I have to say, when we are talking about tax cuts, we have to at least put in a little word about the tax increases in the bill because that is where the bill focuses, on taxes. It taxes many of those who have health insurance and taxes people if they do not have health insurance.

The taxes in the bill hit families. They hit seniors and the chronically ill, small businesses, those who have flexible spending accounts, and those who use medical devices. All of those things create a tax people pay. The vast majority of the people who pay these taxes are not high earners. As the Congressional Budget Office has said, whenever there is a tax on some other entity that delivers health services, that tax flows directly through to the taxpayers in virtually the same amount of money.

In fact, in order to collect all of these taxes, and especially the tax that is imposed on people if they do not buy this insurance, the Internal Revenue Service estimates it is going to have to have between $5 billion and $10 billion more just in order to collect the taxes. It has been estimated this would require 16,500 new IRS agents. Welcome to your friendly new health care bill.

The second aspect my colleagues have been talking a lot about in the last 48 hours: The elimination of the problem of preexisting conditions in acquiring health insurance. The implication is that Republicans have not supported help for people who have preexisting conditions. That is not true. We have made that point clear. We made that point clear in the meeting we had with the President at Blair House. The argument is about the best way to do it.

As you will see in just a moment, it turns out this bill has not done it very well. Republicans have suggested there are a lot of different ways to get to this problem—State reforms, risk pools, more competition, some subsidization. All of these things can help us with this problem. But for all of the Democrats' central planning in this bill, it looks as though the problems are already arising as a result of their specific provision to deal with this problem.

According to a brand new Associated Press story of March 24, President Obama's claims about preexisting coverage for children are not what they seem. The article notes that ''the letter of the law''—which Democrats took upon themselves to write behind closed doors—''provided a less-than-complete guarantee that kids with health problems would not be shut out of coverage.''

In your rush to do these things—behind closed doors, without proper vetting, always voting no on any attempts to correct it—you end up with problems like this, and they are going to have to somehow go back and try to fix this. If this blunder is discovered on the first day this law takes effect, how many more errors will be discovered in the next days and weeks, as people pour over the 2,733 pages of this new health care law, and the 150 pages of the reconciliation bill that is on the floor right now?

If you cannot draft a bill properly to protect children with preexisting conditions—which is a centerpiece of the bill's so-called immediate deliverables—then how are you going to be able to successfully make one-sixth of the economy work through this new government-operated system?

Finally, I have talked about two things our Democratic friends are crowing about, neither one of which, it turns out, I think are worth crowing about. How about the things they are not talking about, the things Americans are very concerned about?

Democrats love to talk about people who are allegedly helped by the legislation. How about those who are hurt by the bill? How about talking about seniors whose care is going to be jeopardized as a result of this bill? Seniors in my State of Arizona are very worried about the Medicare cuts. There are over $½ trillion in Medicare cuts in this bill.

Well, our Democratic friends do not like to talk about that. But it is a reality. It is in the bill. The reconciliation bill slashes more than $½ trillion from Medicare and contains a whopping $202 billion reduction in Medicare Advantage. That is more than in the bill the Senate passed last December. But you do not hear about that. Medicare Advantage beneficiaries in my State like the health care they have right now, and it is simply not true if they like their health care they get to keep it. It is false. This bill takes health care benefits away from seniors who are on Medicare Advantage. That is the truth. It may be an inconvenient truth for our colleagues who like to stress what they think is good about the bill but conveniently ignore things that are going to hurt their constituents and certainly going to hurt my constituents.

My senior citizens in Arizona do not want the government taking away their health care, and they are very concerned as a result. A constituent from Tucson—I will just close with this—wrote me a very short, a very direct letter, but it summarizes the point a lot of people feel.

I am a senior citizen, age 83. If I lose my Medicare Advantage coverage, I'll also lose my primary care physician of 18 years because he does not accept Medicare Direct. Senator Kyl, do not let them take away my Medicare Advantage.

Well, all of us know physicians who are no longer taking new Medicare patients. They cannot afford to because we do not pay them enough. Mayo Clinic in Arizona has already said it is not going to accept any more Medicare patients at several of its facilities in the Phoenix metropolitan area.

This health care bill is asking a lot of the American people, a lot in terms of tax collection, and a lot in terms of future debt that our children and grandchildren are going to have to pay.

But just one group that ought to be very concerned—and is—are our senior citizens who face nearly $½ trillion in Medicare cuts. Taxes and premiums are going to be increased on all Americans. Small businesses will be hit with a litany of onerous new taxes and mandates and regulations. Probably worst of all from my perspective, just as these costs inevitably escalate, as time goes on, just as in the European countries that have had to deal with these same kind of health care issues, this legislation will ultimately lead to the rationing of health care. That is the cruelest result of all.

I ask unanimous consent to have printed in the RECORD at this point an op-ed piece by Mr. Bob Robb who writes for the Arizona Republic. It is dated March 24. The last two sentences of this op-ed I think summarize the point I made very well. He says:

But it is impossible to treat health care as a public good without rate regulation and rationing. And those are the inevitable next steps down the health care road the Democrats have taken the country.

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

[From the Arizona Republic, Mar. 24, 2010]

(By Robert Robb)

Democrats tend to discount the influence of economic incentives on human behavior. They had better hope they are right because the incentives in the health-care bill point toward an explosion in costs.

The health-care bill is built upon a fundamental tradeoff. Health-insurance companies will be treated as public utilities, having to take all customers irrespective of health status with sharp limitations on pricing and underwriting. To pay for this increase in costs, everyone will be required to purchase health insurance.

This is an attempt to force the young and healthy to subsidize the health care of the acutely or chronically sick through the premium mechanism. But, as finally passed, the incentives and timing are badly misaligned.

The basic problem is that the penalty for not purchasing insurance is substantially less than the cost of the insurance. Even with the generous subsidies the bill provides, young singles making more than $25,000 a year will be money ahead paying the penalty rather than buying insurance.

Doing so would be risk-free for them. If necessary, they can purchase insurance after they get sick and know that they need it. The implementation timetable for the bill accentuates the misaligned incentives.

Insurance companies are saddled with additional costs right away.

They will have to accept children with preexisting conditions and carry children on their parents' policies up to age 26. They can't impose lifetime benefit limits. Any new policies have to cover preventive services without co-pays or deductibles. But the individual mandate, the source of new revenue to cover the additional costs, doesn't kick in until 2014.

Moreover, the penalties start very low, only $95 in 2014, while the requirement to accept all comers irrespective of pre-existing conditions applies fully that year. So, the additional costs are added full bore, while the additional revenue is phased in slowly.

This misalignment of incentives in the individual market is compounded by a similar misalignment in the group market.

The penalty for employers (with more than 50 employees) not providing health insurance is $2,000 per employee. Employers pay on average two to four times that to provide health insurance.

Employers do it now to compete for employees, since the current individual market isn't an attractive alternative. But, under the bill, the federal government is setting up and heavily subsidizing an individual market with generous benefits.

So, the incentive will be for employers to drop health-insurance coverage, pay the fine and allow their employees to go shopping in the subsidized exchanges.

The Congressional Budget Office estimates that 8 million to 9 million Americans will lose employer-provided health insurance. I think that's a gross underestimate.

Moving people into the individual market could be a good thing for cost control, if individual health insurance operated like other individual insurance products, where people pick up the cost of small stuff and insure against big stuff. But the individual market mandated by the bill requires first-dollar coverage and sharply limits deductibles and co-pays.

So, the bill gives incentives to move people into an individual market with even less cost-control incentives than the existing system, where at least employers worry about the final tab. It also gives many people an incentive not to participate in the new system until they are actually sick.

If incentives matter, there are likely to be sharp insurance-rate increases and insurance-company bankruptcies.

Contrary to the rhetoric on the right, it is possible to treat health care as a public good without being a socialist country. And it is possible to treat health care as a public good without having it delivered through government agencies.

But it is impossible to treat health care as a public good without rate regulation and rationing. And those are the inevitable next steps down the health-care road the Democrats have taken the country.

Mr. KYL. Thank you, Mr. President. I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

AMENDMENT NO. 3608

Mrs. HUTCHISON. Mr. President, I ask unanimous consent to temporarily set aside the pending motions and amendments so that I may offer an amendment which is at the desk.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Texas [Mrs. HUTCHISON], for herself, Mr. ENZI, Mr. COBURN, Mr. BURR, and Mr. BROWN of Massachusetts, proposes an amendment numbered 3608.

Mrs. HUTCHISON. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To protect the right of States to opt out of a Federal health care takeover)

At the end of section 1002, insert the following:

(c) RIGHT OF STATES TO OPT OUT OF FEDERAL HEALTH CARE TAKEOVER.—Section 1321(d) of the Patient Protection and Affordable Care Act is amended—

(1) by striking ''Nothing'' and inserting:

''(1) IN GENERAL.—Except as provided in paragraph (2), nothing''; and

(2) by adding at the end the following:

''(2) EXCEPTION FOR OPT OUT OF HEALTH CARE REFORM.—The provisions of, and the

amendments made by, this Act shall not preempt any State law enacted after the date of enactment of this Act that exempts the State from such provisions or amendments, including, but not limited to, provisions and amendments relating to the individual mandate, the employer mandate, taxes on prescription drugs, taxes on medical devices, taxes on high value health plans, Medicare cuts, and the unfunded expansion of Medicaid.''.

Mrs. HUTCHISON. Mr. President, the amendment I offer today is to allow States to opt out of this health care bill. If ever there was an encroachment on the tenth amendment, this bill is it.

We are hearing from State leaders all across the country asking Congress to abandon this bill. It is an unconstitutional preemption of State innovation, State prerogative, and States rights they are guaranteed in the Constitution by the tenth amendment. Thirteen States have now filed suit against this legislation because the leaders in those States know the detrimental impact this broad, one-size-fits-all solution will have on their unique situations. States are the most well equipped to design and approve governmental programs to address the needs of their citizens. My amendment would restore the tenth amendment rights reserved for the States by allowing State legislatures to pass legislation that would allow them to opt out of this bill and the Federal takeover of their health care system with its mandates, many of which are unfunded.

Let's walk through the harmful provisions in this bill from which the States could opt out.

Taxes, the job-killing taxes. The bill imposes 10 years of taxes, about $½ trillion, on individuals and businesses as well as pharmaceutical companies, insurance companies, and medical device manufacturers. Some of these taxes will start almost immediately. More than $100 billion in taxes on prescription drug companies, medical device manufacturers, and insurance companies will begin to take effect before the actual supposed benefits of this bill would come into play. Studies show these taxes will be passed on to consumers. There is no doubt about it. Of course they are going to be passed on to consumers. They are going to be collected for years before there are any supposed benefits. Then there are the taxes on those who can't afford insurance: the higher of $695 per individual or 2.5 percent of household income. Employers will be hit with new taxes. The penalty could be as high as $2,000 or $3,000 per employee.

What is this going to do to the small businesses of our country, which create 70 percent of the jobs? At a time when families are struggling, at a time when our businesses are struggling, at a time when our economy is at an all-time low—not all-time low, but almost all-time low; certainly bad—businesses aren't hiring. Why aren't they hiring? They aren't because they have a fear of the future. They don't know what to expect going forward. They are not going to start hiring people until there is a comfort level that the economy has stabilized and that we are in a real recovery mode. Yet, when people feel that way and when small businesses feel that way, what is the biggest deterrent to them being able to say, OK, things are getting better and I can hire new people? More taxes and more mandates and more burdens. That is what is going to keep them from taking that leap to hire more people. So it is like a revolving situation we are not going to get out of as long as we are continuing to put on more taxes, more expenses, and more mandates.

We know premiums are going to go up. Premiums are already going up. Our purpose in this bill should be to bring premiums down by lowering the cost of health care, not by increasing the cost. That is so counterintuitive. It could only be thought of in Washington, DC.

Cuts to Medicare. The Senate bill includes over $½ trillion in cuts to Medicare. About $135 billion of those are in cuts to hospitals.

Mr. President, in conclusion, the Medicare Program is unsustainable. The Chief Actuary of Medicare has said that as much as 20 percent of Medicare's providers will either go out of business or will stop seeing Medicare beneficiaries.

Millions of seniors, including those who have chosen Medicare Advantage, will lose the coverage they now enjoy. Medicare is being used as a piggy bank and it needs every penny that has been deposited.

We cannot pay for reform on the backs of our seniors. Cuts to hospitals will threaten access to care for seniors in our States.

Third, this bill imposes on States an unfunded mandate to expand the Medicaid Program. Putting millions of individuals in to Medicaid is a fast way to quickly reduce the number of uninsured.

Yet by doing so, the Federal Government is sending a very large check to the States, $20 billion to be exact, with a note that says ''We decide—you pay.''

At a time when so many States are struggling to balance their budgets, pay their teachers, improve transportation, maintain services, this bill imposes more costs.

How much more are we going to ask of our States?

States are in the best position to determine what is right for their citizens. Yet this bill will take away their right to innovate and determine fiscally responsible and effective ways to offer affordable health insurance coverage.

In big government style, this bill manipulates that idea into a one-size-fits all solution for every single State.

Plus, states should have the option of implementing tort reform as we have done in Texas. Yet under this bill States are actually punished for implementing tort reform. Tort reform is essential to bring down the cost of health care. This bill stiffles the ability to achieve this commonsense option.

Why not level the playing field for taxpayers by offering tax incentives to encourage the purchase of health insurance at the State level. Let citizens in each State decide which health insurance plan best fits their needs—a decision that should be free from interference by the Federal Government.

Senator DEMINT and I have a bill which would offer a voucher of $2,000 to individuals and $5,000 to families so they can purchase health insurance that is portable and not tied to their employer.

These are the right steps to achieving reform and these steps empower the States rather than violate their rights and impose a heavy handed Federal approach to reform.

I urge my colleagues to support this amendment which is cosponsored by Senators ENZI, COBURN, BURR and BROWN of Massachusetts.

The bottom line is I hope my colleagues will vote to support the States rights so that we will be able to address high unemployment as well as high uninsured rates in a way that will lower the costs and give more options.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I now wish to yield to the Senator from New York.

I have already said we are going to divide the time in half-hour segments back and forth.

I yield 10 minutes to the Senator from New York, Mr. SCHUMER.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, I thank the chairman of the Finance Committee, on which I am proud to serve, for yielding time, as well as for the great work he has done. I wish to commend Senators DODD and HARKIN for the great work they have done in the HELP Committee and all the members of the HELP Committee, as well as the Finance Committee and, of course, Majority Leader REID, who has been as solid as a rock and steadfast in his own quiet way. He is more responsible for this bill passing than just about anybody else. So I thank our leadership for that.

I rise today to talk about this historic accomplishment of health care reform. I congratulate all of my colleagues for their hard work and dedication. I congratulate the President. He, too, was like a rock. He never budged. The day after the Massachusetts election, when so many others were saying we can't get this done and to trim back, he was steadfast. I saw him and his steadfastness. His internal gyroscope got us over the goal line.

I wish to address where the future is in this bill in terms of average Americans. We all know the American people are still trying to digest the health care legislation we have just passed. That is understandable. It is a large and complex piece of legislation and, of course, there has been a tremendous

amount of misinformation out there about what it does and what it does not do. To tell the average American that this is truly historic legislation doesn't get to them. They want to know how it is going to affect them.

I fervently believe that the more the American people learn about this bill, the more they will like it. I believe this for two reasons. First: People very quickly come to see that the myths and lies that some have put forward about this bill will not come true, because they are not in reality, and now we are in reality—we are in health care reality—because the first part of the bill has passed, the major part, and we will pass the second.

Second: There are so many good things in this bill that people like and need. As people learn the truth as to what those things are, many of which will improve their lives—some immediately and some in a few years—I am confident they will not only like health care reform but embrace it. When the crime bill was passed in 1994, at first the same thing happened. There was a parade of horribles. But over the years, we saw that it reduced crime and made America a better place, and it became a very popular piece of legislation. I believe the same thing will occur with this health care bill.

So today I wish to take the rest of my time to describe to average Americans how this bill will affect them. The No. 1 group, the largest group of average Americans, is those who are covered by their employer plan. First, you will keep your coverage. For people who have been scared into thinking they might lose their health coverage or have the government telling them what to do or what treatments they could or could not receive, they are going to discover there is very little change for them. I had a firefighter employed by the city of New York on Long Island last week say to me: Don't pass the bill. I will lose my benefits. That firefighter will see his benefits will stay as good and as strong as they are now. In fact, it will get better for those folks who are already covered, because premiums to their employer won't go up and up and up, and their employer will not continue to ask them, as they have now, to pay so much more and to get so much less back.

We cannot claim premiums won't go up at all, but we know they will go up much less. The likelihood of the employer calling a person, the average person, a worker in their company and saying: Jim, Mary, you are a great worker. I love you. I want you to stay in my company, but I am eliminating your health care benefits or I am greatly cutting them back, will be greatly reduced over the years as this bill becomes law and works its way.

Beneficiaries, those on private health care, won't pay higher Medicare taxes. Their benefits will not change. Their choice of doctors will not change. They will be much better off, and they will learn that.

Second: To small business owners who are trying to do the right thing and provide health insurance coverage to their workers and now find that costs are increasing, which makes it more and more difficult every year to keep those employees on health care, they are going to find this year that there is a generous tax credit to make it more affordable to provide coverage for their employees. The average small businessperson is going to like this bill because the average small business owner wants their employees to have good health care coverage, but they can't do it alone. Now they are going to get some help.

What about to the small business owner who aches because he or she can't supply insurance because the employee has a preexisting condition or just because it is too expensive? They are going to find they will now be able to provide insurance for those folks.

What about all of those families with kids who are now in college and they worry, once the kid gets out of college, they are not going to have health care? They are going to find that they are covered up until their 26th birthday on their parents' plan. They have to be. That is going to start this year. What a relief to millions of American families and millions of American students. I know this personally. My daughter is graduating from law school. When the bill passed at 1 a.m., she called me. She was watching when the House bill passed and said: Dad, I have been worried what I am going to do about health insurance next year. She is out in the job market. Now I don't have to worry. That phone call will be repeated by hundreds of thousands and millions of students to their parents in the next while. So it is great for them.

What about retirees who are not yet eligible for Medicare, the person who fears that because they don't have their job or they are retiring at age 60 or 62, 61, what are they going to do? This bill will provide more assistance to bring down premiums. It will provide more choices to these retirees who right now have either no health insurance or a policy that is so expensive they can't afford it.

What about average Americans who worry because say they have early stages of diabetes and their health care doesn't cover prevention? Average American families—and I see the Senator from Iowa is here, who has been a leader in the fight for prevention—will now get prevention in their benefits. For the average American who has recently gotten sick or who might in the future, they don't have to worry that their insurance company will take away their benefits. They will not be able to do that the way they do now. We won't have to hear stories anymore of health insurers looking for any excuse to cut sick people off from their insurance.

What about those tens of millions on Medicare who, again, have been scared and worried that Medicare will change? Yes, Medicare will change. It will get stronger and still preserve the exact same benefit to every person on Medicare.

Before this bill was signed into law, Medicare was going to go broke in 7 years. It has been given an extra decade. That should be a huge load off the shoulders of people who worry about Medicare.

In addition, the doughnut hole will be closed, so all those Medicare recipients on prescription drugs will get relief—more relief.

For the average senior citizen, as they learn about this bill, they are going to like this bill. They are going to say this was a great thing. It kept Medicare as is, surviving much longer than previously predicted. If we had done nothing and Medicare was about to go broke, guess who would have paid the price. Those senior citizens on it.

What about young women looking for health insurance? Health reform means she will not be charged a premium 150 percent more than a young man's. Health reform ends that gender discrimination.

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

Mr. SCHUMER. Mr. President, in conclusion, I will just say this: In November, this bill will be a positive—a strong positive for those who supported it. Those who were in favor of it will benefit. Those who opposed it will come to regret their opposition as America learns about what is in and what is not in this bill. It is not just a triumph for history; it is a triumph for the average American.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I yield to the chairman of the HELP Committee—I yield to another distinguished chairman, this one not of the HELP Committee but the Energy Committee, Senator BINGAMAN.

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

Mr. BINGAMAN. Mr. President, I thank my friend and chairman of the Finance Committee, Senator BAUCUS. I congratulate him on his leadership on this issue for many months.

I rise in strong support of the reconciliation bill that is before us. It is a historic time for our Nation. I am very glad that after decades of effort, national health reform has become law and that we are considering this set of changes to the law through this reconciliation bill.

There is considerable confusion about what health reform, in fact, will accomplish. It is not surprising that there is confusion when one considers all of the nefarious charges that have been made and claims of nefarious provisions within the legislation. I am glad to see that most Americans, according to polling, believe the actual provisions that are described to them that are contained in the bill are meritorious and deserve support.

Simply stated, the law has four main goals. It reforms health insurance markets to ensure Americans have access

to affordable care that meets their needs. Second, the bill improves the efficiency and quality of health care and does it in a way that helps contain rapidly rising costs. Third, the bill improves access to primary care and preventive services. Fourth, the bill significantly reduces the Federal deficit over the coming decades.

I think we need to focus on what the effect of the legislation will be on particular individuals and families in our States.

I look at our circumstance in New Mexico, which I am proud to represent. Let me pick out a few examples.

First, there are families there who are very happy with their current coverage. For these folks, reform ensures they can keep that coverage. They do not have to purchase any new coverage offered through health insurance exchanges. The reform will help protect their coverage and introduces important policies to put downward pressure on the cost of premiums, requirements that the coverage continue to be meaningful, and significant improvements in the overall quality of and their access to health care.

Small business owners or the people who work for small businesses—a third of the people in my home State fall into that category. For those who do offer coverage, we know that without reform, they have difficulty affording and keeping meaningful and affordable coverage for their employees. Premiums are rising quickly. These costs threaten the financial stability of these small businesses.

CBO tells us that for small businesses, the impact of reform will be very significant. First, the businesses would have the option to come to the new health insurance exchanges and would have a guaranteed source of meaningful coverage for themselves and their employees. In addition, these small businesses may qualify for tax credits for up to 50 percent of the cost of coverage. For businesses receiving tax credits, their employees' premiums would decrease by 8 to 11 percent compared to their costs under current law. Small businesses and their employees do well.

What about individuals purchasing coverage in the individual market? This is particularly important in my home State, for over half of the workers in my State are not offered employer-sponsored coverage. We have the highest percentage of workers without coverage of any State in the Union.

Like small businesses, individuals today have great difficulty in navigating insurance policies, securing affordable and meaningful coverage. This reform will provide these individuals with the options to come to new health insurance exchanges and have a guaranteed source of meaningful coverage for themselves and their families. The Congressional Budget Office predicts that the subsidies enrollees would pay would reduce the premiums they otherwise would have to pay by 50 to 60 percent.

Among higher income enrollees in the individual market who would not receive new subsidies—only about one-fifth of new enrollees—average premiums would increase by 10 to 13 percent.

This is consistent with estimates of the impact in my home State of New Mexico, where average families may see a decrease in premiums of as much as 60 percent as compared to the premiums they would pay without reform. In addition, about two-thirds of New Mexicans could potentially qualify for subsidies or Medicaid.

This reconciliation bill also contains important provisions to help Americans obtain a quality education. The higher education provisions of this bill will help put college within reach for more Americans. By eliminating subsidies to private student lenders, the bill supports large Pell grant increases for low-income college students, grants to States to help low-income students enter and succeed in college, and major new investments in minority-serving colleges and universities. And it does this without raising taxes; in fact, the CBO estimates that these student loan reforms will reduce the deficit by over $10 billion over 10 years.

In challenging economic times, we can no longer afford to subsidize private lenders at the expense of college students and their families. In my home State of New Mexico, this bill will provide almost $240 million in new Pell grant funding and an estimated $95 million for Hispanic-serving institutions and tribal colleges over the next 10 years. In supporting economically disadvantaged college students through this bill, we help them to achieve the American dream. We also strengthen our economy by ensuring that we continue to have the smartest, most competitive workforce in the world.

It is clear that the legislation before us and the new health reform law signed by President Obama yesterday are important steps forward for our country. Once we get beyond the rhetoric and discuss the specific reforms in this legislation—it becomes clear that this bill is vital to our Nation. It protects the aspects of our health care system that are working well while fixing those things that are broken including outlawing the nefarious games that health insurance companies play. It improves health care quality and it reduces costs; reforms the student loan system and expands important programs to help all America's children access a higher education—and it does all this while substantially reducing the Federal deficit.

I hope we can join our colleagues in the House and move swiftly to pass this reconciliation bill.

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

Mr. BINGAMAN. Mr. President, I will conclude by complimenting my other committee chair who is on the Senate floor, Senator HARKIN, who has worked tirelessly to get this legislation through the HELP Committee. He deserves great credit for his leadership on this bill, as does Senator BAUCUS.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, that is a good introduction to the next speaker, the distinguished chairman of the HELP Committee, Senator HARKIN.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. HARKIN. Mr. President, I thank my friend from New Mexico for his kind words, and I thank him for the great work he did on getting us to this point.

I have a limited amount of time. I want to respond to the motion to commit made by the Senator from Tennessee yesterday that would reduce our investment in Pell grants and replace them with lower student interest rates.

We all want lower student interest rates. I am, quite frankly, surprised. I do not remember my colleague from Tennessee or other colleagues on that side of the aisle raising much cane around here when the private bankers and Sallie Mae were charging students over 20 percent interest. I did not hear a peep out of the other side.

We have capped all of those interest rates now, and we are changing this program to a direct loan program to get the middlemen out. By cutting out the middlemen, by cutting out the huge subsidies to the bankers, we are able to save over $61 billion over the next 10 years, which we are using, again, to put into the Pell Grant Program to help our students.

I said yesterday, and I repeat, think about the present status quo with this indirect guaranteed student loan program. Think about how bizarre it really is. The Federal Government pays fees to private banks to make entirely risk-free loans using taxpayer dollars. The loans, which are already guaranteed by the Federal Government, are then sold back to the Federal Government. The banks then pocket tens of billions of dollars, taxpayers' dollars, in fees and easy profits at absolutely no risk to them whatsoever. This has been going on for far too long. What this bill does is it ends that. It takes all those savings that otherwise would go to Sallie Mae and to the bankers and puts them into Pell grants.

While I would agree that our students have too much debt—way too much debt; 73 percent of 4-year college graduates in my State of Iowa graduated with debt that averaged over $28,000. The national average is $23,200 for a student graduating from college. My Iowa students have the second highest debt loads in the Nation. We are taking charge of that.

Three years ago, in the College Cost Reduction and Access Act of 2007, we created the Income-Based Repayment program. What that bill said is that a borrower's payment would be capped at 15 percent of their net income after adjustments are made for living expenses

and provided total loan forgiveness after 25 years. We targeted that assistance to people who had the most difficult time repaying their loan.

More can be done. Here is what we did in this bill. Starting in 2014, a new borrower's monthly payment will be capped at 10 percent of their net income. They will be eligible for total loan forgiveness after 20 years. This is going to make college much more affordable for students even after they graduate.

If my friend from Tennessee wants to look at ways of reducing interest rates, I am all for it. Some of the biggest users of credit cards are kids in college, and look what they are being charged under credit cards—well over 20 percent, 30 percent sometimes on their credit cards. And they need that for immediate needs. If you are a parent with a kid in college, you know what I am talking about.

If you really want to help students, how about capping the interest rates they can charge on credit cards. I advocated that 20 years ago. We cap it at 12, 15 percent. They cannot charge any more than that. But I do not hear my friend from the other side talking about that. That would do more to help our students than just about anything else.

Three years ago when we cut the interest rates on student loans, we were criticized by the Republicans for not doing enough to increase Pell grants. Now we are being criticized for doing too much on Pell grants and not enough on interest rates for students. We see what this is. It is just another attempt to try to kill this reconciliation bill. That is all it is. Of course I am for lower interest rates. Who wouldn't be? Of course we are all for making the interest rates lower. When this reconciliation bill is through, I intend to come to the floor on some bill that probably will be coming up—maybe a financial bill or something like that—and I will be proposing at that time that we have lower interest rates. I ask my friend from Tennessee to join us in that effort at that time. But now is not the time and this is not the bill on which to do this.

We have to get our reconciliation bill through. Every amendment being offered by the Republicans is no more than an attempt to stop and kill this reconciliation bill, and we cannot allow that to happen.

We are going to have an education bill this year. We are going to have an elementary and secondary education bill I hope sometime this year. Higher Education Act changes are in this reconciliation bill. We are going to make sure the students have the money to go to college and Pell grants for the lowest income students. And, yes, we have capped interest rates at 6.8 percent. Could they be lower? I invite my friend, when we have another bill up that addresses this, let's see if we can get lower interest rates. I would be glad to work on that issue at that time. But right now, let's put the savings, the $61 billion that we are saving—let's do what this bill does: put it into better Pell grants so the kids can get into college in the first place.

We also put $2.5 billion into something we have neglected for far too long; that is, our Historically Black Colleges and Universities and other Minority-serving Institutions. So a big chunk of that money goes in there so they can also get a good education.

So this bill was carefully crafted. We put the money in there in the Pell grants. Let's keep them there and let's address the issue of the interest rates later on. I invite my Republican friends to join with us in doing that, especially on credit cards when that issue comes up down the pike.

Again, I urge my colleagues, when the vote comes up, to defeat the Alexander motion to commit and to keep the money in there for Pell grants.

I yield floor.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I wish to say a few words about how much this underlying legislation helps small business. We hear a lot of claims to the contrary, and I wish to set the record straight.

Essentially, small business people in America today spend about 18 percent more than the large businesses for the same health care coverage. Why is that? Because of high broker fees—small businesses have to buy insurance through brokers—because administrative costs are higher for them compared to big businesses, and adverse selection hurts them much more than big business. There are a lot of reasons why small businesses pay 18 percent more for health care than big business.

This legislation contains $37 billion in small business tax credits—$37 billion in small business tax credits—most of which go into effect this year, not later but this year, tax credits for a businessperson who wants to offer health insurance for his or her employees. Add to that insurance reforms, which are very much going to help small business. What are they? Preventing insurance companies from discriminating against small employees based on preexisting conditions, preventing discrimination on the basis of older or sicker employees, discrimination based on the size of the plan or discrimination against those whose employees work in dangerous industries.

All these insurance reforms are going to help small business. I might say the Congressional Budget Office also estimates the Senate bill will lower premium costs by nearly 7 percent for small businesses—lower premium costs, not increase them, as has been suggested, but lower premium costs for small business.

The bill also provides for State-based exchanges. That is going to help small business because that will require more competition among insurance companies. That will help give better rates and better quality insurance to small businesses.

I might say this as well. The legislation exempts small businesses—that is a business with 50 or fewer employees—from the requirement that employers that do not sponsor health care insurance pay a fee for their employees receiving premium tax credits. That is an exemption for small businesses with fewer than 50 employees from paying any penalty if they do not provide insurance.

So I wished to make it very clear that this bill very much helps small business—and I repeat—with $37 billion in small business tax credits, along with the other reasons I gave.

Mr. Chairman, how much time remains?

The PRESIDING OFFICER. There is 1½ minutes remaining.

Mr. BAUCUS. Mr. President, I don't know if Senator MCCASKILL is in the Chamber. I doubt she wants to take 1½ minutes. If not, I will yield back the 1½ minutes.

I understand Senator MCCASKILL is here now and wishes to speak, so I will try to find a way to squeeze in as much time as I can.

You are on.

The PRESIDING OFFICER. The Senator from Missouri is recognized, and she has 1 minute.

Mrs. MCCASKILL. Mr. President, I am confused about why the hearing we had scheduled this afternoon cannot go forward. The subject matter of this hearing is oversight of the contract that is engaged in police training in Afghanistan in the Subcommittee on Contracting Oversight. This is a hearing that is getting to the heart of the matter; that we have a real problem with the mission part in Afghanistan on police training because of problems with these contracts—problems with oversight at the State Department.

We have now canceled the hearing because we have been told we can't have it. The witness from the State Department has been canceled, the witness from the Defense Department has been canceled, and the inspectors general who were coming to testify about a GAO report that just came out last week that was damning in its criticism in the oversight of these contracts.

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

Mrs. MCCASKILL. I don't get it.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, is there an order providing for the next half hour?

The PRESIDING OFFICER. There is not.

Mr. BAUCUS. I ask unanimous consent that the Republican side control the next half hour and that the majority control the half hour following that.

The PRESIDING OFFICER. Is there objection?

Mr. GREGG. Reserving the right to object, that would be a half hour off, so

we should have the half hour after that because you got the first half hour.

Mr. BAUCUS. We won't worry about that yet.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. GREGG. Mr. President, the Senator from Maine is about to take the floor.

The PRESIDING OFFICER. The Senator from Maine is recognized.

Ms. SNOWE. Mr. President, I wish to thank the Senator from New Hampshire very much for his leadership and for consideration of the time today.

As consideration of health care reform draws to a close in the Senate with the pending reconciliation bill, I cannot help but arrive at this moment with a sense of profound disappointment in considering what might have been, rather than what has actually occurred with respect to one of the foremost domestic matters of our time.

As I stated as a member of the Senate Finance Committee at the conclusion of our markup of health reform legislation last October, this is one of the most complex set of issues ever placed before us. At the same time, I have said the reality that crafting the right approach is arduous in no way obviates our responsibility to make it happen, given the enormous implications of reordering more than $33 trillion in health care expenditures over the next 10 years, representing one-sixth of our economy and affecting every American.

Well, if there is one thing I have learned, it is that the only way to allay people's fears is by systematically working through the concerns, the issues, and the policy alternatives from all sides. When we hear proponents portraying the passage of health care reform as the equivalent of landmark legislation of the past, what they fail to note is, those efforts were all bipartisan. Regrettably, part of the history we made this week is that, for the first time, a truly watershed bill became law purely along partisan lines.

As I mentioned on the floor last November, it is almost impossible to imagine how transformational legislation over the last nearly 100 years, such as Social Security, Medicare, and civil rights could have been as strongly woven into the fabric of our Nation had they forsaken bipartisanship.

We could have extended that bipartisan legacy. The majority had 60 votes for health care reform, so they had a choice. They could have worked collaboratively to develop a more balanced, effective, and credible approach that—even if it ultimately failed to attract many Republican votes—could have resulted in legislation more widely embraced by the American people because, in the final analysis, no one party or person has a monopoly on good ideas.

That is precisely the reality that originally brought six of us together in the Senate Finance Committee in the so-called Gang of 6, to the credit of Chairman BAUCUS, who convened a meeting last summer, along with Ranking Member GRASSLEY, and that the chairman and ranking member referenced earlier in the debate on the floor. I commend them for what was the only bipartisan effort in any committee of the House and Senate. Certainly, that has been true and indicative of their collaborative, cooperative relationship. As the chairman pointed out, we met 31 times, week after week, for over 4 months, to debate policy and not politics because we were attempting to reach bipartisan consensus on reform legislation.

While we ultimately did not reach an agreement, given our discussions were ended prematurely by an artificially imposed deadline, our efforts did, in many ways, form the foundation for the subsequent Finance Committee legislation that, while far from perfect, produced bipartisan reforms, including banning the egregious practices by the insurance companies that have been discussed so often. We tried to navigate the ideologies on both ends of the political spectrum.

At the same time, as I stated at the conclusion of the Finance Committee markup, the issue of affordability remained one of my paramount concerns. I further expressed that we could not create vast, new bureaucracies and governmental intrusions. Finally, I said my vote to report the bill out of the committee was to continue to work to improve the legislation and, therefore, it would be imperative moving forward that the majority in the Senate give deference to the scope and the complexity of this issue, earn broader support, and resist the impulse to retreat into partisanship.

Yet regrettably, since the Finance Committee vote on October 13, the wheels essentially came off. The process went behind closed doors, with only one party represented. Long gone was the transparency of the Finance Committee debate, and what came to the Senate floor was a 2,400-page bill—900 pages longer than the Finance Committee bill—that we were forced to complete by Christmas Day, after a mere 21 days on the floor. In looking at a relative equivalence in terms of benchmark legislation, the Senate debated the Civil Rights Act of 1964 for 57 days. In the FAA bill that we just considered—that we just voted on this past Monday—we disposed of 45 amendments. That is 17 more than we addressed in the amendment process on health care reform legislation in December. What exactly were people afraid of?

Think what we could have been celebrating today if we would have had the open amendment process we had been promised or even if we had had, as I urged, that bipartisan summit last October instead of just last month. If it was a good idea now, it would have been a good idea then. Imagine if everyone had the opportunity to sit down with the actual legislative language and work through all the issues, determining what works and what doesn't work. We could have crafted a better product. But now we will never know. We could have, instead, developed something practical, rolled out in phases—something all the more critical, given we are already in treacherous economic and fiscal waters.

It is not as though we lacked the time. After all, the major provisions of this initiative do not even take effect until 2014. In fact, CBO has said that with the majority of the reform measures not scheduled to commence until then—4 years from now, by year 2013—there will still be 50 million uninsured Americans, exactly the same number as today.

There are those who will argue that the Senate-passed legislation was basically the same bill that emerged from the Finance Committee. But the facts tell a story of a different bill that, far from improving upon the finance measure, as I had indicated would be critical, instead went precisely in the opposite direction from what Americans wanted—with greater bureaucracy, more taxes, and ill-conceived measures that will cost our Nation jobs rather than help to create them.

Look at this chart, with respect to the employer mandate, to cite some examples. Something of critical importance to me, as ranking member of the Senate Small Business Committee, the Finance Committee proposal contained no employer mandate per se, forcing firms to offer health insurance. Rather, it specified that if a firm chose not to offer insurance and any of its workers received subsidized coverage in the exchange, the firm would pay a penalty equal to the lesser of an average credit amount that the employee received in the exchange or a flat $400 fee for all its workers.

While I would have preferred a zero penalty, the Senate-passed bill actually got worse, as you can see with this chart. First, penalties nearly doubled from those in the Finance Committee package to $750 per employee. Then it greatly expanded the instances in which penalties would be applied, requiring employers with more than 50 full-time employees who don't at least offer coverage and have even one full-time employee receiving a subsidy through the exchange to pay $750 for each of its full-time workers.

Under the reconciliation package that is pending before the Senate, firms with more than 50 workers would have to pay $2,000 per employee with just the first 30 employees exempted. That is a 167-percent increase over the $750 in the bill that was just signed into law. So we have gone from $400 to $750 and now to $2,000.

If that is not enough, part-time workers and seasonal workers will now be counted in determining whether the mandate will apply. That will be devastating. It will be devastating to

small firms, middle-sized firms, restaurants, retailers, and seasonal industries, such as those in my State of Maine, that will be subject to this mandate, which now produces $52 billion in revenue, up from the $27 billion in the bill that just became law.

Exactly how is this going to help our Nation's greatest job generators—our small businesses—that we are depending on to lead us out of this downturn?

Now let's look at the Medicare taxes, the second chart. The finance bill did not contain any form of Medicare taxes. We did not increase Medicare taxes. The Senate bill that just now became law, signed by the President yesterday, included $87 billion in Medicare taxes. That disproportionately affects small businesses because they apply to the income those businesses would normally reinvest.

Plain and simple, this .9 percentage point increase in Medicare payroll taxes is a job killer as it essentially takes away 1 additional percentage point of capital from the very small business owners we are depending on to create jobs, who are more than likely to employ between 20 and 250 employees, all at a moment when we should be looking for ways to help bring capital into small businesses.

If that were not bad enough, here we have reconciliation that is pending before the Senate that compounds the mistake with a 3.8-percent Medicare tax that is unprecedented because it is imposing a payroll tax on investment income. When combined with a capital gains tax increase the majority is planning for the end of this year, this 3.8 percent tax will raise the capital gains tax rate to an astonishing 23.8 percent, which is a 67-percent increase in taxes on investment during these precarious times.

Taken together, it is a grand total of $210 billion in Medicare taxes. So we went from the Finance Committee at zero to the Senate-passed bill that became law yesterday at $87 billion, and now in the bill pending before the Senate, we have a grand total of $210 billion in Medicare taxes.

It is a hidden tax, by the way. It is not indexed for inflation, so it will be similar to the alternative minimum tax that is going to continue to ensnare more and more people in this tax. It is a major tax increase on individuals, small businesses, on capital, at a time when we desperately need that capital to be reinvested to create more jobs.

Again, we have gone from zero to $210 billion in new taxes in Medicare. Do we seriously believe this is the time we should be instituting these breathtaking and job-killing increases, not to mention the unprecedented shift because not one dollar gets reinvested in Medicare—not one dollar—not to mention it does not address the physician problem with a 21-percent reduction in provider reimbursement that we have to extend this week for another month because it is a month-to-month problem. We need a 10-year fix. That will be over $200 billion but, rather, we are taxing it for other purposes rather than into Medicare. But unfortunately, that's what becomes of a broken process.

Look at what two of the largest organizations representing small business in America stated upon passage of the finance bill. The National Federation of Independent Business said at the time the finance bill passed on October 13:

> NFIB appreciates the many provisions in this package that reflect small businesses' needs, which are rooted in approaches that aim to lower costs, increasing coverage options, and provide real competition in the private marketplace.

Fast forward to the Senate-passed bill in December that now became law as a result of the President signing it yesterday. Now what does NFIB, the National Federation of Independent Business, have to say?

> The impact from these new taxes, a rich benefit package that is more costly than what they can afford today . . . [and] a hard employer mandate—

The one I referred to earlier—

> equals disaster for small businesses.

On March 21, they said:

> We couldn't have been clearer how damaging this bill will be to America's small businesses and the economic recovery of this country.

Particularly in these precarious economic times, shouldn't that make us all deeply concerned?

Now consider what the National Small Business Association released this weekend. I have that on a chart as well.

> We have continued to work positively for needed changes . . . but it is now clear that most of these recommendations have not been accepted. . . .We understand that it is impossible to create a significant reform such as this one without some objections from nearly every constituency. But our objections to this bill go beyond those reasonable expectations. Congress can do better.

To which I add, I could not agree more. They say they oppose the health care reform bill with regret but they base it on all the significant issues that have been incorporated in this legislation that will be damaging to small businesses. I could not agree more.

Furthermore, I am deeply troubled by the manner in which the Medicare tax increases in this bill are to be utilized—$210 billion. According to CBO, and this is their exact words:

> To describe the full amount of the [Medicare] trust fund savings as both improving the government's ability to pay future Medicare benefits and financing new spending outside of Medicare would essentially double count a large share of those savings and thus overstate the improvement in the government's fiscal position.

So, No. 1, talking about the fact of the reduction of deficit, it is not going to improve that; and No. 2, whether or not it can be plowed back into Medicare, obviously it is not going to affect Medicare's insolvency issue because it is going to go to other purposes and is not intended for the Medicare trust fund. How are we going to strengthen Medicare when these new tax dollars are being diverted from their original intended purpose of actually paying for Medicare benefits?

Another major difference in the legislation we passed in the Senate Finance Committee on October 13 and in the pending reconciliation bill, is the so-called CLASS Act. While proponents point to estimates that this provision would raise $72 billion over the first 10 years, that savings only occurs as a result of a fiscal shell game of using funds promised to pay beneficiaries later to lower the deficit today. As CBO says, ''The program would pay out far less in benefits than it would receive in premiums over the 10-year budget window,'' raising $70 billion in premiums that will fund benefits outside the window, and as a result, CBO further concluded that ''in the decade following 2029, the CLASS program will begin to increase the deficit.'' Again, this is exactly the wrong direction for America.

Perhaps most disturbingly, we don't even have answers from CBO to many of the most fundamental questions in the minds of Americans, the minds of small businesses—what will be the true impact? Those were questions I posed to CBO on December 3 to which I still don't have the answers. What provisions in the legislation would justify and facilitate premium increases, and to what extent would other provisions limit their outcome? What would go up and what would go down? We need to know what is going to drive up premium costs and what is going to lower premium costs. Indeed, the headline on Tuesday in my home State newspaper the Portland Press Herald was ''Mainers Wait and Wonder: How Will Reform Affect Us?''

That is why I also requested from CBO specific state-by-state analysis of reform's effects on premiums, because while we do have from CBO a national average for premiums, what they would be for minimum credible coverage under the new law, the reality is that cost will vary widely from State to State. That is why I proposed and I asked CBO what the impact would be of opening up the legislation to extend the ''young invincibles'' plan, that catastrophic coverage for young people, to all Americans and extend those subsidies to that coverage as well so everyone at least has one affordable option to purchase health insurance. Why? Because the Federal Government is requiring for the first time that individuals purchase health insurance—that is, first, individual mandates; second, it sets new standards in the plan and the exchanges that could drive up premium costs for certain individuals and small businesses. So shouldn't we have the certainty that affordable choices are available? Yet we do not even have substantiation whether provisions of this reform will make health care costs higher or lower. In fact,

there is actually a presumption in the legislation that costs may well go up.

I find it telling that the excise tax on high-cost insurance in this reconciliation contains a fail-safe provision, referred to as a health cost adjustment percentage, that automatically raises the threshold to higher numbers. That was described in the House Democratic summary of reconciliation. They put it this way:

CBO is wrong in its forecast of the premium inflation rate between now and 2018.

Maine is a high-cost State, regrettably, because it is not a competitive market. We have high-cost plans, along with 16 other States. But given that the bill already provides for thresholds as high as $13,900 for individuals and $36,450 excluding vision and dental benefits before triggering the excise tax, those thresholds are significantly higher than those that were passed in the Senate-passed bill yesterday. Now they will be raised even higher under the pending reconciliation.

The question is, Why exactly would we still require a medical inflation adjusted for 2018, 8 years from now, that raises those thresholds even higher? What does that say about the performance confidence in reining in medical costs as a result of this legislation that was signed into law and the pending reconciliation? It says they simply do not know. The fail-safe automatic increase in the threshold clearly assumes this legislation still may not address runaway costs.

The PRESIDING OFFICER (Mrs. HAGAN). The time of the Senator has expired.

Ms. SNOWE. I ask unanimous consent for 1 additional minute.

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

Ms. SNOWE. Madam President, these are the thresholds. Eight years from now—the legislation suggests that because of inflation for medical costs that outpaces inflation two to three times, they are saying that 8 years from now, we will not have controlled medical costs even with the passage of this legislation having taken effect as a result of yesterday. It is precisely because of this uncertainty that I will be offering amendments to address these very issues.

Somehow, the high worth of legislating, of deliberating, of ironing out our differences has been cast aside in favor of either/or propositions when we could have instead risen to the monumental challenge with the best possible solution to strengthen America's health care today and for generations to come. I profoundly regret that this process has provided far too few opportunities to forge legislation that would stand not just the test of our time but for all time. We could have done better and we should have done better.

I yield the floor, and I ask unanimous consent to have printed in the RECORD the NSBA statement of March 19, 2010; the NFIB statement of November 19, 2009; and the Portland Press Herald article of March 23, 2010.

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

[From the National Small Business Association, Mar. 19, 2010]

NSBA OPPOSES HEALTH CARE REFORM BILL, WITH REGRET

Despite the extraordinary need of small businesses for health care reform, the National Small Business Association cannot support the reform bill currently pending before Congress. This bill will place significant new pressures on small businesses to both offer and pay for employee health insurance, starting in the earliest stages of reform. However, the provider-level reforms that could contain costs and enable small businesses to afford this commitment will not be fully effective for many years—if at all. We justifiably expect that small companies caught between these twin pressures will see their ability to grow, prosper, and create jobs greatly diminished.

As long-time advocates of fundamental reform of the health care system, we had high hopes for a reform measure that could be more broadly embraced and that we could support. Indeed, the current bill has many positive features that NSBA supports: repair of the dysfunctional individual and small group insurance markets; focus on individual needs and responsibilities, rather than all-encompassing employer mandates; and a start on transforming the delivery system incentives that have driven health care costs to unsustainable levels.

The shortcomings, though, also are significant.

Small business health premiums will continue to increase sharply, as even the Congressional Budget Office has determined.

The legislation does nothing to encourage cost-conscious consumer behavior, aside from the unnecessarily blunt ''Cadillac tax,'' which will not begin to have an effect until at least 2018, and which is insufficiently transparent and imposes unintended administrative burdens on small businesses.

The previously mentioned delivery system reforms are positive, but are too back-loaded, giving powerful vested interests years to water them down or remove them entirely. Even if implemented, they are not likely to have a significant effect on costs for a decade or more. Malpractice reform, absent from the current legislation, would make these reforms much more effective.

Though currently excluding most small companies, the large increases in ''free-rider fees'' are troubling. If there was once a distinction between an employer mandate and a free-rider provision, it seems to have been lost.

The very large tax increases on both earned and unearned income could have a significant effect on many small business owners and their ability to reinvest in their companies' growth. These increases are in addition to the administration's current budget proposal which calls for significant income tax increases on the same individuals. Together, these taxes will create a steep increase in marginal tax rates on the very entrepreneurs we need to be investing and creating jobs.

NSBA has stood apart from many other business groups during deliberations on health care reform, preferring to be a nonpartisan, thoughtful, and member-driven organization. We have continued to work positively for needed changes to the legislation, but it is now clear that most of those recommendations have not been accepted and that the bill is in its final form. We understand that it is impossible to create a significant reform such as this without some objections from nearly every constituency. But our objections to this bill go beyond those reasonable expectations. Congress can do better. A sense of urgency on cost containment is the place to start.

NFIB STATEMENT: SENATE HEALTH BILL

WASHINGTON, DC, Nov. 19, 2009.—Susan Eckerly, senior vice president of the National Federation of Independent Business, the nation's leading small business association, issued the following statement in reaction to the Patient Protection and Affordable Care Act:

''Small business can't support a proposal that does not address their No. 1 problem: the unsustainable cost of healthcare. With unemployment at a 26-year high and small business owners struggling to simply keep their doors open, this kind of reform is not what we need to encourage small businesses to thrive.

''We oppose the Patient Protection and Affordable Care Act due to the amount of new taxes, the creation of new mandates, and the establishment of new entitlement programs. There is no doubt all these burdens will be paid for on the backs of small business. It's clear to us that, at the end of the day, the costs to small business more than outweigh the benefits they may have realized.

''Small businesses have been clear about their needs in health reform; they have been working for solutions for more than two decades. They have a unique place in this debate because of the exceptional challenges they face. They experience the most volatile premium increases, are the most cost-shifted market, see the most tax increases and have the least competitive marketplace. For all these reasons, they especially need reform, but these reforms can't add to their cost of doing business. The impact from these new taxes, a rich benefit package that is more costly than what they can afford today, a new government entitlement program, and a hard employer mandate equals disaster for small business.

''We are disappointed that, after so many months of discussion, small business could be left with the status quo or something even worse. Unless extreme measures are taken to reverse the course Congress is on, small business will have no choice but to hope for another chance at real reform down the road.

''Congress is running out of opportunities to prove to small business that they are serious about helping our nation's job creators. We are hopeful that a robust bipartisan debate will produce a bill that small businesses see as a solution and not another government burden.''

[From the Portland Press Herald, Mar. 23, 2010]

MAINERS WAIT AND WONDER: HOW WILL REFORM AFFECT US?

(By John Richardson)

Terri Grover of Portland watched from her home Sunday night as Congress finally passed health-care reform legislation.

She didn't realize that her 22–year-old daughter, a senior at Bates College, was glued to the television, too.

''My daughter called from college last night at 10:45 and said, 'They passed it, they passed it! Does that mean I'm going to get insurance?' '' Grover said.

Grover is pretty sure the answer to that question is ''yes.''

The legislation, which still needs to be signed by President Obama and then amended by the U.S. Senate, says dependents will be eligible to stay on their parents' policies until they turn 26.

However, Grover is still nervous about all of the details in the complex reform package, some of which have yet to be finalized.

Some Mainers, including Grover, said Monday that they're excited about the legislation.

Others said they fear that the added costs and regulation will just make matters worse.

All agreed, however, that there is much uncertainty and confusion about how it will ultimately affect their health care costs, their jobs and their businesses.

''We all want to know,'' Barbara Thorso of South Portland said Monday afternoon between bingo games at the city's community center.

Thorso, 87, is president of the Three Score Plus Club, which hosts the weekly gathering.

''We're the general public. This bill is going to cover us,'' Thorso said. ''I would like to have an understanding of what's in the package. I don't have a clue.''

The 10-year, $938 billion bill will eventually extend coverage to 32 million uninsured Americans, prohibit insurance companies from denying coverage to sick people, and create insurance marketplaces, called ''exchanges,'' intended to make coverage more affordable.

Other changes will be more immediate, such as subsidies to help senior citizens pay for drugs and the requirement to let dependent children remain on their parents' health insurance plans until age 26.

''It's really too soon to know how all of this is going to unfold. Some of the provisions of the bill don't go into effect until 2014, and some after that,'' said Katherine Pelletreau, director of the Maine Association of Health Plans, an association of health insurance companies.

''In truth, I'm trying to understand it, to dissect it so we can know what the impacts and (employers') responsibilities are, and that's going to take some time,'' said Dana Connors, president of the Maine State Chamber of Commerce.

''The big question is . . . does it reduce costs or does it add costs?''

Parker Williams of South Portland believes that the legislation will hurt businesses and cost jobs. ''Where are they going to get the money to pay for it?'' said Williams. ''It will take 10 years before it will start to save money.''

Anne LaForgia of South Portland said she has more faith in President Obama.

''Most of the people our age are very concerned,'' said LaForgia, who is 84. ''I'm really hopeful . . . I don't think it will hurt (seniors covered through Medicare). I'm more worried about the younger people.''

Toni Fizell and Sharon Haskell, both of South Portland, could be directly affected by the legislation. Fizell, who is 59, has no health insurance.

Haskell, who is 63, expects that she will be uninsured, too, after her rate goes up in June.

Both are more nervous about the bill than optimistic.

''It's scary to listen to (the debate),'' Fizell said. ''Everybody has to have insurance. . . . How are they going to enforce that?''

The bill will eventually require people to buy insurance or pay fees, and it includes subsidies to help people who can't afford it.

Haskell, who lost her job and her employer insurance last year, said she doesn't expect any help from the legislation before she turns 65 and is eligible for Medicare. ''I'm just going to look for something part time and pray that I stay healthy,'' she said.

Grover, who celebrated on the phone with her daughter, is confident that the legislation will be an improvement, despite all the details.

''Young people will be able to search for the right career for them rather than search for any job that will give them health insurance,'' she said. ''I wish the whole thing went into effect faster.''

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Madam President, how much time remains?

The PRESIDING OFFICER. Nine minutes.

Mr. BURR. Will the Chair please notify me when I am down to 1.

I will also offer an amendment tonight, and the purpose is very clear: it is to protect the health care of our Nation's servicemembers, veterans, and their widows, orphans, and dependents. The problem is, since the debate on health care reform began, our veterans and their families have asked for just one thing: Protect our health care benefit. The President even promised. He said that ''one thing that reform will not change is veterans health care. No one is going to take away your benefits—that is the plain and simple truth.''

Unfortunately, the Patients Protection and Affordable Care Act does not explicitly protect the health care of our Nation's servicemembers, veterans, their widows, orphans, or dependents. Let me explain why.

Under this health care bill, it requires a minimal essential coverage of any health care plan. The requirements for that health care do not clearly include TRICARE, which is the Active-Duty family members of our troops; the VA's spina bifida program for children under our Agent Orange veterans under chapter 18 of title 38; and CHAMPVA, a program run out of the Veterans Administration for spouses and dependent children of veterans who died or are profoundly disabled as a result of military service; and possibly VA's vocational rehabilitation program. As a result, these beneficiaries could be forced to pay additional insurance or to pay punitive fees because the threshold of coverage does not meet the threshold defined in this bill.

Apparently, the authors were so preoccupied with the sweetheart deals and backroom negotiations that they forgot to uphold their promises, they forgot about the policy part of this health care bill.

Both the House and Senate have acknowledged the oversight I am here to correct. As soon as the issue was identified, the House rushed through on Saturday to pass a bill to put a technical correction on the Department of Defense piece. The bill passed with overwhelming support—403 to 0. The problem is, the only piece that the DOD technical corrections piece fixes is, in fact, TRICARE.

It does not fix spina bifida for the children of Agent Orange survivors. It does not fix CHAMPVA, which is the program for spouses, dependent children of veterans who are profoundly disabled as a result of military service.

Now, identical legislation was introduced in the Senate, and some claim, well, we just need to pass that. Well, you need to pass that if, in fact, you do not want to extend CHAMPVA and spina bifida.

I have to commend that Secretaries Shinseki and Gates have tried to alleviate the concerns. I certainly appreciate their reassurances. However, the greatest assurance you can provide is to be unambiguous about the issue. We owe it to our Nation's veterans, to their families, to leave uncertainty outside and to spell it out in the legislation that these items meet the threshold. Therefore those families, those servicemembers, are not obligated in the future for additional penalties and/or fees to participate.

It is time we started to listen to the American people, especially when it relates to our Nation's veterans and their families. My amendment maintains the integrity of the health care system of VA and DOD. It ensures that the authority of the Secretary of the Department of Defense and the Secretary of Veterans' Administration would not be challenged or obstructed by any provision in the Patient Protection and Affordability Care Act.

My amendment will ensure that nothing in the Democrats' health care bill should be construed as affecting benefits provided under TRICARE or any VA health care program.

Finally, my amendment ensures that the minimal essential coverage—key words, ''minimum essential coverage''—under this Democratic health care bill includes TRICARE and all health care provided by the VA.

I think it is important to remind my colleagues that over the weekend the veterans service organizations have expressed their deep concern, and more than one VSO, Veterans of Foreign Wars, said this:

> Bill language is important, and that's why the VFW remains adamant to expeditiously fixing the new law. All of DOD's programs should have been in the original bill, as well as all of Title 38, not just one part of one chapter. This is not playing politics, this is protecting the hard earned health care coverage our veterans, servicemembers, and their families deserve.

Some might come to the Senate floor later and say, well, this is not the appropriate place to fix it. The reconciliation bill has been billed as ''the bill to fix everything'' that is wrong in the original health care bill. That is how it was sold to House Members: Vote for the Senate bill, and we will fix all of those things that you find as problems in the reconciliation bill.

We have before us the reconciliation bill, and some will argue that fixing it for our Nation's veterans, their spouses, their family members, that this is not the appropriate place to do it. I agree. We should have gotten it right the first time. We should not have to have a fix-it bill. But when we do not bring sunlight to it, when we exclude people who are focused on policy, this is what we get. We get a bill that does not fulfill the promise the President made.

Let me just state again exactly what they were. The President said:

> One thing that reform won't change is veterans health care.

He went on to say:

No one is going to take away your benefits, that is plain and simple truth.

Well, if it is plain and simple truth, then this body has no choice tonight but to take my amendment, to pass my amendment, to incorporate it in the health care fix bill, the reconciliation bill, and to make sure that when we finish our business, whether that is tomorrow or the next day, that, in fact, it is very clear in the health care bill who is covered. It is not just TRICARE for Life, it is TRICARE; it is spina bifida for the children of Agent Orange exposure; it is the CHAMPVA program, which covers spouses, children, and the severely disabled of those killed in action.

My hope is that all of my colleagues will see the wisdom in supporting this bill, that they will not look for another avenue to do it in, that they will put it in the fix bill, and they will not leave it up to Secretaries to give us the assurance when we have set up so many outside panels to interpret for the American people what their coverage is going to be in the future.

I think sometimes we can forget the complicated maze this bill creates, where we will actually have nonproviders determining whether your coverage is sufficient that you constructed or that your employer provided for you or that you went out as an independent and bought, and if it does not meet the standard of minimum essential coverage, then you could open——

The PRESIDING OFFICER. The Senator has 1 minute remaining.

Mr. BURR. I thank the Chair.

Then you could be exposed to a fine because a government bureaucrat has determined that the coverage, the health care coverage you bought, that you were given, is not sufficient enough to meet the minimal essential coverage this bill crafted.

Well, very simply, there are veterans around the country who know they have been left out—their spouses, their family members, their kids with disease. Tonight we can assure them they are included by, in the health care fix bill, actually fixing that one piece and making sure that we extend the coverage the President promised and that we owe to these veterans and their families.

When I introduce that bill, I hope all 100 Senators support it like the House has. I thank the Chair.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Madam President, I think the half hour has now turned to our side.

The PRESIDING OFFICER. That is correct.

Mr. BAUCUS. I yield to the Senator from Michigan for a request.

The PRESIDING OFFICER. The Senator from Michigan

REQUEST FOR COMMITTEES TO MEET

Mr. LEVIN. Madam President, I make this request as chairman of the Senate Armed Services Committee. I would note that this unanimous consent request is supported by my ranking member, Senator MCCAIN.

We have three commanders scheduled to testify this afternoon. They have been scheduled for a long time. They have come a long distance. One of them has come from Korea; one of them has come from Hawaii. I would therefore ask unanimous consent that the previously scheduled, currently scheduled hearing of the Committee on Armed Services, be allowed to proceed and that we be authorized to meet during the session of the Senate on Wednesday, March 24, 2010, at 2:30 in open and closed session to receive testimony from ADM Robert Willard, U.S. Navy, Commander U.S. Pacific Command; from GEN Kevin P. Chilton, U.S. Air Force, Commander of the U.S. Strategic Command; and from GEN Walter Sharp, U.S. Army, Commander U.S. Forces Korea, in review of the defense authorization request for fiscal year 2011, and the future years defense programs.

Senator MCCAIN supports this request. I understand it is not likely there will be any votes on the floor until 5:30 this afternoon.

The PRESIDING OFFICER. Is there objection?

Mr. BURR. As a member of the committee, and I side myself with the chair and the ranking member that I have no personal objection to continuing. There is objection on our side of the aisle. Therefore, I would have to object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Montana.

Mr. BAUCUS. Madam President, I yield to the distinguished senior Senator from California, Mrs. FEINSTEIN, 10 minutes.

The PRESIDING OFFICER. The Senator from California.

Mrs. FEINSTEIN. I thank the distinguished manager of the bill for his work on this which has been prodigious, long, and, I hope, not too exhausting.

I want to speak rather personally about health care reform, why I support the bill that has been signed by the President, why I support the reconciliation bill, and why I will oppose any amendment no matter how good that amendment may appear to be.

I am a doctor's daughter, and I am a former doctor's wife. So I have lived most of my life in a medical family. I have had very good health care. My father, who was chief of surgery at the University of California Medical Center, never operated on anyone he did not make a house call on. He was well respected by his students and a great surgeon.

My husband who died was a neurosurgeon, and his practice was spent in stereotactic surgery with respect to people who had abnormal movements and could not control their movements. So I came to believe that we had the best medical system in the United States of America.

It was only in the last few years that I began to see how much medicine had changed in America. We walked into a doctor's office, and it was not like one secretary in my father's office; it was a bank of files and pressure and lines waiting to be seen. I realized that there were so many people who did not have good health care, who worried about losing their health care, and, in fact, were losing their health care; that this kind of reform suddenly was open to me.

Then I looked at some statistics because I thought, America is spending all of this money, spending nearly 15 percent of our GDP on health care, we must be getting substantial bang for the buck. And here is what I found instead.

According to the World Health Organization, the top health care systems in the world begin with France, No. 1, Italy, and it goes on. The United States is ranked 37.

So let's go on. Infant mortality: I think infant mortality is a good criteria of care because we know with good medical care we save babies. I thought surely America is going to be No. 1 in terms of infant mortality. No, we are No. 22. It is, in fact, Japan at the top with 3 deaths per 1,000 births.

So let's look a little further. Avoidable mortality rate: This is deaths that you can avoid with good medical care. Well, we have great medical institutions. You would expect that we would rank very high. Again, France is No. 1, and the United States is not 2, 3, 4 or 5 but No. 15. And the source of that is the Commonwealth Fund.

Well, I then began to think more deeply about it and to realize that we have all of these people in this country growing who are uncovered. In fact, in California, my State, a State of nearly 40 million people, in the last 2 years, each year the uninsured have gained 1 million people. So over the past 2 years, California has lost insurance for 2 million people, bringing the total of people up to 8 million who have no insurance whatsoever.

Then you see companies, when the people get sick with HIV, with full-blown AIDS, will just simply cancel their policies and throw them out. Then you learn that there is such a thing as a preexisting condition. We all come with certain preexisting conditions, or probably at one time in our life we will have one.

We find there are companies that will not grant insurance if you have a preexisting condition. In my 17 years in the Senate, 18 years in the Senate, we have had numerous people write and say: I have been denied this treatment, or, I have been denied that treatment. Would you please try and help me? And we do. Sometimes we win, and we get a procedure for them that they had been denied by their insurance company. So it is so important to know what this bill will do; that it will essentially cover 32 million or 95 percent of the people of this country with some form of insurance.

When the exchanges are functioning, they will have real choice if they wish it. Their insurance will not be taken away from them. Right away, this year, yesterday, those of us who were at the White House heard the President say that immediate gains will take place. For example, $5 billion for a high-risk pool, helping to provide coverage for those who are uninsured because they have been denied coverage by one of the big medical insurance companies.

Also, children with preexisting conditions can no longer be discriminated against. So the family with the juvenile diabetic who cannot get insurance because the child is a juvenile diabetic will be able to get that insurance.

That is important. We have learned that the notorious doughnut hole which takes place when you spend a certain amount on your pharmaceuticals—there is a hole in the middle at which point there is no help, and each person in that situation would receive $250 to help them through that time.

A child can remain on a parent's policy until the age of 26. These are some of the things that happen right away.

Now, I know people do not like this plan, some of them. But the question comes: Do we keep doing what we are doing, spending more and more of our gross domestic product and not improving our overall performance, not improving our infant mortality, not improving our longevity, the way good practical medicine should?

I wish to talk about one thing that isn't in any bill about which I am very worried. A while ago, I introduced legislation for a medical insurance rate authority. We have about nine very large for-profit medical insurance companies in the United States. As a product of an earlier action, they are the only industry, other than major league baseball, that has an antitrust exemption. What they have been doing is merging and acquiring companies so that they can control markets. In Los Angeles, for example, today two of these companies control 51 percent of all of the premiums. Once you have this market share and control, you can raise premiums with abandon. Earlier this year, a company, a subsidiary of WellPoint, sent out notices to 800,000 Californians and said: We are raising your premiums. Premiums went up 39 percent for those not in a group policy but who held individual policies. Can you imagine getting a notice that your insurance has gone up 40 percent? To add insult to injury, they then said: We may come back in the middle of the year and ask for another.

That company came in. I asked the CEO what her salary was. Nine million a year. And you realize that these companies also have a substantial percentage that they spend on rent of your premium dollar, on the salaries of their executives in the millions of your premium dollar, on transportation, on conventions. Generally this can go to 20 to 30 percent of the premium dollar. We begin to bring it down to 15 percent of the premium dollar.

What is missing and what the President put in the reconciliation bill was my legislation to give the Secretary of Health the ability to see that medical insurance premiums are reasonable and would establish a rate authority of people who have expertise in the arena that she could consult with in levying this authority. That is not in the bill.

The PRESIDING OFFICER. The Senator has used 10 minutes.

Mrs. FEINSTEIN. If I might conclude.

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

Mrs. FEINSTEIN. These rate increases go into place May 1. So it is vital that we take some action before May 1, or all throughout the United States there are going to be substantial premium increases.

I yield the floor.

Mr. BAUCUS. Madam President, I yield 10 minutes to the Senator from Virginia, Mr. WEBB.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WEBB. Madam President, being an eternal optimist, I rise to express my hope that once the process of voting over the next 2 days is completed, we can find a way to move forward with our colleagues across the aisle to fix other provisions in this legislation and make it truly the kind of bill they say they wish to see as well. I will support this reconciliation bill. At the same time, as my colleagues on this side of the aisle know well, I worked very hard to narrow and improve this legislation as it was passed last December, including voting, as I recall, eight different times with my Republican colleagues, which didn't make my chairman very happy, on a few occasions to make changes in the bill. In the end I voted in favor of this legislation despite serious misgivings with portions of it, because it does represent a true step forward in terms of quality, accessibility, and affordability of health care for most Americans.

The important point for us to remember today and tomorrow, as we go through the process, is that the bill is now law. The question before us now is how best to implement that law so that the benefits can be put into place and the many detriments I was worried about can be addressed. There are a number of strong points in this bill. Many of my colleagues have laid them out. As we know, insurance companies will be prohibited from denying health care coverage to children with preexisting conditions. Young adults will be able to stay on their parents' insurance plans until they are 26. Uninsured Americans with preexisting conditions will have access to affordable insurance options. Insurance companies won't be able to drop people from coverage when they get sick, and they will be banned from implementing lifetime caps on coverage. Seniors who hit the Medicare Part D doughnut hole gap in coverage will get a $250 check to help with the cost of prescriptions and the doughnut hole will be completely closed by 2020.

Access to insurance over the next couple years will be expanded to 95 percent of Americans. It will implement reforms designed to slow skyrocketing health care costs. Working families will not have to worry about losing health insurance or facing bankruptcy because of a job loss or because of illness. Insurance companies will be required to spend the majority of their money on patient care.

The law will also provide tax credits to help make health insurance available for individuals, expand access to Medicaid, create a regulated marketplace where people can shop for the health insurance plan that best meets their needs, and will prohibit insurance companies from refusing to sell or renew policies due to an individual's health status. These are just some of the positive points of the law.

In fairness—and I understand and appreciate some of the frustration on the other side—there are serious problems in this bill. I don't like the dramatic cuts in Medicare this law proposes. In fact, I voted against them. I share the concerns by my Democratic colleague, Congressman RICK BOUCHER of southwest Virginia, regarding the potential negative impact these cuts could have on rural areas, particularly the population of southwest Virginia. This legislation proposes to cut approximately $450 billion from Medicare spending over the next 10 years at a time when Medicare is already mired in debt and, as we know, a bow wave of baby boomers is going to start hitting the Medicare system immediately. Medicare Advantage, which provides better benefits than traditional Medicare, is a valuable tool in rural and underserved areas, and that may decrease. This law does little to address the historic disparity in Medicare funding between urban and rural areas.

I am also concerned about the cost and spending projections of this legislation. There is a great deal of debate going on right now about the real cost of this bill. Former CBO Director Douglas Holtz-Eakin estimated, in an article in the New York Times recently, that the bill may increase the Federal deficit by $562 billion over 10 years because of some of these areas I discussed. The official score maintains that the bill would lower the deficit by $143 billion over that same period, but it includes a number of unlikely assumptions, Medicare being one of them. The system for reimbursing Medicare doctors, called the sustainable growth rate, is widely agreed to be broken, but we have not tried to fix it. That is a $250 billion ticket. Many, including myself, believe the Community Living Assistance Services and Supports Act, the CLASS Act, is structurally unsound. I voted against that as we were considering the bill.

In addition, as my colleague Congressman GLENN NYE from the Norfolk-Virginia Beach area pointed out, there is a great deal of concern among families and small businesses regarding the impact of this bill.

Again, the point is, the bill is now law. The question is how to make the law a better law. The process that got us here has been ugly. It has diminished the trust and respect some citizens hold for our own government. We need to restore that trust through a genuine and transparent effort on both sides of the aisle to fix the problems in the law. We also need to start working together again across the aisle, on this and other issues that confront us, in a bipartisan sense and a sense of shared responsibility about the many problems facing the country. We are now preparing to begin a series of votes through the reconciliation process that ultimately, quite frankly, is going to mean little or nothing in terms of the outcome of this legislation. They are not going to seriously address the problems in it. I understand the concerns on the other side. I respect them. These votes in many cases are politically necessary for the other side. But I call on my Republican friends to begin to work with some of us over here on this side to address the inequities that we are concerned about, to implement cost controls, to work together for the good of the country once this next couple of days is done.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. LIEBERMAN. Madam President, I gather I have at least 7 minutes assigned to me.

The PRESIDING OFFICER. Ten minutes remains.

Mr. LIEBERMAN. I ask that the Chair inform me if I am not finished when there is 1 minute remaining on my time.

The PRESIDING OFFICER. The Chair will so inform.

Mr. LIEBERMAN. Madam President, a good friend once wisely said to me that it is only a very short road that has no turns. The road that health care reform has traveled to get to the Senate has been very long and has had many turns. Its path to us might well be described as tortuous, with all that word has come to mean. As I said when I explained in December why I was voting for the Senate health care reform bill, any piece of legislation this big, this complicated, and this transformational is unlikely to be perfectly pleasing to anyone. That is true for me. In the end, each of us has to ask ourselves, do the positives in this legislation outweigh the negatives? Does what pleases us in it outweigh what worries us? Let me begin with the measure before us now.

The reconciliation act that is before us preserves most but not all of the health care reform the Senate adopted and I voted for in December. I concluded then and repeat now that together these measures achieve real change in the three big areas in which our health care system needs to be changed: reforming health care delivery to put a brake on the skyrocketing costs of care for individuals, families, businesses, and our government; better regulating health insurance companies to protect consumers, including those with preexisting conditions; and helping millions of middle-income Americans who cannot afford health insurance now to buy it.

For me it is particularly noteworthy that the Senate bill, plus the reconciliation act, achieves all that progress without a government takeover of health care or health insurance. That would have been a very costly deficit-exploding mistake and would have fundamentally and adversely altered the traditional American balance of power between the public and private sectors that has worked so well over our history to create economic growth and opportunity and to build the American middle class. That is why I opposed the so-called public option so strenuously and why I am so grateful it is not in the reconciliation act the House has sent us. Those are the big and good things I appreciate in this health care reform package.

What worries me about it? First, the size of this proposal concerns me, particularly at this time of national fiscal indebtedness and economic stress. I wish we had chosen to achieve health care reform step by step, beginning with delivery reforms that would lower health costs and then moving on to expand middle-class access to affordable health insurance and then more aggressively regulating health insurance companies. But there was never enough bipartisan support for such step-by-step reform. I know because I tried to find it. So now, along with each of my colleagues, I must vote on the proposal before us, not on one I wish we had before us.

My biggest concerns about this proposal are its prospective fiscal consequences. I worry that the savings this bill achieves in Medicare and the revenue it raises from new Medicare taxes to help pay for health care reform will soon be urgently needed to save Medicare itself from running out of money it needs to pay the bills for seniors' health care. Most of all, I worry that the bottom line consequences of this health care reform will be to increase our already ominous national debt.

I am, of course, greatly encouraged by the conclusion of the independent, nonpartisan Congressional Budget Office that this health care reform legislation will not only not increase the debt but actually decrease it by more than a trillion dollars over the next two decades, and that its savings in Medicare will not only pay for part of health care reform but actually extend the solvency of the Medicare Hospital Trust Fund.

According to the Chief Actuary at the Centers for Medicare and Medicaid Services, the solvency of the trust fund will be extended by 10 years as a result of the Senate health care reform bill that is now law.

However, for those good and significant things to happen, future Congresses will have to be very disciplined and keep the promises that are made in this legislation to reform health care delivery to cut costs. Most of those reforms will over time be opposed by providers and beneficiaries. The record of Congress in resisting such pressure to stick with the costly status quo is not encouraging.

So in the end, I have weighed the pluses and minuses, and I have decided to vote for this health care reform package, choosing its real change over the broken status quo, raising my hopes above my fears, and adding, if I may, a personal prayer that future Congresses and Presidents do not weaken the reforms in this bill that will stop the constant increases in health care and health insurance costs and help reduce our national debt.

That will happen best if we can achieve the bipartisanship in overseeing the implementation of this historic health care reform legislation that we, unfortunately, were not able to achieve in its passage.

I thank the Chair.

I thank the distinguished chairman of the Finance Committee for his extraordinary effort that produced this admirable result.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Madam President, first, I thank the Senator from Connecticut for his very thoughtful endorsement of this legislation. He is one of the more thoughtful Members of this Chamber, and I want to very much compliment him on his process and his conclusion.

Mr. LIEBERMAN. I thank the Senator.

Mr. BAUCUS. Madam President, I do not think I have much time remaining—3 minutes. Thank you very much.

The Senator from Maine raised the issue of Medicare solvency. I want to remind my colleagues that health care reform extends the solvency of the Medicare trust fund. Whether it is 9 years or 10 years, I am not sure exactly, but the Medicare trust fund is extended for at least that period of time, which I am sure gives great comfort to seniors and near seniors. Health care reform is exactly what the doctor ordered for Medicare's long-term health.

The Senator also mentioned a letter from an outside group raising concerns with health care reform. Let me add for the record three of the many letters of endorsement that health care reform has received. The first is from the American Medical Association. I will read one sentence:

After careful review and consideration, the Board of Trustees of the American Medical Association supports passage of the health

system reform legislation under consideration . . . as a step forward in the journey to provide health care for all Americans.

In addition, I have a letter from the Federation of American Hospitals:

On behalf of the Federation of American Hospitals and our more than 1,000 hospitals throughout the United States, I express our strong support for health reform and the Reconciliation Act of 2010. This legislation is long overdue, and we urge all Senators to seize this historic opportunity. . . .

It is signed by Charles Kahn of the Federation of American Hospitals.

I also have a statement here from the AARP, the association of retired folks. Basically it states:

After a thorough analysis of the reform package, we believe this legislation brings us so much closer to helping millions of older Americans get quality, affordable health care.

Again, that is from the AARP.

So there are many letters of endorsement, and I ask unanimous consent that these three letters be printed in the RECORD.

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

AMERICAN MEDICAL ASSOCIATION,
Chicago, IL, March 19, 2010.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI: After careful review and consideration, the Board of Trustees of the American Medical Association (AMA) supports passage of the health system reform legislation under consideration in the House as a step forward in the journey to provide health care coverage for all Americans.

When H.R. 3590 was being considered in the Senate, the AMA supported its passage while expressing opposition to certain provisions that we believed could be resolved in the conference committee process. Working with the Administration, congressional leaders and their very dedicated staff, significant progress was made toward resolving many of our most serious concerns. Unfortunately, there are issues in H.R. 3590 that cannot be addressed through the current reconciliation process and so will still need to be addressed by Congress and the Administration.

This forced us to weigh very carefully whether the legislation, on balance, will enhance patient care and the fundamental patient-physician relationship. By extending coverage to the vast majority of the uninsured, improving competition and choice in the insurance marketplace, promoting prevention and wellness, reducing administrative burdens, and promoting clinical comparative effectiveness research, we believe that H.R. 3590 does, in fact, improve the ability of patients and their physicians to achieve better health outcomes.

The pending bill is an imperfect product. Congress needs to act very soon to preserve access to care for seniors and military families by permanently repealing the Medicare sustainable growth rate formula that will trigger physician payment cuts of over 21 percent next month. House and Senate leaders must also move immediately to correct problems with the proposed Independent Payment Advisory Board. Other provisions that must be promptly addressed in a subsequent corrections bill include the cost-quality value index and safeguards for data release and public reporting activities. The health care system will be further improved by reining in unnecessary costs through enactment of effective medical liability reforms.

The AMA will be relentless in our pursuit of these important policy adjustments.

Passage of H.R. 3590 marks an important step toward improving the health of the American people, but our work here is far from done. Additional congressional action is needed to address outstanding issues. We look forward to working with you on the next steps to strengthen our health care system.

Sincerely,

J. JAMES ROHACK,
President.

FEDERATION OF AMERICAN HOSPITALS,
Washington, DC, March 22, 2010.

Hon. HARRY REID,
Majority Leader,
U.S. Senate,
Washington, DC.

DEAR MAJORITY LEADER REID: On behalf of the Federation of American Hospitals (FAH) and our more than 1,000 hospitals throughout the United States, I express our strong support for health reform and the Reconciliation Act of 2010. This legislation is long overdue, and we urge all Senators to seize this historic opportunity by supporting the reconciliation package as it was reported out of the House of Representatives.

The hundreds of thousands of Americans who treat patients in our hospitals understand the plight of the uninsured and the need to provide health security for all Americans. The Reconciliation Act of 2010, together with the recently enacted Patient Protection and Affordable Care Act, advance this shared goal by expanding health care coverage to 32 million Americans.

Equally vital, they provide a framework for health care delivery reform that will improve health care for Americans, and, by extension, strengthen our economy and global competitiveness by reducing costs and increasing efficiency.

That is why hospitals will forgo $155 billion in Medicare and Medicaid payments over 10 years as part of a shared sacrifice to bring about the benefits that health reform will deliver to all Americans.

It is no exaggeration to say this is the last opportunity in our generation to bring about durable reform that will make a real difference in the lives of all of us. The time for action has come, and the FAH urges all Senators to support the budget reconciliation package without amendment.

Thank you for your strong and unwavering leadership.

Sincerely,

CHARLES N. KAHN III,
President.

(From the AARP Press Center, Mar. 19, 2010)

AARP STATEMENT ON HISTORIC HEALTH INSURANCE REFORM PACKAGE

WASHINGTON.—Today, AARP Board Chair Bonnie M. Cramer, M.S.W., announced the Association's support for health insurance reform legislation containing key reform provisions that will improve health care for older Americans and their families. For more than two years, AARP has fought for health insurance reform that helps Americans 50-plus get the care and medications they need at a price they can afford. Cramer's statement follows:

''After a thorough analysis of the reform package, we believe this legislation brings us so much closer to helping millions of older Americans get quality, affordable health care. For too long, our members and others have faced spiraling prescription drug costs, discriminatory practices by insurance companies and a Medicare system awash in fraud, waste and abuse.

''The legislative package cracks down on insurance company abuses and protects and strengthens guaranteed benefits in Medicare, the program millions of our members depend on and in which millions more will soon enroll. It closes the dreaded Medicare Part D 'doughnut hole,' a gap in prescription drug coverage that is life threatening for many. The package stops insurance companies from pricing people out of coverage because they have an existing health problem or arbitrarily limiting the amount of care someone can receive. It also limits insurance companies' ability to charge higher premiums based solely on age. And it improves efforts to crack down on fraud and waste in Medicare, strengthening the program for today's seniors and future generations.

''For every American who has struggled without access to health insurance—and for all those at risk of losing their current coverage with the next job loss, illness or premium hike—this package presents the best hope to offer health security for them and their families. We understand that significant work remains even after this package becomes law, but we cannot lose the opportunity looking for a 'next time' that is doomed to be 'too late.'

''We urge Congress to seize this opportunity to improve health care so older Americans and their families get the care they need.''

Also today, AARP CEO A. Barry Rand sent a letter to every member of the House of Representatives, urging them to put the health of Americans age 50-plus first and vote ''yes'' on the legislative package.

AARP members can see how their representatives voted on the health insurance reform package by going to www.aarp.org/governmentwatch. AARP's Government Watch is a one-stop online portal that will be tracking and publicizing every designated key vote on issues facing Americans age 50-plus. A ''Key Vote Summary'' highlighting votes on these issues will be published at the end of each congressional session.

AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce AARP The Magazine, the definitive voice for 50+ Americans and the world's largest-circulation magazine with over 35.7 million readers; AARP Bulletin, the go-to news source for AARP's millions of members and Americans 50+; AARP Segunda Juventud, the only bilingual U.S. publication dedicated exclusively to the 50+ Hispanic community; and our website, AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

Mr. BAUCUS. Madam President, I now ask for 1 hour of debate evenly divided, a half hour on the Republican side and a half hour on the majority side. I ask unanimous consent that we proceed in that respect.

I note that the next half hour will be under the control of the Republicans and, as I said earlier, the next half hour is to be controlled by the majority. I note that thereafter the Republicans will be due an amount of time greater than half an hour, and I propose that we balance that out in the next consent.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Maine.

AMENDMENT NO. 3638

Ms. COLLINS. Madam President, I ask unanimous consent to temporarily set aside the pending motions and amendments so that I may offer an amendment which is at the desk.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Maine [Ms. COLLINS] proposes an amendment numbered 3638.

Ms. COLLINS. Madam President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To improve the bill by waiving the $40,000 penalty on hiring previously unemployed individuals)

At the end of section 1003, add the following:

(e) UNEMPLOYED INDIVIDUAL NOT TAKEN INTO ACCOUNT.—Paragraph (5) of section 4980H(d) of the Internal Revenue Code of 1986, as added by the Patient Protection and Affordable Care Act, is amended by adding at the end the following new subparagraph:

''(C) EXCEPTION FOR PREVIOUSLY UNEMPLOYED INDIVIDUALS.—

''(i) IN GENERAL.—The term 'full-time employee' shall not include any individual who certifies by signed affidavit, under penalties of perjury, that such individual has not been employed from more than 40 hours during the 60-day period ending on the date such individual begins such employment.

''(ii) EXCEPTION FOR REPLACEMENT WORKERS.—Clause (i) shall not apply to an individual who is employed by the employer to replace another employee of such employer unless such other employee separated from employment voluntarily or for cause.''.

Ms. COLLINS. Madam President, I rise to speak on behalf of the amendment I have offered which would waive the job-killing fines in the reconciliation bill in cases where an employer hires an unemployed worker.

I think these penalties will come as a surprise to most Americans. With unemployment at 9.7 percent, and a real concern that we may be on the brink of a double-dip recession, most Americans will be shocked to learn that Washington wants to slap fines on small businesses that choose to hire more workers. But the new health care law does exactly that.

Incredibly, this reconciliation package makes this problem even worse. Here is how. In the reconciliation package, small businesses that cannot afford to provide health insurance to their employees would be fined $2,000 for each worker on their payroll. The way the formula works, the fines kick in at $40,000 when a small business reaches 50 employees. After that, they go up at a rate of $2,000 for each new worker.

Imagine what this will do to job growth. Our country relies on small businesses to create new jobs. In fact, time and time again, you will hear on the Senate floor that small businesses are the engine of the American economy. I certainly agree with that. But this reconciliation bill creates a wall—40,000 dollars high—around any small business that wants to grow past 49 workers.

Think what these job-killing penalties will mean to the unemployed. More than 8 million Americans have lost their jobs since 2007. More than 6 million have been unemployed longer than 27 weeks. But beyond even these grim statistics, the true picture of unemployment in this country is actually far worse. Broader measures of unemployment show that 16 percent of the American people are without jobs or cannot find full-time work.

I recognize some in this body will argue we should not be bothered with these penalties now because they do not become effective right away. But those who would say such a thing simply do not understand how small businesses work. We are not talking about big multinational conglomerates here. We are talking about Main Street businesses that are already struggling. Many of them are family-owned enterprises. They do not look at their employees as interchangeable parts, and they do not make hiring decisions to ''get rich quick.'' When they bring a new employee on board, they are choosing someone who they know will become part of their team and the face of their business to the community they serve.

Having these fines on the books will discourage job growth now, no matter when they become effective, because small businesses will not hire and train workers today just to fire them tomorrow when these penalties go into effect.

Ironically, less than a week ago, the President signed into law the so-called HIRE Act. It contains a provision authored by Senators SCHUMER and HATCH to provide a temporary tax credit to encourage companies to hire unemployed workers. That is a creative idea, and I supported it. But for the life of me, I do not understand how a week later we could vote for a bill that imposes fines that will hit small businesses when they hire new workers.

This makes no sense to me, and it is completely contrary to the policy we passed a week ago when we gave tax credits to encourage businesses to hire workers who are unemployed. With this bill, we are going to fine them if they hire workers who are unemployed if they cannot afford to provide them with health insurance. That is why I am offering this commonsense amendment. It would waive the fines, the onerous fines that are in the reconciliation bill when small businesses and medium-size businesses hire workers who were previously unemployed.

The mechanism to determine which workers qualify is exactly the same one we adopted in the jobs bill passed by this body last week. It is the height of irony that we would even consider imposing penalties and fines on businesses that are hiring more workers, particularly during this difficult economic time.

I encourage my colleagues to support this commonsense amendment.

Thank you, Madam President.

The PRESIDING OFFICER. The Senator from South Dakota.

AMENDMENT NO. 3639

Mr. THUNE. Madam President, I ask unanimous consent to temporarily set aside the pending motions and amendments to offer an amendment which is at the desk.

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

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from South Dakota [Mr. THUNE] proposes an amendment numbered 3639.

Mr. THUNE. Madam President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To ensure that no State experiences a net job loss as a result of the enactment of the SAFRA Act)

Beginning on page 123, strike line 10 and all that follows through page 124, line 10, and insert the following:

SEC. 2201. TERMINATION OF FEDERAL FAMILY EDUCATION LOAN APPROPRIATIONS.

Section 421 (20 U.S.C. 1071) is amended—

(1) in subsection (b), in the first sentence of the matter following paragraph (6), by inserting '', except that no sums may be expended after June 30, 2010, with respect to loans under this part for which the first disbursement is after such date if the Secretary certifies that no State will experience a net job loss as a result of the enactment of the SAFRA Act'' after ''expended''; and

(2) by adding at the end the following new subsection:

''(d) TERMINATION OF AUTHORITY TO MAKE OR INSURE NEW LOANS.—Notwithstanding paragraphs (1) through (6) of subsection (b) or any other provision of law—

''(1) no new loans (including consolidation loans) may be made or insured under this part after June 30, 2010 if the Secretary certifies that no State will experience a net job loss as a result of the enactment of the SAFRA Act; and

''(2) no funds are authorized to be appropriated, or may be expended, under this Act or any other Act to make or insure loans under this part (including consolidation loans) for which the first disbursement is after June 30, 2010 if the Secretary certifies that no State will experience a net job loss as a result of the enactment of the SAFRA Act,

except as expressly authorized by an Act of Congress enacted after the date of enactment of the SAFRA Act.''.

AMENDMENT NO. 3640

Mr. THUNE. Madam President, I have another amendment and I ask unanimous consent to temporarily set aside the pending motions and amendments so that I may offer another amendment which is also at the desk.

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

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from South Dakota [Mr. THUNE], for himself, Mr. COBURN, and Mr. CRAPO, proposes an amendment numbered 3640.

Mr. THUNE. Madam President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To repeal the CLASS Act)

At the end of subtitle B of title II, add the following:

SEC. 2304. REPEAL OF THE CLASS ACT.

Title VIII of the Patient Protection and Affordable Care Act and the amendments made by that title are repealed.

Mr. BAUCUS addressed the Chair.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Madam President, might I ask the Senator from South Dakota if he could identify his two amendments for the sake of clarity?

Mr. THUNE. Sure. I would ask the Chair, is there a number on those amendments?

The PRESIDING OFFICER. Yes, 3639 and 3640.

Mr. THUNE. Madam President, 3639 and 3640—one dealing with student loans, the other dealing with striking the CLASS Act from the underlying bill.

Mr. BAUCUS. I thank the Senator.

Mr. THUNE. Madam President, in speaking to both these amendments today, I wish to make a couple of observations about the reconciliation bill that is before the Senate. Of course, it does make amendments and modifications to the Senate-passed health care bill that went through the House last week and the House adopted many of these changes. I think the thing that perhaps didn't get discussed as much as it should have throughout the course of the debate is the impact this is going to have down the road on future generations.

Obviously, the other side, of course, talked about the additional expansions of coverage that are in the bill. Folks on our side talked about the impact it is going to have in the form of higher taxes on small businesses, the Medicare cuts that are going to impact seniors across this country, the higher premiums many Americans are going to be faced with. Those are all still fundamental features of this bill. In fact, many have gotten worse through this reconciliation process because the tax increases are now $50 billion higher than they were before. So now we are raising taxes even $50 billion more than we were previously, which is $½ trillion. The Medicare cuts have now gone from $465 billion over the 10 years in the bill that left the Senate in December, and the Medicare cuts now have been increased by $66 billion. So we are raising taxes more, cutting Medicare even deeper, and at the same time adding gimmicks that I think understate the true cost of this bill.

We have all talked about this throughout the course of this debate. The other side has said it is $1 trillion or $900-some billion over 10 years, but when you look at the way it is scored, there are 10 years of revenues, 10 years of tax increases, and only 6 years of spending, so that understates the cost over 10 years.

We have a number of other budget gimmicks, some of which I will speak to in a few moments. But when you look at it when it is fully implemented—and I think that is the number the American people need to focus on—when this is fully implemented, it is $2.5 trillion of expansion of health care in this country, and it is going to be greater intervention than we have ever seen before by the Federal Government in the delivery of health care in this country.

I wish to speak for a moment—because one of my amendments deals with this issue—on how the cost of this is being understated because of the various gimmicks and tricks being used. The CLASS Act is a program that is created in the bill. It is a program where there is an assumption that there is $70 billion available in the CLASS Act to pay for this new health care entitlement. What it does is it creates a new entitlement. As if the existing entitlement programs we have that are already on the way to bankruptcy aren't enough, we now have to add another one to it. So the CLASS Act is a long-term care entitlement program, which in and of itself perhaps isn't a bad idea if it were structured correctly and if the premiums that are going to be paid by people for long-term care insurance were actually going to go into the payment of benefits.

What this does is it assumes $70 billion from this new CLASS Act program, the proceeds from which would be used to pay for this new health care entitlement program. So it overstates the amount of revenue that is coming in by $70 billion. Here is why. At some point, if you are an elderly person or perhaps even a younger person today who wants to buy into this new CLASS Act long-term care program, you would pay premiums. Those premiums, allegedly, would go into a fund that would then be available to pay benefits when the time came to pay benefits. That is not going to happen because you are taking that $70 billion and you are spending it on this new health care entitlement. So at some point in the future, when those people who have gone into this program thinking they are paying these premiums so they can derive a benefit at some time in the future if they need to, when the time comes to pay out that benefit, there will not be any money. So what happens? It is borrowed. It is added to the debt. So you have another $70 billion that goes on the backs of our children and grandchildren to pay for this new entitlement program, which, again, understates the cost of this bill.

That is the CLASS Act bill, and my amendment would strike that from the underlying bill. By the way, I offered that during the debate on the Senate floor during the health care discussion we had the first time around, and I got 51 votes for it. There were 12 Democrats who voted with me in support of taking the CLASS Act out of the bill. One of the reasons I think there is so much bipartisan opposition to it is because everybody recognizes what a sham this is. The chairman of the Budget Committee, Senator CONRAD from North Dakota, said: This is a Ponzi scheme of the highest order, something that Bernie Madoff would be proud of. That is what he said about the CLASS Act. Even the Washington Post went so far as to make the statement that the CLASS Act is a gimmick designed to pretend that health care is fully paid for. That is what the Washington Post editorialized about the CLASS Act—a gimmick designed to pretend that health care is fully paid for.

So you take that $70 billion off the overall revenues that come in under the bill and you are already creating a $70 billion hole. You add to that the $29 billion in Social Security payroll taxes that are assumed are going to come in as people who get hit—the employers that get hit with the high-end Cadillac tax, currently paying out to their employees in the form of health care benefits that are tax free, start shifting to cash compensation which would be taxable; therefore, payroll taxes would apply. That would generate another $29 billion in Social Security payroll taxes. But, there again, those are payroll taxes that at some point are going to have to pay benefits, but we don't assume that here. We assume it is going to go on to fund this new health care entitlement program. So it is another $29 billion that at some point in the future, when somebody decides: I want to draw my Social Security benefits, they are not going to be there. Therefore, we put it back on the debt. More borrowing.

So we have $79 billion, $29 billion, and then we have the implementation cost of this, which CBO has not fully given us because they don't know what it is going to cost in the outyears. But based upon what they have given us of what it is going to cost in the near term, we have extrapolated that it will cost about $114 billion to implement this new health care extravaganza run out of Washington, DC. When you add that onto the cost, none of which is accounted for in the underlying bill, you have another $114 billion in cost of this thing not paid for.

Then, we take the Medicare double counting, which is interesting, because you have these cuts that are going to occur in Medicare; you have these payroll tax increases that are supposed to occur in Medicare that are going to generate, collectively, $529 billion in additional revenue. But, here again, what is wrong with this picture? The assumption is, these are Medicare payroll taxes that are going to go into a

Medicare fund that, at some point in the future, will pay Medicare benefits. Yet, at the same time, we are saying these Medicare revenues are going to be used to finance this new health care expansion.

So what are you doing? You are double counting. You cannot spend that money twice. We are taking $529 billion in Medicare cuts, in Medicare payroll tax increases that supposedly would go into a Medicare trust fund to pay benefits at some point in the future to beneficiaries, recipients of those funds, but, no, we are going to spend that on this new health care entitlement.

What happens then? Someday in the future that Medicare recipient is going to say: OK, it is time to pay out these Medicare benefits. I have reached the appropriate age, I am eligible, and I want to get into the Medicare Program, and all that money that was supposed to have been in the program to pay for those benefits isn't there. Why? Because it was spent on this new health care entitlement program. So what happens? To pay those benefits, the Federal Government will then have to borrow—more debt that goes on the backs of our children and grandchildren—another $529 billion.

So the last point I will make is—because I have another amendment that addresses this issue—this reconciliation bill did something that obviously was not included in the health care bill that passed the Senate the first time; that is, this takeover of the student loan program in this country. It is something that has been proposed around here for some time. The way student loans are distributed across the country today is we have 2,000 lenders out there who make these loans. Students can go there and get these loans. What this will do is eliminate that model, will draw all these student loans into Washington, DC. There will be four Federal call centers where students will go to get their loans. What does that do? Well, first off, it kills a lot of jobs. I have 1,200 jobs in South Dakota that are related to the student lending business, and those are all now going to be bureaucratic jobs in Washington, DC. There are 31,000 jobs across the country where you have people who are working in the student loan business. Those jobs are in jeopardy because that is all going to be drawn into Washington DC. I don't think the American people have effectively focused on what is being done in this reconciliation bill above and beyond the bad stuff that is related to health care.

So we have this student loan program which is coming back into the Federal Government and a lot of the revenues now are being earmarked for other things. They are being earmarked for the health care bill: $9 billion is being used to pay for the health care expansion; $10 billion is going toward ''deficit reduction,'' but we have another $19 billion coming out of the student loan program. Who is going to pay for that? Students are. Students are going to pay for it in the form of higher interest rates on their loans. Essentially, we are now not only taxing small businesses, cutting Medicare recipients, but we are also taxing students to pay for this expansion of health care.

We have another $19 billion which, at some point in the future—of course, this is all going to have to be paid for again by our children and grandchildren, but we have all this double counting that is going on and all these gimmicks that are being used to understate the cost of this bill. When you add it all up, $143 billion so-called budget savings ends up in a $618 billion cost. In other words, instead of running, as the other side has said, a $143 billion budget surplus because of this health care expansion, if you take out all the gimmicks—the CLASS Act, the revenues, the Social Security payroll tax revenues which are double counting, the Medicare double counting, and the student loan program—we have a real deficit of $618 billion in the first 10 years. If you extrapolate that out into the second 10 years, it is $1.8 trillion that will have to be borrowed under this bill to pay for the costs of it. That is the cost that we know today. That is all going to be passed on to future generations, to our children and grandchildren.

The dirty little story that hasn't been told in this whole debate is how much this is going to cost future generations because of the enormous debt we are piling up and all the games and the gimmicks and the tricks and the chicanery that are being used to understate the true cost of this: $183 billion ''savings'' in this bill. When you take out all the double counting, all the gimmicks, we end up with a $618 billion deficit in the first 10 years. That is tragic.

That is why I am offering this amendment to strike this CLASS Act. We shouldn't be creating another new entitlement program when we can't pay for the entitlement programs we have. They are all going bankrupt, and we are going to create yet another one, which is going to lay more debt on the backs of our children and grandchildren.

The other thing I wish to mention just briefly in closing speaks to the other amendment. The other amendment, as I said, because of this takeover of the student loan business in this country, there are lots of States that are going to lose significant numbers of jobs. My State has over 1,200 jobs related to student lending; Minnesota, 675; Iowa, 526; Nebraska, 891. There are lots of places around this country where student lending creates jobs, private sector jobs. We are going to do away with those and bring all those jobs back to Washington, DC, and make students come to Washington to get their student loans, as it turns out, at a higher cost because we are using some of the proceeds of that program to pay for the cost of a new health care program.

What my amendment essentially would do is say the Department of Education has to certify that there will be no jobs lost across the country associated with this takeover of the student lending business and bringing all that power and consolidating it all in Washington, DC.

So those are the two amendments I offer. I hope my colleagues will vote for those. This is bad policy in so many ways, but in taking over yet another industry in this country that is creating a lot of jobs and therefore killing a lot of jobs is the wrong way to move forward when you are trying to pull an economy out of a recession.

I yield the remainder of my time.

The PRESIDING OFFICER. The Senator from Texas.

MOTION TO COMMIT

Mr. CORNYN. Madam President, I ask unanimous consent to temporarily set aside the pending motions and amendments so I may offer a motion to commit, which is at the desk.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report the motion.

The assistant legislative clerk read as follows:

The Senator from Texas [Mr. CORNYN] moves to commit the bill H.R. 4872 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes to strike the 3.8 percent tax on net investment income.

Mr. CORNYN. Madam President, my amendment is a motion to commit the reconciliation bill back to the Finance Committee to report the bill back without a brandnew tax on savings and investment for certain taxpayers. This is an additional 3.8-percent tax on savings, which includes dividends, capital gains, ordinary savings for many consumers, many Americans who have not had to pay before but which this bill imposes. This is a $123 billion tax hike on those categories of income.

This is a mistake for a lot of reasons. One, it will discourage the very thing we need to be doing more of, which is saving. It will reduce productivity, and it depresses wages and the standard of living for millions of Americans. Simply put, increasing taxes, particularly during a recession, on the very sectors of the economy that we want to invest and to create jobs is a terrible mistake.

According to forecasts by the Institute for Research on the Economics of Taxation, a 2.9-percent tax increase—not 3.8 percent but a 2.9-percent previously proposed—would depress economic growth by 1.3 percent and reduce capital formation by 3.4 percent.

The damage to jobs and economic growth during a recession when unemployment is at 9.7 percent would be even greater under the current proposal because we are talking about a 3.8-percent tax, not a 2.9-percent tax, which was the subject of a Wall Street Journal article and this report from the Institute for Research on the Economics of Taxation.

Not only will this motion protect jobs and the investment security of taxpayers, it will also make sure the reconciliation bill does not break yet another one of President Obama's promises. This is just another one of the President's promises that have been broken by this bill when he said, talking about this bill:

Everyone in America—everyone—will pay lower taxes than they would under the rates Bill Clinton had in the 1990s.

But the truth is, this additional tax on savings and investment will make taxes higher than they were even back in the 1990s when Bill Clinton was President of the United States.

I ask my colleagues to support my motion to commit this bill to the Finance Committee.

I also ask unanimous consent to have printed in the RECORD at the conclusion of my remarks two articles—a March 17 Wall Street Journal article entitled ''ObamaCare's Worst Tax Hike'' and the report I referred to a moment ago from the Institute for Research on the Economics of Taxation.

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

(See exhibit 1.)

Mr. CORNYN. Madam President, this is not the only job-killing provision in this bill, this brandnew 3.8 percent tax increase that will attack savings and investment. Other examples of job-killing proposals in this bill include increasing the hospital insurance payroll tax. This tax is increased to 3.8 percent. It will hit thousands of small businesses that file as subchapter S corporations and pay taxes at individual rates. In addition, this revenue will not be used to pay for Medicare but will be used to fund a brandnew entitlement.

Another job-killing proposal in this bill includes new taxes and fees on health care consumers. That is right, the very people for whom we are trying to lower costs and trying to make health care more affordable, many will have to pay additional taxes and fees to the tune of $100 billion which both the Congressional Budget Office and the Joint Tax Committee have confirmed will inevitably be passed down to consumers.

Then there are the higher premiums for individuals who do not get their health coverage from their employer but have to go into the group market. We are talking about a lot of small businesses, individuals, partnerships, sole proprietors, and the like. One consulting firm concluded that premiums in the group market could go up as much as 20 percent because of the mandated, government-approved insurance that has to be sold under this bill. CBO said they concluded a somewhat lower level—between 10 and 13 percent. But still, if the purpose of health care reform is to make health care more affordable, this bill simply goes in the wrong direction.

Then there is the employer mandate. I met this morning with representatives of the Hispanic Chamber of Commerce. The Hispanic Chamber told me something I knew before but reiterated—the important role of small businesses in terms of job creation—and pointed out to me how many Hispanics and minority business owners are engaged in the very kind of job creation we should be encouraging, not discouraging. This employer mandate will kill jobs because the additional cost of health insurance will be passed along to workers in the form of lower wages or result in reduced hours or layoffs. In a July 2009 report entitled ''Effects of Changes to the Health Care Insurance System on Labor Markets,'' the CBO concluded that the employer mandate is ''likely to reduce employment.''

At a time when unemployment is at 9.7 percent, people are losing their jobs, and they cannot pay their mortgages, so they are being kicked out of their homes due to foreclosure, we are making things worse with this bill, not better.

All told, this bill that has been signed into law by the President and the bill before the Senate, this reconciliation bill, include more than $500 billion in tax increases. It makes no sense, except in the rarefied air under this dome, for Congress to even consider raising taxes, imposing new mandates on employers and individuals at a time when unemployment is so high and when that is the most pressing issue confronting the Nation today. Congress is making this worse, not better. Why Congress would pass a new tax on investment that will act like a wet blanket on the economy to further exacerbate unemployment and make recovery harder is, frankly, beyond me.

Madam President, I yield the floor.

EXHIBIT 1

[From the Wall Street Journal, Mar. 17, 2010]

OBAMACARE'S WORST TAX HIKE

The forced march to pass ObamaCare continues, and all that matters now is raw politics. But opponents should go down swinging, and that means exposing such policy debacles as President Obama's 11th-hour decision to apply the 2.9% Medicare payroll tax to ''unearned income.''

That's what savings and investment income are called in Washington, and this destructive tax wasn't in either the House or Senate bills, though it may now become law with almost no scrutiny.

For the first time, the combined employer-worker 2.9% Medicare rate would be extended beyond wages to interest, dividends, capital gains, annuities, royalties and rents for individuals with adjusted gross income above $200,000 and joint filers over $250,000.

That would lift the top capital-gains rate to 22.9% as the regular rate bounces back to 20% from 15% when the Bush tax cuts expire at the end of this year. The top rate for dividends would rise to 42.5% when the Bush income-tax rates expire. The White House plan also raises the ordinary Medicare payroll tax by 0.9 percentage points for the same filers, bringing it to 3.8%.

Preliminary estimates from the Joint Committee on Taxation peg the revenue from these changes at $183.6 billion over 10 years. The Tax Policy Center of the Urban Institute and Brookings Institution estimates that 86% of the revenue from the investment tax would come from people making more than $624,000, or about 1.2 million taxpayers. This has led many liberals to claim that it won't matter to investors or harm the economy.

Yet these static analyses ignore the incentive effects forecast by the Institute for Research on the Economics of Taxation. Stephen Entin and colleagues estimates that the investment tax would depress GDP by about 1.3% and reduce capital formation by 3.4%, and thus reduce the after-tax incomes of everyone not paying the tax directly in the neighborhood of 1.1% to 1.2%. Labor productivity and wages would fall across the board, while the lost government revenues from the more-sluggish economy would offset the expected receipts.

Senate Democrats rejected Nancy Pelosi's favored 5.4-percentage-point ''surcharge'' on modified adjusted gross income above $1 million as too radical. But they seem to be fine with its 2.9-percentage-point alter ego, although the Tax Policy Center concludes (on paper) that they'll soak more or less the same people for more or less the same amount.

Earning even a single dollar more than $200,000 in adjusted gross income will slap the 2.9% tax on every dollar of a taxpayer's investment income, creating a huge marginal-rate spike that will most hurt middle-class earners, as opposed to the superrich.

This two-tier tax also fundamentally and probably irrevocably alters the social insurance model that has governed Medicare for more than a half-century. Medicare is supposed to be a universal entitlement with at least some connection between the taxes paid on wages in return for benefits. The investment tax, and the apparatus of ObamaCare financing more generally, severs this link by redirecting Medicare's ''dedicated'' revenues toward a new entitlement. Even Bill Clinton didn't cross this policy threshold in the health debate of the early 1990s, proposing to fund HillaryCare entirely through new corporate taxes and preserving Medicare as its own discrete program.

Mr. Obama gave a preview of the fiscal confusion this creates at a Wednesday campaign stop in St. Charles. Shortly after accusing his critics of being ''just plain wrong'' about everything, he went on to boast that ''we're going to be able to help ensure Medicare's solvency for an additional decade'' and also ''reduce the deficit by a trillion dollars.''

Yet his claims are just plain wrong, as already exposed by the Congressional Budget Office. The government can't spend the same Medicare dollar twice: Either it can reduce the deficit or extend the life of Medicare, but not both. This may seem an arcane point, but the White House obviously knows better and yet continues to peddle this falsehood.

The White House has embraced this investment tax because Big Labor opposed its preferred excise tax on high-cost health plans. So the White House decided to delay the excise tax, which meant losing $116.2 billion in revenue over the first 10 years. Voila, out came the 2.9% investment tax.

So for reasons of political expediency, Democrats will now impose a destructive tax that will permanently skew the incentives to work, save and create jobs. Come to think of it, that sums up this entire exercise.

[From the Institute for Research on the Economics of Taxation, Mar. 1, 2010]

THE OBAMA ADMINISTRATION'S PROPOSED 2.9% ''HI'' SURTAX WOULD HARM THE ECONOMY AND LOSE REVENUE

President Obama has recommended imposing a 2.9% ''HI'' surtax on ''passive income'' (income from saving and investment) to help

fund his health insurance overhaul. Social Security taxes for retirement and medical programs for the elderly taxes have always been levied on wages, as a form of social insurance. Extending the Hospital Insurance tax to income from savings would be a sharp departure from previous practice and very bad economics.

ECONOMIC CONSEQUENCES OF THE 2.9% RATE HIKE

On a static basis, our preliminary estimate is that the Obama plan's 2.9% surtax on the capital gains, dividends, interest, and certain other income of upper-middle class and wealthy taxpayers would:

Raise approximately $39 billion yearly (at 2009 income levels);

Affect only a small number of upper-income individuals.

In reality, on a dynamic basis, the 2.9% surtax would, after the economy has adjusted to it:

Depress GDP by about 1.3%;

Reduce private-sector capital formation by about 3.4%;

Cut the wage rate by about 1.1%, and hours worked by about 0.2%;

Reduce the after-tax incomes of the people in the income ranges supposedly not touched by the proposed 2.9% surtax by 1.1%–1.2%;

Lose about 70% of its anticipated income tax revenue gain due to lower GDP and incomes across-the-board;

Decrease other federal tax revenues, causing total federal receipts actually to fall by about $5 billion yearly (at 2009 income levels).

DISCUSSION

Capital formation is very sensitive to taxes on capital income, and reduced capital formation reduces labor productivity and wages across the board. We estimate that the proposed surtax will depress capital formation, GDP, and wages. The resulting loss of income, payroll, corporate, excise, and other taxes will offset the assumed revenue gains. The wage depression will affect all income levels, and the tax burden will not be confined to the top income earners.

The 2.9% passive income surtax (equal to the Medicare Part A—or Hospital Insurance—payroll tax rate) would be imposed on dividends, interest, capital gains, rents, royalties, and other income from saving and investing. The tax would hit couples with more than $250,000 in adjusted gross income ($200,000 trigger for singles and heads of households). The tax would be triggered by earning even a single dollar above the thresholds, after which all of the taxpayers' passive income would be immediately subject to the tax. This creates a huge tax rate spike or ''cliff' at the thresholds. It would be imposed on AGI instead of taxable income, taking no consideration of itemized deductions and the differing circumstances of families which the deductions reveal.

The surtax would depress capital formation and wages, and fail to bring in the expected revenue. The numbers below are for the 2.9% rate hike in isolation. The Administration's proposal to raise the top tax rates on capital gains and dividends would produce additional losses. Further losses would result from the Administration's proposal that the Bush tax cuts expire for upper-income taxpayers, which would increase the top two tax rates on interest income and other ''passive'' income to 36% and 39.6%. The return of the itemized deduction limitation and the personal exemption phase-out would raise upper-income individuals' marginal rates even higher and add more economic damage. (The rise in the top two rates would also apply to labor income, and the Administration's health care proposal, taking a page from the health care bill that the Senate passed on Christmas Eve, would pile on a 0.9% surtax on wages and self-employment income.)

The House health bill has a 5.4% surtax on AGI. The Senate considered that but dropped it as ill-advised and instead opted for a 0.9% surtax on wage and self-employment income only, building on the existing payroll tax. Any surtax is undesirable, but a surtax on capital income would be especially damaging, and the ''cliff' in the Obama Administration's plan would compound the harm and is especially inept.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Madam President, has the time on the Republican side expired?

The PRESIDING OFFICER. There are 25 seconds remaining.

Mr. BAUCUS. I assume they do not want to use those 25 seconds, hearing no objection.

Madam President, we have several speakers. We are waiting for Senator SHAHEEN, Senator FEINGOLD, Senator SANDERS, Senator NELSON, and Senator MCCASKILL. I do not see any of them right now.

While we are waiting, I wish to make a point about CBO's analysis with respect to premiums.

The Congressional Budget Office says that the health care reform bill will lower premiums for all—millions—Americans—all. The Congressional Budget Office said health insurance premiums would fall by 14 to 20 percent for the same plan in the individual market and the small group market, up to 2 percent lower. Let me repeat that. The individual market for the same plan, the Congressional Budget Office says premiums will fall under this legislation. They will be lower, they will be less by 14 to 20 percent than the same plan in the individual market, as people buy insurance individually, and premiums for the small group market—that is roughly small business—would be up to 2 percent lower than currently.

Why is all that? It is basically because there are savings. The savings come from lower administrative costs, increased competition, and from better pooling of risk.

The analogy I like to refer to is Orbitz and Travelocity. Today with Orbitz, you shop online for an airline ticket. You look for fares and you look for times. The same type of operation would occur with respect to insurance—you get on the exchange and shop for insurance.

I see the Senator from New Hampshire is now on the floor. I yield 4 minutes to the Senator from New Hampshire.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Madam President, I thank Senator BAUCUS.

I am pleased to be here to join in this effort to talk about the importance of what we are doing with health care reform. We have waited so long for health care reform, and yesterday it became a reality. Today, we celebrate a reformed health care system that President Obama has signed into law. With this historic step, we have ensured that more Americans have the health care security and stability they need. We have ensured that families will have choices for coverage even if their jobs do not provide it. We have ended denials for preexisting conditions, and we have a guarantee that no one has to pay more for health insurance if they get sick and that the insurance coverage cannot be taken away. We no longer allow insurance companies to put lifetime limits on the amounts of benefits they will cover.

But insurance reforms are not the only thing we have done. We have made health care more affordable for those who need it most and made it easier for small businesses to provide coverage for their employees. We made important steps to encourage everyone to take advantage of preventive care, and we have created incentives for people to enroll in wellness programs and encourage communities to address the public health of their citizens. Finally, we are changing the way doctors provide care, making it better coordinated and more patient-centered.

I am pleased we are here building on the success of the health care reform legislation that was just signed into law. Our resolve is strong, make no mistake about that. We must continue our work in making a good bill even better.

The legislation we are now considering makes great strides to strengthen the new law. It will provide more tax relief to families to help them afford health care and more help for seniors to pay for prescription drugs.

I have talked with seniors throughout New Hampshire who struggle with the high cost of prescription drugs. The Medicare doughnut hole, as it is known, causes great stress in family budgets when seniors have to pay full price for the drugs they need, people such as Sue Quinlan from Portsmouth, who recently wrote me about her experience with the doughnut hole. She wrote:

This year, because of my illness, my drug costs have doubled, and in September I experienced the ''donut hole.'' This meant that when my Total Drug Cost reached $2,400 for the year, I was on my own.

She went on to say:

You know you are in the donut hole when a drug you have been paying $90 for is now $364.47. You know you are in the donut hole when the mail order prescription company calls to warn you that your order is going to cost $720.82 and wants to confirm that you really do want them to send it, and you have no choice except to send it unless you want to stop taking the medications. You know you are in the donut hole when the pharmacist gives you a sympathetic smile when they hand you your order.

Under this bill, seniors such as Sue no longer need to worry. They will get a discount on medicine critical to their health, and we will begin to close the doughnut hole. Seniors will now have access to affordable drugs on which they depend. We have all heard the

story of seniors breaking their pills in half or skipping their daily doses because of the cost. Under this bill, a senior with high cholesterol and heart disease who relies on Lipitor and antihypertension medication to stay healthy now can take these drugs with peace of mind and less financial stress.

This bill will expand affordable coverage to 32 million Americans. The bill will provide the same Medicaid deals for every State so that the Federal Government will help share in the burden the States face in providing coverage for new populations. The bill also builds on the previous bill to attack waste, fraud, and abuse in our health care system.

This is a historic time. Today, we build on that historic legislation with improvements to make it stronger and even better for American families and seniors.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Madam President, I yield 6½ minutes to the Senator from Wisconsin.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. FEINGOLD. Madam President, for far too long, my constituents have been at the mercy of the health insurance industry which has dictated how and whether they get health care coverage. Wisconsinites have been denied coverage because of preexisting conditions, dropped from coverage because they made too many claims, or simply forced to pay through the nose for skyrocketing premiums. Those days are now coming to an end thanks to the Patient Protection and Affordable Care Act.

We have taken an important step with the enactment of that bill, but as you know, our work is not done. The Patient Protection and Affordable Care Act is not perfect, and Congress must be committed to strengthening and adjusting this law as necessary in the years to come. The first step, of course, is for the Senate to pass the Health Care Education Reconciliation Act of 2010, which the Senate is now debating. This bill will strengthen our health care reform law to ensure that health insurance is even more affordable for working families and that seniors actually pay less for prescription drug coverage.

Taken together with the Patient Protection and Affordable Care Act, this bill would help Wisconsinites purchase good, affordable health insurance and health care. As a result, this year children will no longer be denied coverage for preexisting conditions, insurance companies will no longer drop Americans because they are sick, young Americans can remain on their parents' coverage longer, and the Medicare doughnut hole that shortchanges seniors will begin to be filled. Then, over the next 4 years, States will prepare to set up health insurance exchanges for individuals and small businesses to purchase more affordable health insurance. As a result, an estimated 541,000 Wisconsinites who are uninsured and 320,000 Wisconsinites who have individual market insurance will gain access to affordable coverage. As many as 358,000 Wisconsinites are expected to qualify for premium tax credits to help them purchase health care coverage. Experts believe this reform effort will lower premiums in the nongroup market by 14 to 20 percent for the same benefits—premium savings of $1,540 to $2,200 for a family in Wisconsin. Now, this is real savings.

According to the nonpartisan experts at CBO, over the next 10 years, our national deficit will decrease by $143 billion and up to $1.2 trillion in the following 10 years. Those savings come from a number of cost containment provisions, including one which I strongly support that will begin to reimburse physicians based on the quality of care they provide rather than on the quantity of care. This movement toward value-based health care purchasing is one that is already seeing great success in hospitals and medical groups around my State of Wisconsin. I was so pleased to work with our nationally recognized medical centers around Wisconsin on these successful efforts.

Health reform also means more choice, more affordability, and more protections for Wisconsin businesses. Over 77,400 small businesses throughout the State of Wisconsin are eligible now for tax credits starting this year to help purchase health insurance for business owners and their employees. No longer will small businesses be vulnerable to insurance practices of raising rates on a year-to-year basis due to an employee falling ill.

I visit all 72 counties in Wisconsin every year, and I always hear about the burden of health care costs on small businesses. So many Wisconsinites are discouraged from striking out on their own to start a small business or to expand it because they can't afford or couldn't get health insurance on their own. This bill will help those Wisconsinites start businesses and create jobs by providing the affordability and protections of the large insurance group market to small business owners.

Reform also means better and more affordable health care for Wisconsin's seniors. The bill we are debating will build upon improvements made by the Patient Protection and Affordable Care Act by closing the Medicare Part D prescription drug doughnut hole by 2020. Beginning this year already seniors who reach the doughnut hole will receive a $250 rebate, with more and more assistance available each year until the doughnut hole is ultimately closed. Seniors will also be guaranteed an annual wellness visit and no cost sharing on preventive care visits to their physician.

Of course, we know this reconciliation bill is not just about health care. It also ends unjustified subsidies for private banks and lenders to issue Federal student loans. By transferring the authority to make all Federal student loans over to the existing Federal Direct Loan Program effective July 1 of this year, we will save approximately $61 billion over 10 years. The savings will in part be used to help ensure that students do not see a reduction in their Pell grant awards next year, providing much needed assistance to Wisconsin's low-income and middle-income students when they need it the most.

Historic health care reform is now the law of the land. But we have to do more, and passing this bill is the next step.

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

Mr. FEINGOLD. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Montana.

Mr. BAUCUS. Mr. President, I yield 7 minutes to the Senator from Florida, a very valued member of the Finance Committee.

Mr. NELSON of Florida. I thank the Presiding Officer and the chairman.

For the first time as a nation, we are recognizing that people have a right to not be destroyed by sickness. Under the Senate bill passed by the House and signed into law yesterday by the President, folks are no longer going to have to choose between their health and their pocketbooks. Parents will no longer have to worry about whether they can afford to get their kids to the doctor. Seniors will not have to wonder if Medicare will still be there for them several years down the road.

Health care reform doesn't mean people would not have to continue taking responsibility for themselves. The bill we passed, and even the one we are now debating, improves health care affordability and access for all, but it still requires folks to do their part. Families who can afford to will be asked to contribute to the cost of their coverage. People are expected to get regular primary care so they do not end up in the emergency room with something that could have been treated easily and cheaply if it had been addressed sooner.

But, very importantly, we are also going to hold the insurance companies accountable. We are finally telling them: You can't drop someone just because they get sick; you can't cap someone's benefits just because you are tired of paying for their care; and you can't decide not to offer someone coverage because they have a preexisting condition. We are telling them: No more, no more, no more.

We are also saying to our seniors that we, as a nation, remain unwavering in our commitment to protecting and preserving Medicare for today, tomorrow, and the next millennium.

There has been an awful lot of misinformation going around about Medicare and something called Medicare Advantage. The fact is, the original Senate bill proposed an unfair way to fix overpayments to these private Medicare HMO insurance plans. The fix

would have come at the expense of seniors living in areas with high medical costs, such as my State of Florida. I was able to pass an amendment in committee that fixed that problem fairly.

Under this reconciliation bill, the President has proposed another way to rein in those Medicare Advantage insurance companies, and this, upon close inspection, also treats seniors fairly. It puts companies on the hook for their performance. If they do not provide quality service, their reimbursements are cut. Their enrollees—the seniors—are going to demand that they provide quality service. I appreciate the President's leadership on this issue and the fact that he heard the concerns expressed by a number of us, including Senator SCHUMER and Senator WYDEN.

But having said all this, we have left something undone in this Senate bill that is now law and even in this reconciliation package. I am not happy this legislation lets the drug companies pretty much off the hook. You all know that over the past few years I have been voicing the concerns and fears of residents in my State about what is happening to their drug prices. I also hear from the folks who can't afford their medications when they hit the prescription drug coverage gap known as the doughnut hole. They skimp on food or split their pills or stop taking them altogether. While this bill offers a discount to seniors in the doughnut hole, there is nothing to keep drug companies from continuing to jack up the prices until that discount is meaningless.

I also hear from folks who are frustrated that in other countries folks are getting the very same drugs for much less than we pay here. I had an amendment that would have required the drug industry to pay its fair share of the tab for health care reform. It required the drug manufacturers to give the government price breaks on drugs for a lot of our low-income seniors, and that would have saved us $106 billion of taxpayer money, which was more than enough to fill the doughnut hole altogether and then make a dent in offsetting the Federal deficit.

So I intend to come back and revisit this. In the meantime, I want to say this reconciliation bill deepens and extends the promise of the health care reform bill that was signed into law just yesterday. I stood with the President when he put pen to paper yesterday. I think it is great we have begun the process of health care reform.

It has been said by many folks in many different ways that we are not put on Earth for ourselves, but we are placed here for each other. Well, here we are, and here we are debating legislation that stands to improve the lives of tens of millions of Americans. So despite its flaws, I will vote to pass this legislation.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Montana.

Mr. BAUCUS. Mr. President, I thank the Senator from Florida for his very considered and thoughtful conclusion in deciding to vote for this legislation. I deeply appreciate that very much. He is a wonderful member of the committee.

Mr. President, I yield 7 minutes to the Senator from Vermont.

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

Mr. SANDERS. I thank the Senator from Montana for yielding.

Mr. President, my Republican colleagues have reached the conclusion that this is not a perfect bill. Well, they are right. While my problems with this bill are very different than theirs, I do hope that in the weeks and months to come, after we pass this reconciliation package, we will improve it. But I would ask my Republican colleagues to tell me something: When they controlled the White House and they controlled the Senate and they controlled the House, when President Bush was our President—during that period—7 million more Americans lost their health insurance and health care costs soared. Where were they then in talking about health care? Did they have one substantive idea during that period about how we were going to lower the cost of health care for Americans and provide health insurance for all of our people?

I do hope that after we pass reconciliation we are going to improve this bill. In that regard I want to thank Majority Leader REID who has promised us—Senator MERKLEY, myself and others—that we will have the chance to vote on a public option provision. I think millions of Americans understand that public option is a choice that people should have—the right to go outside of the private insurance companies for their health insurance. That public option will provide competitive pressure on the insurance industry to control soaring health care costs. So I very much appreciate Senator REID telling us that we are going to have a vote on that issue within a couple of months.

This bill is a strong step forward. It is no small thing that we are providing health insurance to 32 million more Americans. It is no small thing that we are moving to eliminate preexisting conditions as a grounds for rejecting someone for health care. It is no small thing that we are going to begin to fill that doughnut hole so that seniors will be able to get the prescription drugs they need in an affordable way. Those are, among other achievements, quite significant.

But having said that, after the passage of this legislation, we still have to deal with the reality that we will continue to spend far more per capita on health care than any other major country.

A few days ago, we had the Ambassador from Denmark visiting Vermont. In that country, they provide quality care for all of their people, and they do it spending about 50 percent of what we do because they have eliminated private insurance companies and all of the administrative and profiteering costs associated with private insurance companies. I hope we will one day at least allow States the option to move forward with a single-payer, Medicare-for-all program, which I think ultimately is the way we are going to go as a nation if we are going to solve the need for comprehensive universal and cost-effective health care for all of our people.

I do want to say a word on one aspect, one provision of this bill which I think is enormously important, and I am very excited it is included in this bill. Again, I thank Senator REID for his help in making sure it remained in and is amply funded. That is that in this legislation we are going to take a giant step forward in providing primary health care to the people of this country through a major expansion of Community Health Centers and the National Health Service Corps. This legislation provides enough funding so that we are going to create, over the next 5 years, 8,000 new health center sites, more than doubling the number that now exists. We are going to increase access for primary health care, dental care, mental health counseling, and low-cost prescription drugs by doubling the number of Americans with access to community health centers from 20 million to 40 million in every State, and in every region of this country. That is a huge step forward in providing basic health care to millions of Americans who today cannot access that care.

While we do that, we are also going to significantly expand the number of doctors, the number of nurse practitioners and dentists that we desperately need in order to provide primary health care to our people.

This legislation—over a 5-year period—triples the amount of money going into the National Health Service Corps, a program which provides debt forgiveness and scholarships for those doctors and dentists who will be serving in underserved areas throughout this country.

Through the National Health Service Corps, we are going to support an additional 17,000 new primary health care doctors, dentists, nurse practitioners, and mental health professionals. What this means is that if somebody has no health insurance, if somebody has Medicaid, if somebody has Medicare, if somebody has private health insurance, that individual is going to be able to walk into a community health center and get the high quality care they need. The incredible thing, and this is quite remarkable, is that by doing this we are going to actually save taxpayers money because we are going to keep people out of the emergency room, which is the most expensive form of primary health care; we are going to prevent people from becoming sicker than they should and ending up in the

hospital at great expense. Based on a study by the Geiger-Gibson Program at George Washington University, it is conservatively estimated that, by investing $12.5 billion in health centers and the National Health Service Corps, we will save Medicaid alone over $17 billion over the next 5 years.

This legislation is going to be very significant in providing the primary health care that we need as a nation, and I am very appreciative it is part of the bill.

Mr. President, as I conclude, I ask unanimous consent to have printed in the RECORD the findings of the study by the Geiger-Gibson/RCHN Community Health Foundation Research Collaborative, George Washington University, dated October 14, 2009.

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

FINDINGS

Since health centers are non-profit entities that operate subject to comprehensive federal standards, our models assume that health centers will serve as many patients as their revenues permit. As a result, the number of patients served at health centers depends on the revenue available to health centers and the distribution of insurance coverage among health center patients. The Senate provisions increase health center revenues in three key ways: (1) by increasing federal health center grants; (2) by increasing Medicaid revenues as a result of expanded Medicaid coverage; and (3) by assuring higher private insurance revenues as a result of the extension of the Prospective Payment System (PPS) to health center patients insured through a health exchange. By lowering the number of uninsured patients, health reform thus will allow health centers to use their grant funds to reach additional uninsured patients, thereby increasing the number of patients who can be served.

It is important to note that federal health center grants and payments under Medicaid and private health insurance represent only a portion of total health center revenue. Other important sources include other federal, state, local and private grants or contracts. As in our prior report, we conservatively assume that these other funding sources will grow by only five percent annually.

We estimate that by 2019, these combined policy changes would roughly triple the number of patients receiving care at health centers. The number of patients would rise from an estimated 19.0 million in 2009 to 44.2 million in 2015 and to 60.4 million by 2019. In order to expand to serve this many patients, we assume that the number of health center grantees and the number of health center delivery sites (i.e., clinics) would grow substantially, permitting a major expansion of health centers and clinics into more medically underserved rural, suburban and urban communities.

In our prior paper, we analyzed data from the 2006 Medical Expenditure Panel Survey to compare the medical expenditures of people who receive the majority of ambulatory care at health centers and those who do not. We found that, after adjusting for health status, age, gender, race/ethnicity, and health insurance coverage, the average patient receiving care at a community health center had annual medical expenditures $1,093 lower than an average patient who did not use health centers. This estimated savings includes both reduced ambulatory costs as a result of health center efficiencies as well as reduced inpatient medical expenses, which may be due to the prevention of more severe health problems requiring hospitalization. These findings are consistent with numerous prior studies showing that health centers are efficient providers of quality primary care and that more effective use of primary care can reduce hospital and specialty care costs.

Using the estimate of $1,093 savings per health center patient in 2006, we applied the estimates of the increased number of health center patients and adjusted savings to account for health care inflation to estimate total medical savings associated with the expansion of services at health centers over the next ten years. These are summarized in Table 1.

TABLE 1—ESTIMATED INCREASE IN HEALTH CENTER PATIENTS, TOTAL MEDICAL SAVINGS AND FEDERAL MEDICAID SAVINGS UNDER THE SENATE PROVISIONS, 2010 TO 2019

	2009	2015	2019	2010–2015	2010–2019
Total Number of Patients (mil)	19.0	44.2	60.4	.....	.....
Increase Over 2009 Patients (mil)	.....	25.2	41.4	.....	.....
Est. Total Med Savings Per Person	$1,262	$1,551	$1,780	.....	.....
Est. Total Medical Savings (bil)	—	$39.0	$73.7	$129.1	$369.2
Est. Federal Medicaid Savings (bil)	—	$11.0	$22.5	$34.2	$105.0

Source: Authors' estimates.

As seen in Table 1, in 2019, we estimate that the number of patients receiving primary care services at health centers will rise by 41.4 million over the 2009 level of 19.0 million, to 60.4 million total patients. This growing use of health centers to serve an additional 41.4 million patients times the medical savings of $1,780 per patient yields an overall medical savings estimate of $73.7 billion in 2019 alone. Over the 2010–2019 period, we estimate that an increase in the number of patients who receive their health care through health centers will lead to $369 billion in total medical savings. (Following the approach used by the Congressional Budget Office, we estimate only the additional savings due to increases in the number of patients served at health centers. We estimate that the 19 million patients already served in 2009 create medical savings of $24 billion in that year alone; savings from the existing 19 million patients are not included in the estimates shown in Table 1 above.)

This estimate includes all medical savings, whether public or private. From the federal perspective, the critical question is federal savings. We estimate savings attributable to federal spending by focusing on federal Medicaid savings, accounting both for the increased volume of Medicaid patients and the effective increases in federal matching shares for Medicaid. (There are also state Medicaid savings not included in the estimate of federal savings.) This calculation yields an estimated federal Medicaid savings of $22.5 billion in 2019 and $105 billion between 2010 and 2019. This is a conservative estimate of federal savings, since there would also be savings under Medicare as well as in the federal subsidies spent to purchase health insurance through exchanges.

The ACTING PRESIDENT pro tempore. The time of the Senator has expired.

Mr. BAUCUS. Mr. President, how much time remains on our half hour?

The ACTING PRESIDENT pro tempore. There remains 2 minutes 40 seconds.

Mr. BAUCUS. I yield 2 minutes 40 seconds to the Senator from Missouri.

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

Mrs. MCCASKILL. Mr. President, we have had a lot of that childhood story we all learned of ''Chicken Little.'' We have had a lot of Chicken Little around this building in the last few months: The sky is falling, the sky is falling. You know, I woke up this morning, I looked up and the sky was not falling. Every day that goes by in America people are going to realize the sky is not falling. In fact, as time goes on that sky is going to get bluer and brighter because people in America are going to realize this bill is not full of booby traps, it is full of good things that will reform health care.

I rise this afternoon to take a couple of minutes to talk about a new low of obstructionism, taking game playing to a whole new level. In 10 minutes I was supposed to convene a hearing on the contracts for police training in Afghanistan. This is a very important part of our mission in Afghanistan, the training of local police departments. There was a witness who was going to be there from the State Department, a witness there from the Defense Department, the Inspectors General were going to be there.

Just last week GAO wiped out a contract that had been let on police training because of problems in the way the contract was competed. So this hearing was timely and it is important. We cannot succeed in Afghanistan if we do not have effective police training. These contracts are problematic. The State Department is supposed to be overseeing them. We have hundreds of millions of dollars not accounted for.

So what do I find out this morning? The Republican party is not going to let us have the hearing. What in the world? Why in the world are we not being allowed to work this afternoon? Why in the world are we not able to ask questions at a hearing in a few minutes as to why the police training is not going well in Afghanistan and how we can do better?

Our men and women are over there and they are at risk if we do not get this right. I don't get it. I don't get what the purpose of saying no is. I don't get what we accomplish. We are sent here to work. We are paid by the people of this country to work. The idea that I had to call these witnesses and say go home because the Republicans will not let us have a hearing—

somebody has to explain this to me. Disagree with us, debate, vote no—but let us work. I implore you: Let us work.

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

The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I have one unanimous consent request that we continue altering sides of the debate. I ask consent we continuing alternating back and forth, and the next half hour be on the Republican side.

I ask unanimous consent the next half hour be controlled by the Republicans and the half hour thereafter be controlled by the majority, and the half hour after that be controlled by Republicans.

The ACTING PRESIDENT pro tempore. Is there objection?

Without objection, it is so ordered.

Mr. BAUCUS. Mr. President, for the information of Senators, the final block of time is reserved to be under the control of the chairman for concluding remarks; that is, prior to a series of votes. I make that statement for the information of Senators.

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

AMENDMENT NO. 3579

Mr. ROBERTS. I ask consent to call up Roberts-Inhofe-Brown amendment No. 3579, and I ask unanimous consent Senator CRAPO be added as cosponsor.

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

The clerk will report.

The bill clerk read as follows:

The Senator from Kansas [Mr. ROBERTS], for himself, Mr. INHOFE, Mr. BROWN of Massachusetts, and Mr. CRAPO, proposes an amendment numbered 3579.

Mr. ROBERTS. I ask unanimous consent the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To strike the medical device tax)

Strike section 1405 and insert the following:

SEC. 1405. REPEAL OF MEDICAL DEVICE FEE.

(a) IN GENERAL.—Section 9009 of the Patient Protection and Affordable Care Act, as amended by section 10904 of such Act, is repealed effective as of the date of the enactment of that Act.

(b) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by striking ''8 percent'' and inserting ''5 percent''.

(c) APPLICATION OF PROVISION.—The amendment made by subsection (b) shall apply as if included in the Patient Protection and Affordable Care Act.

Mr. ROBERTS. Mr. President, included in the half trillion dollars in new taxes in this health reform bill is a tax hike of $20 billion on medical devices, a $20 billion excise tax on lifesaving medical devices. The nonpartisan Congressional Budget Office and Joint Committee on Taxation have both confirmed that these excise taxes will not be borne by the medical device industry if in fact that is what the other side wanted to do. Instead, the tax will be passed on to patients in the form of higher prices and higher insurance premiums. My colleagues are going to speak in greater detail about this tax, but let me take a moment to talk about some of the people who will bear the burden, and what types of devices will be taxed.

People with disabilities, diabetics, amputees, people with cancer and people with Alzheimer's are just some of the folks who will see their tax costs go up because of this tax. My amendment prevents this new tax from raising the already high cost for these groups by striking the tax on medical devices.

This is a tax on innovative devices as well, a device such as the cyberknife. The cyberknife is a noninvasive alternative to surgery for the treatment of both cancerous and noncancerous tumors anywhere in the body. Yet under this bill, such cutting-edge devices will be taxed. Those who need the treatment offered by the cyberknife will see the cost of that treatment go up. When innovative and lifesaving technologies such as the cyberknife are taxed, when the costs of many tests increase because the devices used in the tests are taxed, when the new devices are not developed and when fewer manufacturers are able to survive in the anticompetitive environment this tax will create, consumers of health care will suffer for it.

I urge my colleagues to support this amendment, and yield the remainder of my time to the distinguished Senator from Massachusetts, Mr. BROWN.

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

Mr. BROWN of Massachusetts. Mr. President, I thank Senator ROBERTS for bringing this very important issue to the forefront. Many of you know I live in Massachusetts. We have over 225 medical device companies there. Before I got here, I visited many of them and the message was very clear, that if in fact that 3-percent medical device tax goes into effect, it is virtually all of their profit for many of these young companies and established companies.

Placing a tax on medical devices, in my opinion and their opinion, will dramatically affect jobs, not only in Massachusetts but throughout the country.

Unemployment in my State is hovering near 10 percent and we should be doing everything we can at this point to create jobs and stimulate the economy. I am hopeful that in the effort I made in the beginning for a bipartisan effort to start jobs with the first jobs bill that we can look at the areas we are trying to focus on to make this bill better. I am hopeful once again, through the Senator's leadership and that of Senator ROBERTS and others who sponsored it, we will look twice at what we are trying to do here in order to pay for the so-called health care bill.

As we are in the middle of a 2-year recession, taxing companies, especially vibrant companies throughout my State and throughout the country, I am fearful they will leave and go to other countries to do their business.

I yield the remainder of my time.

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

AMENDMENT NO. 3588

Mr. INHOFE. Mr. President, I call up amendment No. 3588 and make it pending.

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

The bill clerk read as follows:

The Senator from Oklahoma [Mr. INHOFE] proposes an amendment numbered 3588.

Mr. INHOFE. I ask unanimous consent we dispense with the reading of the amendment.

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

The amendment is as follows:

(Purpose: To exclude pediatric devices and devices for persons with disabilities from the medical device tax)

On page 99, between lines 9 and 10, insert the following:

(e) EXCLUSION OF MEDICAL DEVICES FOR PEDIATRIC USE AND PERSONS WITH DISABILITIES.—

(1) IN GENERAL.—For purposes of section 4191(b)(1) of the Internal Revenue Code of 1986, as added by subsection (a), the term ''taxable medical device'' shall not include any device which is primarily designed—

(A) to be used by or for pediatric patients, or

(B) to assist persons with disabilities with tasks of daily life.

(2) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by striking ''8 percent'' and inserting ''5 percent''.

(3) APPLICATION OF PROVISION.—The amendment made by paragraph (2) shall apply as if included in the Patient Protection and Affordable Care Act.

Mr. INHOFE. Mr. President, President Obama repeatedly promised during the campaign that no one making under $250,000 per year would see their taxes increase. However, the Democrats claim to spend $2.6 trillion in new health care at a time when the country cannot afford the promises they have already made and we have a record 1-year budget deficit, $1.4 trillion.

We hear President Obama always talking about what he inherited from George W. Bush. What he inherited was nothing like what he did. He actually raised the deficit $1.4 trillion in 1 year. That is more than President Bush did in his last 5 years.

The HELP bill, which recently passed the House, represents an unprecedented

expansion of government control and increases taxes on Americans during a difficult economic time. But the Democrats did not stop with one expensive health care bill. Now the Senate is debating a fix-it bill which increases taxes an additional $50 billion on the American people.

Reading through the legislation, I am struck by a myriad of ways this raises taxes on American citizens, from job-creating small businesses to middle-income families—over a half trillion dollars of new taxes.

If you happen to need a medical device—that is what we are talking about right now—you get taxed under the bill. Section 9009 of the recently passed health care bill imposes a new tax on assistive devices, which includes items such as pacemakers, ventilators, and prosthetics, and incubators for premature babies. The fix-it bill—I call this the payoff bill because as you all know the Speaker of the House had to pay off all these individuals. We understand how that works. That is what this bill is all about right now. That is why it needs to be amended. This is what we are currently debating. It actually expands to include more medical devices such as tongue depressors, elastic bandages, most hand-held dental instruments, and examination gloves.

I am joining with my Republican colleagues to propose an amendment striking the tax on medical devices.

Additionally, I have filed amendment No. 3588—that is what we are talking about now—that will strike this expansion of taxes on assistive devices for two of the most vulnerable populations, children and individuals with disabilities.

I have previously spoken on the floor about this new tax and how it hurts Americans. Let me remind you of a couple of examples.

My son-in-law Brad Swan installs pacemakers and defibrillators. I know this is true because he lives right across the street from us. At 1 o'clock in the morning he was called to an emergency involving a young 8-year-old boy with no heartbeat whatsoever.

He was born with congenital heart disease, was able to have a pacemaker put in that morning, right after he was called, and now he has a full, healthy life ahead of him. My older sister Marilyn faced a similar situation and is alive and healthy today. Additionally, Dr. Stanley DeFehr, a cardiologist in Bartlesville, OK, explained to me that:

> The cost of a pacemaker [we are talking about $5,000; it is something that lasts 10 years] pales in comparison to the cost of a stroke or multiple fractures.

Now with this tax, we are making these medical devices more expensive for families, which may prevent others from accessing the device they need in order to enhance or even save their lives.

I have never been through anything like this in the 20 years I have been here. We look at the tax increase in this bill of $569 billion; now it is going to be more than that.

Additionally, I was talking this morning in Chickasha, OK, on a radio show, and the person intervening me was talking about his 94-year-old mother and how she depends on Medicare. I explained that there is $523 billion in Medicare cuts in this bill.

So, you know, the White House was celebrating. You could hear the champagne corks popping all night long. Yes, they successfully increased taxes by $569 billion.

So I encourage people to vote for this amendment to at least relieve part of the problem that is out there. It is amendment No. 3588.

I yield the floor.

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

AMENDMENT NO. 3644

Mr. HATCH. Mr. President, I ask unanimous consent that the pending amendment be set aside. I have an amendment at the desk.

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

The bill clerk read as follows:

> The Senator from Utah [Mr. HATCH], for himself, Mr. COBURN, and Mr. CRAPO, proposes an amendment numbered 3644.

Mr. HATCH. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

> (Purpose: To protect access for America's wounded warriors)
>
> On page 99, between lines 9 and 10, insert the following:
>
> (e) EXCLUSION OF MEDICAL DEVICES SOLD UNDER THE TRICARE FOR LIFE PROGRAM OR VETERAN'S HEALTH CARE PROGRAMS.—
>
> (1) IN GENERAL.—For purposes of section 4191(b)(1) of the Internal Revenue Code of 1986, as added by subsection (a), the term ''taxable medical device'' shall not include any device which is sold to individuals covered under the TRICARE for Life program or the veteran's health care program under chapter 17 of title 38, United States Code, any portion of the cost of which is paid or reimbursed under either such program.
>
> (2) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by striking ''8 percent'' and inserting ''5 percent''.
>
> (3) APPLICATION OF PROVISION.—The amendment made by paragraph (2) shall apply as if included in the Patient Protection and Affordable Care Act.

Mr. HATCH. Mr. President, before I talk about my amendment to exempt our Nation's wounded warriors from this new medical device tax, let me take a moment to talk about the enormous tax burden imposed under this bill.

Republicans in Congress agree with the majority of Americans who believe that simply throwing more hard-earned taxpayer dollars at a $2.5 trillion health care system will not deliver meaningful reform. Simply raising more than $650 billion in new taxes at a time when our national unemployment rate stagnates near double digits is a really bad idea.

Now, let us take a look at the claims that despite more than $650 billion in new taxes in this bill, this big government bill will not raise taxes for Americans making less than $200,000 a year, a pledge that President Obama repeatedly mentioned both as a candidate and then as our President. Well, the Democratic chairman of the Finance Committee, and I commend him for his honesty, in his floor remarks on March 23, 2010, stated: One other point that I think is very important to make is that it is true that in certain cases, the taxes will go up for some Americans who might be making less than $200,000. We have known all along that this pledge is an illusion that will slowly but continuously disappear over time.

A recent analysis by former Congressional Budget Office Director Douglas Holtz-Eakin based on data provided by the Joint Committee on Taxation revealed some startling facts on the distributional impact of the Senate-passed bill. Let me share these findings with you:

Only 7 percent of Americans would qualify for the new government subsidy to help them pay for mandatory health insurance. 93 percent of all Americans will not be eligible for a tax benefit under this bill.

Twenty-five percent of Americans earning less than $200,000 a year would see their taxes rise.

So what does this all mean? For every one family that receives the government subsidy, three middle-class families will pay higher taxes.

Simply put, we will continue our march towards the Europeanization of America as fewer and fewer Americans continue to bear the burden of supporting the needs of a growing majority.

By the way, the figures I just discussed, do not take into account all the tax increases in this bill signed by the President yesterday, including hundreds of billions in new taxes on employers who do not provide coverage to insurance premiums, prescription drugs and medical devices.

Representatives from both the Congressional Budget Office and the Joint Committee on Taxation testified before the Finance Committee that these taxes will be passed on to the consumers. So even though the bill tries to hide these taxes as fees, average Americans who purchase health plans, use prescription drugs and buy medical devices will end up footing the bill. Every American knows that there is no such thing as a free lunch in this town.

Included in the $650 billion of new taxes in this health bill is a tax hike of $20 billion on medical devices. Of the few exemptions included in the reconciliation bill, there is no mention of

the brave men and women in the military and our veterans who have sustained injuries defending this country during the wars.

My amendment would prevent this new tax from raising costs or hurting access for American soldiers and veterans by exempting medical devices used by the TRICARE program and the Veterans health care program. We must protect our wounded warriors who rely on these life-saving and life-enhancing medical devices.

I urge my colleagues to stand up for our brave warriors and support this amendment.

Let me tell you, I hope my colleagues on both sides will stand up for the wounded warriors. I hope they will stand up and realize that these folks should not be hammered with higher costs on medical devices. We owe them a debt of gratitude not more taxes.

The ACTING PRESIDENT pro tempore. The Senator from Iowa.

Mr. GRASSLEY. I wish to speak in support of Senator INHOFE's amendment No. 3588, which would be to exclude medical devices for children and persons with disabilities from a medical device tax.

I know that when you talk about a medical device tax and if it is on the manufacturers, you are going to say: Well, what should I be concerned about that for because some manufacturer is going to pay it. Well, don't fool yourself. You know, corporations do not pay taxes, only people pay taxes, and there are three categories of people who pay taxes: stockholders or employees or consumers. And I will bet in most cases consumers end up paying for that.

So this provision in this bill is much broader than the Inhofe amendment would apply to, but I think Senator INHOFE has picked out a very important aspect of adding taxes, the extent to which surely the vulnerable people whom you call children and persons with disabilities are consumers who shouldn't be paying for a tax to pay for a bill that 59 percent of the people in this country say they are against. But because the majority party and the President want to make history, just make history, don't worry about the people at the grassroots of America, what they think.

So there are all these taxes and all of these fees in here, and I compliment Senator INHOFE for his leadership in at least trying to reduce this burden on people who are very vulnerable, people with disabilities.

Of the many taxes in this bill, I am especially worried about the tax on medical devices. What will happen when the Democrats impose a new tax hike on $20 billion of these innovative medical devices? During the markup of the Finance Committee bill, I asked the question to the nonpartisan Congressional Budget Office and the nonpartisan Joint Committee on Taxation.

For people who might not understand the emphasis of ''nonpartisan'' about the Congressional Budget Office and the Joint Committee on Taxation, I would like to say it is very important that you understand that because everybody thinks everything connected with Congress is totally political. Well, these are professionals who are around here a lot longer than a lot of Senators and Representatives, and then their job is, in a professional way, to look at what things cost and how much money certain taxes will raise. So they are kind of like God around here. They are believed. If you want to overrule them, you know, it takes 60 votes. That is a lot of power when you have to have 60 votes to overrule something on a point of order.

So explaining what nonpartisanship is with the Congressional Budget Office and our constituents understanding that so they understand we are not quoting a Republican or a Democrat, we are quoting professionals, I think is very basic to understanding the points we individually make so that they are accepted as intellectually honest.

In this particular case where these two offices—both of them said these excise taxes will be passed on to consumers in the form of higher prices and higher insurance premiums. When I began my remarks, I said that is what is going to happen. Well, Chuck Grassley said that, but I want you to know that is what these professionals in the Joint Committee on Taxation and the Congressional Budget Office backed me up in saying.

Who are the consumers of these devices? I have the exact language here of how these things are going to be passed on to consumers so that you know, you see the document right here.

Who are these consumers of these devices who will bear the burden of the new medical device excise tax? I would like to tell the story of the Tillman family, a family who would bear the burden of this new medical device tax.

At only 5 months old, Tiana Tillman had her life saved by a medical device.

This story has received a lot of attention because Tiana's father is a professional football player for the Chicago Bears. However, lifesaving stories like this happen all across the country.

When Charles Tillman reported to training camp in 2008, it was not long before his coach told him his 5-month-old daughter Tiana had been rushed to the hospital. When Charles got to the hospital, Tiana's heart rate was over 200 beats per minute. The doctor told Charles and his wife Jackie that Tiana may not make it through the night.

Tiana survived the night, and after a series of tests, she was diagnosed with cardiomyopathy, that is, an enlarged heart that is unable to function properly. Her condition was critical, and without a heart transplant, she would not survive. But finding pediatric donors is very difficult, and many children do not survive that long wait time.

Tiana was immediately put on ECMO, a device that would help the functions of the heart while Tiana waited for a transplant. However, ECMO is an old device that has many shortcomings.

The Tillmans waited for one of two outcomes: either Tiana would receive the transplant or she would die waiting on ECMO.

If you want to know, ECMO is E-C-M-O, an acronym.

But then doctors told them about the new pediatric medical device called the Berlin Heart—the Berlin Heart is an external device that performs the function of the heart and lungs—the Tillmans decided to move forward with the Berlin Heart. After 13 days of being on ECMO without any movement, Tiana underwent surgery to connect the Berlin Heart. After the operation, you can see Tiana in that photo. It pumped her blood through her body—a job her heart could not perform on its own. Doctors said the Berlin Heart helped Tiana regain her strength because she was off the paralytic medication and finally moving.

Not long after Tiana connected to the Berlin Heart, a donor was found and Tiana underwent an 8-hour transplant surgery. The risky surgery was a success, thank God. Usually it takes some time for a new heart to start working, but doctors said that due to Tiana's strength, her new heart started working immediately.

So you see here Tiana today. She probably loves that football just like her dad loved the football. She is a happy and healthy 2-year-old girl. She enjoys playing on her swing and watching her dad play football.

Without the Berlin Heart to keep her alive and help her to gain strength, she might not, in fact, be alive. Democrats would increase costs for families such as the Tillmans with this tax, particularly. But it will be relieved somewhat if we adopt the Inhofe amendment. In fact, the Democratic bill would tax most pediatric medical devices. I wish to make clear that any vote against the Inhofe amendment is an endorsement of the tax on devices such as the Berlin Heart and many others children across this country rely upon. Not only that, it would also probably have a great impact upon research that brings about some of these miracle medical devices that make a difference. Taking money away from research at businesses is going to delay the miracle things that come along, whether they are pharmaceuticals or medical devices.

We should not be discouraging that. In the rest of the world, there has not been as much research done in the rest of the world as is done in the United States. Maybe go back 50 years ago and you had Germany and other European countries very much involved. But their government taking over everything and their high rates of taxation are drying up resources used for research. So the United States has been the beneficiary of that. Our pharmaceutical industry and medical device

industry have taken advantage of it. So much new development around the world in the enhancement of these devices as well as pharmaceuticals have come because of the research we do. This tremendous tax burden that the American consumer is going to feel from the massive money coming in to fund this bill, which isn't going to drive down health care costs, is going to stymie a lot of innovation we should not want to stymie.

May I ask the Chair how many minutes my side has remaining?

The ACTING PRESIDENT pro tempore. The Senator has 3½ minutes remaining.

Mr. GRASSLEY. I will take that 3½ minutes to comment on another aspect of the bill. This is not on the Inhofe amendment, at this point. It is something unrelated to health care, but in a sense it is related to health care. This is the nationalization of the student loan program. For a long time, colleges on behalf of their students have had the benefit of going with a direct student loan from the government or getting it through the banks. They have voted by their feet, by the overwhelming amount of them going to the banks to get their student loans. Now this reconciliation is going to nationalize student loans, have just direct loans. There are about 31,000 people around the country who have something to do with student loans. Those people are going to be out of work at a time when we are all talking about jobs. We need to do something for jobs. So we're going to nationalize education loans and have that unemployment and then take four call centers around the country to take its place. Do you think college students are going to get the service they get when they have to deal with the Federal bureaucracy redtape? I don't believe so. But there's supposedly a certain amount of savings in this. I don't know whether it is real savings, but the CBO, which I say is God around here, scored it as a certain amount of savings, even considering the fact that the government is going to have to borrow $½ trillion to get this program underway. They are going to use those supposed savings from the student loan program to fund this bill, the health care bill.

We are in a situation that is just something that common sense Americans in the Midwest are not going to understand. But it is something, I suppose, you would expect to happen in Washington, DC, which is an island surrounded by reality, that you are going to have college students who are going to pay 6.75 percent interest on their loans to the Federal Government that the government only pays 2.75 percent to borrow, that you are going to be taxing college students to pay for health care. It doesn't add up, at the very same time that too many of us in this body are complaining about the increased cost of education.

I hope the college students will speak up in this particular instance about what is being done, that college students should not be taxed to provide health insurance. But this whole health care bill taxes everything. It just seems like everything.

How many minutes are remaining?

The ACTING PRESIDENT pro tempore. The time of the Senator has expired.

The Senator from Montana.

Mr. BAUCUS. Mr. President, I yield 5 minutes to the Senator from New Jersey, Mr. LAUTENBERG.

The ACTING PRESIDENT pro tempore. The Senator from New Jersey is recognized.

Mr. LAUTENBERG. Mr. President, I thank Senator BAUCUS for his leadership on this health care reform effort that is underway.

This is the most astounding thing. For all these weeks, our friends on the other side have said no, no, no to health care. Not one good word. Not one of them stood and said: Yes, we should cover 32 million people who don't have coverage; yes, we should cover young people who want to join their parents' health insurance policy. They said no to small businesses that need help in providing affordable health coverage to their employees.

Many know that recently I was stricken with an illness. Five weeks ago this time, I was in an ambulance on my way to the hospital, bleeding profusely, very sick. I was lucky. I had health care coverage. The doctors were there waiting for me. They were there to give me transfusions. They were there to give me intravenous fluids. They were there to care for me. I had nursing care, and I came through a crisis, as my children stood by, my four children stood by with their fingers crossed, pleading for my health to return. It was because I had health care coverage that I am standing here today on my way to a full cure—less hair but still willing to fight the fight for the people I represent, for the people across this country who are being denied coverage in any way they can do it.

What we see is obstructionism at its worst. I have yet to hear them say: Let our conscience come out here and say we ought to cover these people, that we ought to make sure health care is affordable.

The night I was brought into the hospital and was so fortunate enough to have the health care coverage I had, during the days of recovery I thought: What would happen if I was 40 years younger, had two or three kids, had no health care coverage, and I came in, in this kind of critical condition? The chances of my walking out of that hospital would have been very low.

So I say to my friends on the other side, they are not bad people, they are just totally wrong. They don't want to say that a young person can join their family's affordable health care insurance. They don't want to encourage people to find insurance that is affordable through the exchanges that are provided. They don't want to permit people who are there without coverage, who would force their way into an emergency room, perhaps, and say: Look, I am very ill. I have no pep. I feel terrible. Take care of me. Yes? Take a number like you do in a supermarket. You are No. 32. We will get to you. Don't worry about it.

Well, I worry about it because I know a different kind of America. I know an America that was there for me when I needed an education. I know an America that is there for people. I get letters from them all the time that say thank you for helping us to be able to afford a better education. Thank you for the things you can do.

I say to my colleagues on the other side: Open up. Tell the truth. If you don't want to give those people affordable coverage, then throw in the coverage you have. Throw in your policy. When you say no to the 32 million people, say: I mean it when I say no. I am giving up my coverage similar to those people out there. Tell the truth about how you feel about the people who stand there without coverage, worrying every day whether an illness is going to rob them of their jobs, of their opportunity to perform their parental duties or any duties. That is what ought to happen. Stand. Vote no, vote no against anything that improves or might improve this insurance and say: No, I mean it when I say no. I mean it. I am willing to give up the coverage I and my family have.

I am talking to the Senators on the other side. Say no and mean no. But mean it for yourselves as well as the people outside who are begging for the coverage.

I thank the Chair.

Mr. BAUCUS. Mr. President, I thank my good friend from New Jersey. I am reminded how he led the fight years ago to stop cigarette smoking in airlines. I was so pleased when he did that. I know many millions of Americans who are still pleased. It was he who did it.

I yield 10 minutes to the Senator from Oregon, a big leader in health care reform. He has been working health care reform as long as I can remember. I thank the Senator from Oregon.

The ACTING PRESIDENT pro tempore. The Senator from Oregon is recognized for 10 minutes.

Mr. WYDEN. Before he leaves the floor, let me echo the praise for our friend from New Jersey, who has prosecuted the case against cigarettes for so many years. We are thankful to him. What a strong advocate he is.

I thank the chairman as well for all his efforts. I wish to highlight a couple provisions he and I worked on together that speak to the headlines we are seeing in this morning's newspaper; in particular, the provision he and I partnered on that allows States to innovate and take their own fresh approaches in terms of addressing health care challenges. We all read today about how roughly a dozen States are

already challenging the important, recently-signed health care law on the grounds that the individual mandate is unconstitutional. He and I worked very closely together to ensure that States could have a waiver to, in effect, go out and set up their own approach. In fact, counsel to the Senate Finance Committee specifically said, in response to our questions during the markup of health reform, that if a State could meet the general framework of our legislation, it did not have to do it with an individual mandate.

I thank the chairman for stepping up and empowering the States. I want the country to know that under the legislation Chairman BAUCUS worked on with me, every State does not have to litigate. They can innovate. They can go out and look at fresh approaches to address our health care challenges. That would include doing health reform without an individual mandate. I have followed the discussion on the floor over the last couple days about how somehow reform would Europeanize the health care system. On the contrary, what Chairman BAUCUS has done, with Section 1332 of the health reform bill, similar to what I sought to do in the legislation I drafted that had bipartisan support, is to send a message to all the States all across the country that we invite them to come up with the kind of fresh, creative ideas that are going to help us hold health care costs down. In fact, the chairman and I spent a lot of time trying to make sure States could tailor their own health insurance exchanges, which would be fresh marketplaces, so that, for example, an approach in Montana or Oregon that folks there thought made sense, could be entirely different than a strategy New York would try on its own. Not only is section 1332 a provision that allows for State innovation, but, as the chairman knows, there is also another approach that our colleague Senator CANTWELL came up with that advances similar State innovation, allowing States to set up a basic health care plan.

So my message to these States talking about litigating right now is, why would you say at this point you are going to go out and go to court and sue everybody in sight when, in fact, what the President signed yesterday gives the States the authority to come up with their own approach? Senate Finance Committee counsel is on record as saying that States could pursue their own approach without an individual mandate. I hope—given the amount of attention that is being paid this afternoon to the question of States filing these lawsuits, alleging the law is unconstitutional because of the individual mandate—I hope some of those States will take a look at section 1332 that, in my view, ought to be attractive to elected officials all across the political spectrum who share the view Chairman BAUCUS and I share; which is, we would like to empower the States.

Another area where innovation is encouraged to occur is the Medicare Advantage provision in our legislation. We have had a lot of discussion on the floor about Medicare Advantage. Having been involved with this program for a number of years, and its predecessors during the days when I was codirector of the Gray Panthers, I wish to offer up to colleagues that not all Medicare Advantage is created equal. Two years ago, we heard testimony in the Senate Finance Committee about some Medicare Advantage products that, as far as I am concerned, are so shoddy and so devoid of consumer protection the people who sold them ought to be in jail. We have taken steps to add consumer protection to the Medicare Advantage Program.

On the other hand, there are very good Medicare Advantage Programs in our part of the country that have been able to win recognition from the Federal Government as high quality plans. In fact, under this legislation, plans that have earned a high quality rating from the Federal Government on the basis of, for example, how they manage chronic conditions, the kinds of screenings they do of a preventive nature, and their responsiveness to member complaints, when they get a high rating from the Federal Government on the basis of such criteria and earn those extra stars, they will get bonus payments. This was an idea the Chairman worked closely with me on when the legislation was advanced by the Finance Committee.

We will probably have further discussions on the floor about Medicare Advantage, but I only come to the floor today to say—for those who are interested in promoting quality; for those who believe that no matter how much you do to contain costs, you also have to beef up quality—take a look at the work that was done with respect to Medicare Advantage. It acknowledges that not all Medicare Advantage is created equal.

(Mr. MERKLEY assumed the Chair.)

Mr. WYDEN. The Presiding Officer in the Senate, who has just joined us, knows that our home State has the largest percentage of folks in Medicare Advantage than any other State in the United States: over 40 percent. They happen to be in good plans with those high ratings I mentioned from the Federal Government. So clearly, our States with high quality are going to be appreciative of this. But so will all the other programs across the land that have similar ratings, and we will have created an incentive for all of those other Medicare Advantage Programs in the years ahead to meet our standards.

I come to the floor briefly this afternoon to point out these two provisions in the bill that promote quality and innovation. First, I hope States will use the provision that creates incentives for them to innovate. Our message ought to be innovate rather than litigate. I hope attorneys general will remember that in the days and weeks ahead.

Second, I hope colleagues will look at the new incentives in this legislation to promote quality in the Medicare Advantage program and beyond because I believe those two provisions in this legislation—that encourage State innovation, that promote quality in the Medicare Program—ought to be widely supported by colleagues on both sides of the aisle in the days ahead.

That is, in my view, the kind of approach that can bring the American people together and help us implement this law in a fashion that is in line with what Americans want: good quality, affordable care, and reform that works for them.

Mr. Chairman, I thank you for this time and particularly for your help on those two provisions that I think ought to appeal to both Republicans and Democrats in the days ahead.

Mr. BAUCUS. I thank the Senator very much.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Might I inquire, Mr. President, how much time remains on this side for this block?

The PRESIDING OFFICER. Fifteen minutes.

Mr. BAUCUS. I thank the Chair.

Mr. President, I yield 10 minutes—5 minutes—to the Senator from Colorado.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Thank you, Mr. President. I say thank you to the Senator from Montana for his generosity. I will not take 10 minutes. I know the Senator from Pennsylvania is here.

Mr. President, I stand here today for the millions of Coloradans and American families who are sick and tired of the name calling, the bickering, and the partisanship in Washington.

I am here today for over 800,000 uninsured Coloradans who will now have a fighting chance to get the health care they need.

I am here for the 1.2 million Coloradan children who will never again be at risk of being denied coverage because they have a preexisting condition.

I am here for the 70,000 small businesses that will get a tax cut to provide health insurance, so they do not have to make the terrible choice between providing health care coverage for their employees and keeping their doors open.

I am here for the hundreds of thousands of seniors who depend on Medicare and expect us to protect and preserve it for generations to come.

We have passed a bill that makes our country more competitive, ends insurance company abuses, gives people more coverage, and starts putting our country on a more sound fiscal footing for the next 20 years.

I join those on this side of the aisle and on the other side of the aisle who have said this is not a perfect piece of legislation. No piece of legislation is perfect. But it is a great first step for the reasons I said.

The nonpartisan Congressional Budget Office has confirmed a $143 billion reduction in the Federal deficit over 10 years, as a consequence of our passing this legislation, and a $1.2 trillion reduction in the first 20 years.

Now we need to pass this reconciliation bill—a bill that gets rid of the special deals I spoke out against at the end of the year, a bill that makes sure our seniors can afford the prescription drugs they need, a bill that covers more people in my State of Colorado.

But the insurance companies and the special interests have not given up. The defenders of the status quo are still at it. Put simply, to amend the bill is to kill this bill. The only reason we are going through this process is because opponents of health care reform want to kill the bill. Now is not the time to play games with the lives of thousands of Coloradans and millions of Americans, and I will not do it.

There are also some who are well intentioned and want to amend this bill to include a public option. I am and have been a strong proponent of a public option and, like a lot of people, have taken a lot of heat for it. I am not sure why because everywhere I went in Colorado people said to me: MICHAEL, if you are going to require us to have insurance, we want as many choices as possible for our family. Please don't force us into this private insurance if there are other options out there.

A lot of us did all we could to convince the House to include it in this bill, and we were disappointed when they did not. We are going to continue to fight for it until we get a vote. We will have our vote on a public option. But I will not risk the well-being of Coloradans to do it, and I will not play into the hands of those who want to kill the bill.

So today I stand with many of my colleagues, with the American Diabetes Association, the American Hospice Foundation, the Autism Society, Doctors for America, Easter Seals, and the National Alliance on Mental Illness, along with over 150 organizations that want us to pass this bill as well. I stand with AARP which knows that changing this bill now will put seniors at risk.

But more important than all of that, I stand with the people of Colorado who expect more from their government and who want more for their children and grandchildren than politics and name calling.

I urge all of my colleagues to pass reconciliation and send this bill to the President's desk.

I yield the floor.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I yield the remainder of the time to the Senator from Pennsylvania, Mr. CASEY.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I am grateful for this opportunity to speak about health care. I commend our chairman, Senator BAUCUS, for his great leadership in the Finance Committee and on so many other important issues we have been wrestling with with regard to health care.

We have had a chance over many months now—and even as we speak today—to talk about a lot of the policy of the bill the President signed into law, our health care bill we passed here in the Senate, and, of course, the policy contained in the bill we are considering now. But sometimes it is important for us to step back and talk about some—not all—but a few examples of some of the real people out there on whom this legislation will have an impact.

I have spoken a number of times about Trisha Urban from Berks County, PA—all the problems she and her family had with their health care: denied coverage because of a preexisting condition, running into problems when the insurance company dropped coverage. Her husband died in the process. And the same day he died, her daughter was born. I have told that story a number of times, and I will tell it again.

I also want to highlight what has happened to another family, the Ritter family from Manheim, PA, Lancaster County. The family has two young girls whom I have met. I met them in 2009. As children, these two little girls, Hannah and Madeline Ritter, hit their lifetime cap on their cancer treatment before they completed their course of treatment. When they hit this cap, they were 4 years old, these two Ritter twins. If that is not proof that comprehensive health reform is needed now, I do not know what more we can say.

We are very happy the President signed into law the bill we passed in December. Now the health care reform is the law of the land. The Ritter twins—Hannah and Madeline Ritter—will not have to worry about how to get or keep health insurance coverage throughout their lives because, in 2010, strong consumer protections will go into effect. Not only will these protections ensure that these two little girls—Hannah and Madeline—not only will it ensure they can have access to the medical care they need to grow up healthy, but also they will be able to reap the benefits of other parts of this bill.

This bill will also help hard-working insured Americans from having to declare bankruptcy due to medical bills, as the Ritter family of Manheim, PA, had to do at one point. I do not have the time in this segment to be able to tell their whole story, but suffice it to say, in addition to the nightmare their daughters lived through, the family had to declare bankruptcy.

But some highlights of what this bill means to real families: Health insurance reform puts American families and small business owners—not their insurance companies—in control of their own health care.

Secondly, this bill makes health insurance affordable for middle-class families and small businesses—one of the largest tax cuts in history—reducing premiums and out-of-pocket costs.

Third, it holds insurance companies accountable, at long last, to keep premiums down and prevent denial of care and coverage, including for preexisting conditions.

No. 4, this legislation improves Medicare benefits with lower prescription drug costs for those in the doughnut hole, better chronic care, free prevention care, and nearly a decade more of solvency for Medicare.

Finally, No. 5—and this is not a comprehensive summary but one more point—this legislation reduces the deficit, according to the Congressional Budget Office, by $143 billion over the next 10 years. If you look at the 10 years after that, 20 years in total, it is well over $1 trillion.

So this is a bill, and this is legislation, whose time has come. At a time when our State—in Pennsylvania, where we have 577,000 people out of work, almost a record number of people out of work in Pennsylvania—we have to make sure that one of the things we put in place is a more secure health care system for workers and their families.

We all have heard the list of provisions that will go into effect right away. Small businesses will have access to—have the eligibility, I should say—for tax credits. Some companies will get credits up to 35 percent of the dollars they spend on premiums. The Federal Government will be investing in community health centers even in greater amounts than the Federal Government does now. Older citizens would not be affected by the doughnut hole problem where they have to pay the whole freight for prescription drug costs for several thousands of dollars' worth of care. They are going to get relief from that. In 3 months' time—3 months from yesterday—people with preexisting conditions will be able to get help from a high-risk pool, a special fund to help them in that crisis.

As we know, in 6 months—in September—children will have the full legal protection in new insurance plans for denials of coverage—or I should say against denials of coverage—for a preexisting condition.

So for all of those reasons and more, whether we are thinking about the problem that Trisha Urban and her family had before and certainly after her husband's death, or the Ritter twins, Hannah and Madeline Ritter, we hope more families have the benefit of the protections in this bill. We know one thing. We know small businesses across the country are starting to get a sense now of what this will mean in terms of helping them with the tax credit, helping their employees with the critically important issue of health care.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. GREGG. Mr. President, I believe the Senator from Tennessee is here and ready to speak.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. CORKER. Mr. President, I might meditate for about 60 seconds and step back up. I now notice the absence of a quorum, unless I should give it to the other side.

Mr. GREGG. No. If the Senator is not ready to speak, I will speak.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. GREGG. The Senator from Tennessee is going to offer an amendment in a second, and I will follow him with an amendment. I wish to highlight what my amendment will do as we are waiting.

One of the extraordinary shell games that is played under this bill in the ''Alice in Wonderland'' claim that this bill is paid for is the fact that the doctors will receive a $285 billion cut in their reimbursements if this bill goes forward in its present form. We all know that is not going to happen. So at some point there is going to have to be a doctors fix, which means $285 billion not accounted for in this bill will have to be spent over the next 10 years. Of course, if they had included this in the bill—this fact that doctors are being underreimbursed and that we are going to correct this; this is called the doctor fix, and we do it every year on an annual basis—if they had included it in the bill, as they should have because this is, after all, called health care reform, then the bill would have been in deficit even under the gamesmanship played by the Democratic Party on this bill.

Remember, the way they got a surplus in this bill in the first 10 years was they took 10 years of spending cuts, 10 years of revenues, and matched them against 6 years—6 years—of programmatic expenditures. So they were able to get a surplus, and CBO has to score what is given to them. If you are given phony ideas, you have to score them. In any event, what CBO was not asked to score as part of this health care, because there was no attempt to correct it, and even though it is the essence of health care, is how do you correct the reimbursed doctors.

So after the Senator from Tennessee proceeds, and I think he may be ready to proceed at this time, I am going to offer an amendment for a doctors fix so that this bill will address that issue which is, obviously, one of the core issues on the question of health care reform around here.

So I will reserve now on that issue and turn to the Senator from Tennessee who I see is ready to proceed.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. CORKER. Mr. President, I wish to thank the Senator from New Hampshire who I think has offered extraordinary leadership on this issue and on the issues regarding our country's huge amount of indebtedness. As does Senator GREGG, I find it hard to believe that we are taking over $500 billion in savings from Medicare, as he just mentioned, to leverage a new entitlement when we know that Medicare itself has a $37 trillion unfunded liability. As he mentioned, we go further by not even dealing with this doc fix which he was just discussing.

I look forward to his amendment, I look forward to supporting it, and I thank him for his leadership.

I wish to speak today about unfunded liabilities. I was the mayor of a city. I know the Presiding Officer served in the general assembly in the State from where he comes. I was the commissioner of finance for our State where we dealt with all of our financial issues for the State of Tennessee. I know Senator GREGG was a Governor.

One of the things that I think bothered all of us who used to serve at the city and State levels was unfunded mandates. It is an incredible thing where Washington will pass a piece of legislation and, by the way, have a major signing ceremony where everybody is patting each other on the back and celebrating that they just passed something, and the part that is left out is that the States across this country are left with a huge unfunded mandate.

We have a very good Governor in our State. His name is Phil Bredesen. He is a Democrat. He has spent a lifetime in health care. He has handled our State's finances very well. He called me on Friday with a sense of tremendous concern in his voice talking about the fact that this bill was going to cause the State of Tennessee, which is already experiencing huge tuition increases—we have all kinds of services there that we are having difficulties dealing with—and this bill is going to create a $1.1 billion unfunded liability for the State of Tennessee. I just find it hard to believe that, again, knowing the stress our States around this country are dealing with, we are passing legislation that puts in place a $1.1 billion unfunded mandate on the State of Tennessee.

But let me go a step further. This bill also violates something we thought was sacrosanct around here and that was the Unfunded Mandates Reform Act, which basically said that we acknowledge—most of us have come from other places, served in local and State governments, and we acknowledge that we should not be passing legislation that creates unfunded mandates. We shouldn't be patting ourselves on the back, passing legislation that we say is good for the people back home, and then sending the tab there.

So this bill violates that. I think everybody in this body knows it violates that. So it is just kind of, yes, we said we didn't want to deal inappropriately with States, but we decided we wanted to pass health care reform, and we are going to do it.

Let me come to the one that I find most fascinating. Senator GREGG was just talking about the fact that we have this 21-percent cut coming for physicians who treat Medicare recipients, and instead of taking the Medicare savings that we found in this bill and using that to make sure these physicians are paid, we are not going to do that. So in a short time, without us taking, again, emergency action—$200 billion or so—these physicians are going to have a cut.

Let me tell my colleagues what we are doing in this bill, and I think the Presiding Officer may already know this, but in addition to creating in our State a $1.1 billion unfunded mandate, we are going to pay physicians who treat Medicaid recipients at the same level as, if you are a primary care physician, as Medicare reimbursements are today, but we are going to do that for 2 years.

Now, this is like the worst joke ever that we can play on our States. What we are saying is, we are going to mandate to the States that the primary care physicians who treat Medicaid recipients, their rate has to be jacked up, and we are going to provide the money for that for 2 years, but then that drops off. So not only do we have this issue of the unfunded mandate, we are creating that exact cliff issue for States in this bill, which means that after this 2-year period ends—after this 2-year period ends and we have given them the money to pay these physicians at Medicare rates instead of Medicaid, which is much lower—we are going to cut off the funding.

So the State is going to be in the position, obviously, of having to keep that up. It is like the worst joke ever.

I don't know how we can come up with legislation such as this and call it reform. I said this before. Half the people who are going to be receiving health insurance after this bill passes are going on a Medicaid Program.

There was a bill in the Senate that Senators WYDEN and BENNETT worked on together. It had some flaws. It would have been an interesting starting place, though, and that bill did away with Medicaid and caused Medicaid recipients to have the same kind of health care that you and I have. What we have done in this bill instead of that—instead of focusing on cost—we are going to put half of the new recipients in a program that none of us—none of us—would want to be in, and we are calling that health care reform.

So I do plan later to offer an amendment to deal with this issue of unfunded mandates. I think it is wrong for us as a country to have people in Federal office who push their desires off on people and then call them to pick up the tab. I was a mayor. I was a commissioner of finance. The Presiding Officer served in the general assembly. Senator GREGG served as a Governor.

We know that is wrong. I don't know why we are doing it. I plan to offer an amendment to correct it.

Mr. President, I thank you for the time, and I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

AMENDMENT NO. 3651

Mr. GREGG. The States don't have the elasticity the Federal Government has, which we will not have much longer, by the way, as a result of passing this bill specifically because our debt is growing so fast that it is going to be very hard for us 5 or 6 years from now to be able to sell our debt at a reasonable price, in my opinion, and we are going to find that maybe some people don't even want to buy our debt.

There was a very significant event this week when it was determined that the debt issued by Warren Buffett was going out at a lower cost than the debt issued by the United States of America. That is the first time that anybody can remember something like that, and that is a very clear statement by the markets that they are getting very worried about how much deficit and debt this government is running up.

Now we pass this bill which adds $2.6 trillion to the spending of the U.S. Government and alleges it is paid for, but we know it is not going to be, and creates new entitlement programs which we know would not be fully funded. Even if it were paid for, it takes resources which should be used to reduce the debt, especially in the area of making Medicare more solvent, and uses them to expand new programs.

This event, as I have described it, is an astroid of debt headed at our country. The simple fact is, it is going to have an effect. The effect will be that we will have more difficulty selling our debt, the deficits and debt we pass on to our children will be extraordinary, and their ability to have a higher standard of living will be reduced as a result of that.

But the point, of course, is this bill, on top of all of the other egregious things it does in the area of fiscal policy—of running up debt and creating a massive government that we can't afford, being intrusive in everybody's health care delivery system, undermining the ability of small businesses to offer insurance, raising premiums, raising taxes on people not only earning more than $200,000 but earning less than $200,000, replete with special deals—on top of all of that, this bill, as Senator CORKER said, puts pressure on the States and local communities.

It asks them to spend money which they did not want to spend and which is not reimbursed. That is not fair. It is called unfunded mandates. It is inappropriate. We actually have a law around here that this bill basically runs over that says we will not do that.

As I said earlier, another thing this bill does, which I find extraordinary, is it does not address one of the elephants in the room relative to the cost of health care in this country, which is the fact that we are not adequately reimbursing our doctors; that our doctors are going to receive a $285 billion cut over the next 10 years, a $65 billion cut over the next 3 years unless we correct that. This is from basically a freeze level of reimbursement.

Every year we adjust that payment so doctors do get their money they deserve or at least some portion of it in that we do not keep up with inflation. But this bill, which is supposed to be a comprehensive resolution of health care, leaves the doctors out in the cold. It means every year they are going to have to come hat in hand, one more time, asking for something they should not have to ask for, which is a fair reimbursement for their services.

We will every year, hopefully, address it. But it is not right that we have a bill that does not even account for that.

Why was it not put in? It was not put in because if it had been put in, this bill could not meet the budgetary rules that give it the special protection that allows it to come to the floor of the Senate, and it would have been in deficit, at least over the first 10 years, by $100 billion, even using the gamesmanship scoring the other side of the aisle has used relative to the big bill.

This is not fair to the doctors. The doctors deserve better than this. We should correct this right now as part of this process. This trailer bill has the title ''fix-it bill'' on it. One thing we should definitely fix is the fact the doctors are getting shortchanged. So let's fix it. That is what my amendment does.

My amendment says: OK, this bill alleges it generates a surplus. Let's use part of that surplus to make the doctors whole for the next 3 years. It is a paid-for amendment. I cannot imagine anybody would want to oppose this amendment. After all, after we complete this bill—immediately after we complete this bill—we are going to do, I believe it is a 1-month extension to try to correct the doctor problem. How inconsistent, how fundamentally hypocritical is it for us to pass a major health care reform bill, and then in the next breath—literally the next breath—within the next 24 hours, this body will take up a bill to give a 1-month extension to the doctors fix. I think it is 1 month. That is not right. Let's do it now. Let's do it in this bill. Let's do the doctors fix. I have come up with a proposal that will take care of the doctors in a fair and forthright manner for 3 years.

That is my amendment. I am not sure if it is at the desk or whether I have to send it to the desk.

I send my amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from New Hampshire [Mr. GREGG] proposes an amendment numbered 3651.

Mr. GREGG. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To provide for a long-term fix to the Medicare sustainable growth rate formula in order to improve access for Medicare beneficiaries)

On page 61, between lines 3 and 4, insert the following:

SEC. ___. INCREASE IN THE MEDICARE PHYSICIAN PAYMENT UPDATE FOR THE LAST 9 MONTHS OF 2010 AND ALL OF 2011 THROUGH 2013.

Paragraph (1) of section 1848(d) of the Social Security Act, as added by section 1011(a) of the Department of Defense Appropriations Act, 2010 (Public Law 111–118) and as amended by section 5 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended to read as follows:

''(10) UPDATE FOR 2010 THROUGH 2013.—

''(A) IN GENERAL.—Subject to paragraphs (7)(B), (8)(B), and (9)(B), in lieu of the update to the single conversion factor established in paragraph (1)(C) that would otherwise apply for each of 2010, 2011, 2012, and 2013, the update to the single conversion factor shall be 0 percent for such years.

''(B) NO EFFECT ON COMPUTATION OF CONVERSION FACTOR FOR 2014 AND SUBSEQUENT YEARS.—The conversion factor under this subsection shall be computed under paragraph (1)(A) for 2014 and subsequent years as if subparagraph (A) had never applied.''.

Mr. GREGG. Mr. President, let me summarize it again. We know the doctors are being shortchanged. They deserve fair treatment. It is pretty obvious that if we are going to do a health care reform bill, the proper place to correct the doctor issue of reimbursement is in that bill, not the next day in a short-term extension.

This is a forthright and fully paid-for attempt—and if it is passed it will occur—to reimburse the doctors at a fair rate for the next 3 years and correct what is known as the SGR problem relative to doctor reimbursement.

I cannot understand why we would not want to do something such as this.

I see the Senator from North Carolina. I will be happy to yield to him for any thoughts he may have on this amendment or the Senator from Oklahoma.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Mr. President, I wish to reiterate the fact that this should be part of health care reform. It is not. It is shocking that we would have something of this magnitude that is not fixed in a reform bill. We have an opportunity in a bill that has now come before us, which is to fix the things they missed in the health care bill, to provide a 3-year comfort on the part of physicians around the country that their reimbursements are not going to

be cut. They are targeted for 21 percent. It expires March 31. There is not a more appropriate time than right now.

What a lot of us have said is: Let's pay for it. Let's simply pay for it. Enough is enough on spending money we do not have. Here is an excellent opportunity, where we have savings from the health care reform bill that we can now pump back in to pay for the fix to the sustainable growth rate about which the doctors have been under the gun.

We have extended it every 30 days for some time without paying for it. Here is a real opportunity in a bill that is designed specifically to fix things that were missed in the health care bill.

I thank my colleague, Senator GREGG, for understanding the importance of this issue and working up an amendment but, more importantly, saying to every physician in America: We can finally fix this, we can do it with money that is paid for and, more importantly, we can take you out of the box of this horror story of wondering what your reimbursement for services is going to be at any given point in time in the future.

Let's seize this opportunity in this bill and fix this sustainable growth rate.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, what needs to be fixed in this bill is a whole lot more than that, but this is a great attempt to try to solve a problem.

Let me describe a scenario, what is getting ready to happen. Every State is cutting Medicaid reimbursement. We are going to add 16 million people to Medicaid. We cannot get them all seen now. Then we have a doctor cut that is coming to 21 percent for people who are under Medicare. What is going to happen? What do you think the average physician in this country is going to do? I can tell you that they are going to do three things: Fewer will see Medicaid patients so there will be fewer doctors taking Medicaid at the time we increase the enrollment by 50 percent. That is No. 1.

No. 2, fewer doctors are going to take Medicare as we have this ballooning increase of baby boomers going into Medicare.

No. 3—and this is probably more important than anything—we are going to see a large percentage of doctors, with this bill passed with no continuity as to how they are ever going to get funded under Medicare, quit. They are going to quit. They can take their training, their effort, their education and knowledge and apply it in some other field of endeavor and not have to live with the hassle of a 21-percent cut hanging over their head.

Even if we fix it for 3 years, 3 years from now the same problem is going to come up, except it is going to be worse. So there is no fix in it. There is an unrecognized $300 billion to get doctors even, let alone take away the cut—no increase—with this amendment. My hope would be we would fix this situation for 3 years.

Mr. GREGG. Mr. President, I ask unanimous consent that we be able to participate in a colloquy on our side of the aisle.

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

Mr. GREGG. Mr. President, I wish to ask the Senator from Oklahoma, who is obviously a physician and has an in-depth knowledge of this issue, I heard the other side of the aisle say: There are no cuts to the benefits of people on Medicare. If you reduce doctor payments under Medicare 21 percent, don't you think that is going to affect what they receive? Technically, there will be no cut because they will still have the right to see a doctor. Is it not going to be hard to see a doctor because doctors will stop seeing them?

Mr. COBURN. They are not going to find a doctor, and that is the whole problem. Whatever we see in the urban areas now, multiply it tenfold in the rural areas. We are going to increase eligibility for Medicaid to 133 percent of the poverty level, we are going to add 16 million people to a system that is not handling the people who are in it today, so we are going to promise them: Here is your Medicaid.

Now where is the care? It is not going to be there. There is not the available physicians in this country to care for 16 million new Medicaid patients.

If we, in fact, do not fix long term the SGR, physicians are going to do one of two things. They are either going to completely quit seeing Medicaid and Medicare patients or they are going to retire. Quite frankly, physicians my age who are still practicing are not doing it for the money; they are doing it because they love the patients. But they are going to be forced to quit because they will not even be able to pay their overhead to care for those patients.

Mr. BURR. If I may add to Dr. COBURN's comments and say, when you double the size of the Medicaid population, you are already forcing more doctors to say: I am not going to see Medicaid patients. But you are changing the payer mix. Every provider, every practice, every hospital is going to see more patients whose reimbursement is less. That is automatically going to affect Medicare right there because people are going to have to try to bring in more private pay, private insurance.

Mr. COBURN. Will the Senator yield for a second?

Mr. BURR. Absolutely.

Mr. COBURN. What it is going to do is exacerbate the cost shifting going on with Medicare and Medicaid right now, which means insurance rates for everybody else in the country are going to go up.

Mr. GREGG. I thought we were told insurance rates were not going to go up.

Mr. COBURN. All I will tell you is, the best guess of CBO—wonderful people, but they can only make decisions within the parameters they are given. There is no question private insurance, individual and family insurance, is going to go up, but everybody else's is because we are going to increase the trend of cost shifting from government programs to the private sector.

You are going to end up with three taxes. You will pay income taxes, you will pay a Medicare tax, and then you will pay a tax on your insurance—actually, you will pay four—and then you are going to pay higher health insurance premiums because the government does not cover the cost.

Mr. GREGG. I assume that is not just going to be people with incomes over $200,000.

Mr. COBURN. That is everybody in this country who has private insurance, either through their employer or the individual market.

Mr. GREGG. Isn't it equally likely that a large number of small employers will get frustrated with the rate increases they are getting in order to support people on Medicaid that they will simply drop that and push their membership, their employees over into this new exchange?

Mr. COBURN. Yes, they will pay the fee. They will pay the tax and say it is easier. Consequently, the young people in our country, because we do not have a big enough payment under the ''individual mandate,'' are going to say it is smarter for me to save my money, pay the fine, and not get insurance because when I get sick, I can get it. You are going to get what is called adverse selection, which is even going to drive the rates up further. Anybody 40 or older, watch out, your health insurance rates are getting ready to bloom.

Mr. GREGG. We have basically a multiplier effect——

Mr. COBURN. That is correct.

Mr. GREGG. In the area of costs being driven up as a result of this new policy of adding a huge number of people to an uninsured system that cannot afford it right now, Medicaid. The costs are going to multiply on people in the private sector. The effect will be higher premiums, less opportunity for your employer to give you insurance and, in the end, a higher tax rate for you, Americans who are just working Americans, not people with high incomes.

Mr. COBURN. And people who are not necessarily getting a subsidy.

Mr. GREGG. Then they do not even take care of the doctors. They cut the doctors 21 percent on top of all this.

Mr. COBURN. What happens to all this? What is the ultimate? The ultimate is failure of the insurance market.

Mr. GREGG. That is the goal, isn't it?

Mr. COBURN. That is the goal, so the government can control it all. I yield back.

Mr. BURR. Let me add, if I may, to my good friend, Senator GREGG, even though some would choose not to have coverage and pay the fine, we have an

emergency room system that is obligated to see those individuals when they have traumatic care. For those who claim we have sorted out the system where the high-cost delivery of care does not exist, no, we have again exacerbated the problem.

I think Senator COBURN hit on the key. As you try to handle the health care of individuals by limiting the reimbursement, whether that is the way we are limited in the problem you are trying to fix, whether we do it by shoving them into Medicaid, you have now cost shifted more money to the side causing greater inflation for the health care in this country.

Mr. GREGG. The Senator is absolutely right. Isn't it true one of the ultimate cost shifts is to claim that the health care bill is fiscally responsible when it ignores the fact that the doctors are being cut by 21 percent and does not even attempt to address that huge problem which represents $65 billion over 3 years?

Mr. BURR. I have learned throughout this whole process to never try to figure out what promises have been made. But I know the promise we have made to physicians—to reimburse them fairly for the services they provide—and anything less than that jeopardizes the pool of health care professionals we have and eventually will affect the quality of care simply because if the pool is not big enough to handle the patients, the quality will suffer.

Mr. GREGG. So I guess I would get on to the next question because it is pretty obvious we have to correct this problem with the physicians. In fact, as I understand it, the next bill immediately that we will consider will correct it for 30 days. Why wouldn't we correct it right now for 3 years, get that 3-year consistency in the system so physicians can have some confidence in their reimbursement rates, fully paid for? What possible, conceivable reason would there be not to vote for this type of amendment?

Mr. BURR. Because the Senator from New Hampshire remembers this body did pass a bill that partially paid for an extension of this through September of this year. The problem was, when they passed the health care bill, they used the pay-fors out of that extension bill to be included in this health care bill. Now they have gone to a point that they just seek the 30-day renewals and claim it is an emergency. One, I don't think that passes the threshold of emergency. I think it should be paid for. And there is a legitimate way to pay for it and extend it for 3 years, where this Congress can fully understand the implications of the current health care bill as it is implemented and put back the comfort of physicians around this country and their trust back in the system.

Mr. GREGG. Well, I think the Senator is absolutely right, but I would also suggest that maybe there is another reason they haven't paid for it in this bill or put the correction in this bill, which is that if they did that, the bill would fall because it would be out of compliance with the budget because it is a $285 billion cost over 10 years. Therefore, aren't they sort of trying to pull the wool over somebody's eyes here? Aren't they trying to act as if this bill that we know exists for our doctors, that we are never going to pay for it? We are not going to pay; we are just going to act as if it doesn't exist? We know as soon as this bill is over, we will have to do something about it, at least for the next 30 days.

Mr. BURR. You are absolutely right, it will be the first order of business when this bill is finished if we miss the opportunity to fix it in this bill and fix it for 3 years and actually fix it in a way that it is paid for.

Mr. GREGG. I see the Senator from Arizona has arrived.

Mr. MCCAIN. Mr. President, I ask unanimous consent to be included in the colloquy.

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

Mr. MCCAIN. I would say to the Senator from New Hampshire that there is some recent information that I find hard to believe, but apparently it may be the case. As we go through this 2,733-page piece of legislation, the IRS may need up to $10 billion to administer the new health care program this decade, and it may need to hire as many as 16,500 additional auditors, agents, and other employees to investigate and collect billions of new taxes from Americans. Is that possible, in this legislation, I would ask the Senator from New Hampshire?

Mr. GREGG. The Senator is absolutely correct, and that does call into question the representation that this bill is not a tax increase on Americans that we need 16,000 new IRS agents to enforce it.

Mr. MCCAIN. At $10 billion to administer. That is probably believable, given what is in 2,733 pages.

Mr. GREGG. Well, you are going to need one IRS person for everybody in America who doesn't have insurance, I guess, or however the ratio works out. Everybody has to buy insurance under this bill, and your local IRS agent is going to show up at your door to tell you that you better do it or else you will have to answer to the IRS.

We know there are no new taxes in this bill because that has been represented to us a number of times.

Mr. BURR. If I could add, it also adds some insight into how many people will choose not to have insurance and make themselves susceptible to the fine. The anticipation is the IRS is going to chase a lot of people to recover the fine.

Mr. MCCAIN. I would also finally add that perhaps we could get some indication—I think we should before we vote on passage of this bill—as to how many new bureaucrats and bureaucracies there are going to be with 193 new boards and commissions and other layers of bureaucracy. I think the American people are owed at least a round figure as to how many new bureaucrats there are going to be to administer this program.

I see the Senator from Montana, and I don't want to impede on what has been the agreed-upon rule here, but I did want to continue and say to my friends very quickly that I think there are several myths here that have to be refuted by the facts.

One is that this legislation will result in a tax cut for the American people. I would say to my friend from New Hampshire, we have to rebut that in the next hour.

The next myth is that the health care bill won't increase taxes on individuals with incomes under $250,000. The fact is, millions of Americans with incomes below $250,000 will pay higher taxes.

Another myth: The legislation will reduce the growth of health costs—President Obama's stated goal for health reform—and premiums will go down. The fact is, national health expenditures and premiums will increase.

Another myth: The legislation is deficit neutral. The fact is, commitment to health care spending under existing obligations increases the deficit.

Myth: ''If you like the plan you have, you can keep it.'' Fact: Millions of Americans with coverage will lose their current coverage, including 330,000 citizens of my State who have the Medicare Advantage Program.

Finally, the myth is that the law will provide immediate coverage for children with preexisting conditions. The fact is, children are not necessarily protected against discrimination for preexisting conditions.

So I hope we have a chance, I would say to my friend from New Hampshire, to address the allegations about this legislation, and perhaps the first one is that legislation will result in a tax cut for the American people when the fact is that taxes will increase for millions of Americans.

I would yield to my colleague from New Hampshire.

Mr. GREGG. I thank the Senator from Arizona, who has been one of the most cogent and thoughtful speakers on the issue of what this bill really does. He has hit the nail on the head time and time again with his points. They are all absolutely accurate.

Has the Senator completed his statement?

Mr. MCCAIN. Well, I just wanted to throw in here that perhaps one of the most egregious statements, and it is worth repeating, is this so-called doc fix. They are using an assumption that we will cut physicians' fees by 21 percent sometime this fall in order to make up—and please correct me if I am wrong—some $281 billion over 10 years, which we know is not going to happen. And the reason it is not going to happen is because doctors would refuse to take Medicare patients if they cut their reimbursement by some 21 percent.

So this is one of the fundamental assumptions they are selling this on, is that it is deficit neutral when it is not.

Mr. COBURN. If I may, I would like to add one other thing here. Think about it. We are talking about the cuts that are set to go. But since there is no tort reform in this bill, we spend $250 billion on defensive medicine and liability costs continue to rise. You could bring them back whole, but if you give them no increase, they are still going to quit seeing Medicare patients.

One other point I would like to make is with the student loan program being totally taken over by the government, 31,800 people in this country this July will lose their jobs. So we are going to lose 31,800 jobs in the private sector, but we will add 16,500 jobs at the IRS. I don't think anybody in America would like to see that happen.

Mr. MCCAIN. The CEO of Caterpillar wrote a letter saying that the taxes for Caterpillar would go up by $100 million next year. What does that do to Caterpillar? It obviously makes them either not hire or lay off individuals as they pay an additional $100 million. And I might point out, as we all know, Caterpillar's headquarters is in Peoria, IL.

So, again, I would ask the Senator from New Hampshire, is this legislation deficit neutral?

Mr. GREGG. No, it is not deficit neutral if you actually score the number of years of income against the number of years of expenditures or you include the doctors fix. Either one would throw this into a deficit-negative situation.

Mr. MCCAIN. Isn't that another of the great scams, that for 4 years the benefits are cut and the taxes are increased, and for most—not all but most—of this bill, none of the benefits really kick in until after 4 years?

Mr. GREGG. That is right.

Mr. MCCAIN. So when you score it, that is the way you make it deficit neutral over 10 years?

Mr. GREGG. That is correct. And it is a bit of a scam, as you say.

I am going to have to reserve the remainder of our time here for a moment, but I understand the Senator from North Carolina wants to bring up an amendment.

AMENDMENT NO. 3652

Mr. BURR. Mr. President, I ask unanimous consent to temporarily set aside the pending motions and amendments so that I may offer an amendment that is at the desk.

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

The clerk will report.

The bill clerk read as follows:

The Senator from North Carolina [Mr. BURR] proposes an amendment numbered 3652.

Mr. BURR. Mr. President, I ask unanimous consent that the amendment be considered as read.

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

The amendment is as follows:

(Purpose: To protect the integrity of Department of Veterans Affairs and Department of Defense health care programs for veterans, active-duty service members, their families, widows and widowers, and orphans who have sacrificed in defense of our Nation)

At the end of subtitle F of title I, insert the following:

SEC. 1___. TREATMENT OF DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE HEALTH PROGRAMS.

Subtitle G of title I of the Patient Protection and Affordable Care Act is amended by adding at the end the following new section:

"SEC. 1564. DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE HEALTH PROGRAMS.

''(a) CLARIFICATIONS WITH RESPECT TO CERTAIN PROGRAMS AND AUTHORITIES.—Nothing in this Act or in the amendments made by this Act shall be construed as affecting any of the following:

''(1) Any authority under title 38, United States Code.

''(2) Any authority under chapter 55 of title 10, United States Code.

''(3) Any health care or health care benefit provided under the TRICARE program under chapter 55 of title 10, United States Code, or by the Secretary of Veterans Affairs under the laws administered by such Secretary.

''(b) CLARIFICATION WITH RESPECT TO MINIMUM ESSENTIAL COVERAGE.—For purposes of this Act and the amendments made by this Act, the term 'minimum essential coverage' includes the following:

''(1) Coverage provided under chapter 55 of title 10, United States Code.

''(2) Eligibility for health care provided by the Secretary of Veterans Affairs under title 38, United States Code.''.

Mr. BURR. Mr. President, I yield the floor, and I protect the remainder of the time.

The PRESIDING OFFICER. Who yields time?

The Senator from Montana.

Mr. BAUCUS. Mr. President, the debate on this bill is winding to a close, so let me return to the nonpartisan Congressional Budget Office.

The Congressional Budget Office is the referee we all turn to as an impartial judge of whether we are accomplishing what we set out to do, so I will take a moment and quote from the Congressional Budget Office. It is very appropriate as it relates to the prior conversation on the other side. Let me read excerpts from the most recent Congressional Budget Office statement on deficits, debt, and coverage and whether this is deficit neutral. This was released Saturday. This is a statement by the Congressional Budget Office and the Joint Committee on Taxation. They are our scorekeepers. They determine how much we are spending and how much revenue we are taking in on legislation and what the net result is.

Here are the highlights of the letter:

Enacting both pieces of legislation—H.R. 3590—

That is basically our Senate bill that passed the House and the President signed—

—and the reconciliation proposal—would produce a net reduction in Federal deficits of $143 billion over the 2010–2019 period.

That is a direct quote from the CBO.

Further quoting:

Enacting H.R. 3590 by itself would yield a net reduction in Federal deficits of $118 billion over the 2010–2019 period.

Further quoting:

The incremental effect of enacting the reconciliation proposal would be an estimated net reduction in Federal deficits of $25 billion during the 2010–2019 period over and above the savings from enacting H.R. 3590 by itself.

Further quoting CBO:

The combined effect of enacting H.R. 3590 and the reconciliation proposal would be to reduce the number of nonelderly people who are uninsured by about 32 million people. The share of legal nonelderly residents with insurance coverage would rise from about 83 percent currently to about 94 percent.

CBO said of the new health care law:

Enacting H.R. 3590 would reduce Federal budget deficits over the ensuing decade—

That is the next decade, the second decade—

with a total effect during that decade in a broad range between one-quarter percent and one-half percent of gross domestic product.

But what is more, CBO further said:

The combined effect of enacting H.R. 3590 and the reconciliation proposal would also be to reduce Federal budget deficits over the ensuing decade . . . with a total effect during that decade of a broad range around one-half percent of GDP.

I might add parenthetically, that is about $1.3 trillion.

CBO continues:

The incremental effect of enacting the reconciliation bill over and above the effect of enacting H.R. 3590 by itself would thus be to further reduce Federal budget deficits in that decade, with an effect in a broad range between zero and one-quarter percent of GDP.

In other words, the new health care formula would accomplish major deficit reduction. This is the CBO talking, not Senators. Don't take my word for it. Don't take anyone else's word for it. This is the Congressional Budget Office. This reconciliation bill itself would accomplish major deficit reduction, probably the greatest deficit reduction actually we are going to take over a long period of time—the preceding perhaps 8, 9, 10 years and a subsequent period of time. We don't know that, but this is certainly major deficit reduction. Together, these two bills would accomplish deficit reduction of historic proportions.

Let me continue to quote the letter from the Congressional Budget Office.

[T]he reconciliation proposal would probably continue—

Get this—

to reduce deficit budget deficits relative to those under subsequent decades. . . .

Not just this period, not next decade but subsequent decades. This is my edit now. This means this bill continues to reduce the deficit in year after year after the second decade, according to the Congressional Budget Office.

Finally, CBO says:

In subsequent years, the effects of the provisions of the two bills combined that would tend to decrease the federal budgetary commitment to health care would grow faster

than the effects of the provision that would increase it.

Let me get to that statement. It gets to the Federal involvement in health care as a result of the consequences of this bill.

In subsequent years the effect of the provisions of the two bills combined that would tend to decrease the federal budgetary commitment to health care would grow faster than the effects of the provisions that would increase it.

Further quoting:

As a result, CBO expects that enacting both proposals would generate a reduction in the federal budgetary commitment to health care during the decade following the 10-year budget window. . . .

Even less government in the second 10 years relative to current law. In other words, CBO says that after the first decade, health care reform will reduce—yes, reduce—the budgetary role of government in the health care sector.

Whom do we trust? Whom else are we going to listen to? We all have opinions. Those folks at CBO have sharp pencils. They are very good at what they do. They are nonpartisan. Nobody has ever suggested they are partisan. Nobody has ever questioned their professionalism. They are very good. This is what CBO says.

That is it. CBO says health care reform cuts the deficit. Let me pause there and let that sink in. CBO says health care reform will cut the deficit. CBO also says it expands coverage. More people will get health insurance, from 83 percent to 94 percent. Also, this legislation reduces the Government's budgetary role in health care. It reduces it.

That is quite a feat—more coverage, deficit reduction, and less Federal involvement in health care. I think this bill is pretty well designed to accomplish all those purposes—cuts cost, increases coverage, and reforms the health insurance market, most significantly in the individual market and also in the small group market.

On another matter, I think it is relevant and important—this is a letter from AARP, dated March 24 of this year. It says:

Dear Senator,

We have made enormous progress advancing historic, urgently needed health care reform legislation but we are not done yet.

This is from the AARP. Continuing:

We now urge you to promptly pass the Health Care an Education Affordability Reconciliation Act of 2010—without amendments.

Let me repeat that. AARP, in a letter dated March 24, strongly suggests the Congress, especially Senate, pass this legislation without amendments. Those are their own words, ''without amendments,'' in order ''to help make affordable, high-quality health care available to all Americans.''

The letter is much longer. I just wanted to quote the more salient provisions, where the AARP suggests amendments not be adopted so we can get reconciliation passed so we can implement the law which the President already signed and get health care to Americans who desperately need it and reform of the health care industry, which is desperately needed, and start getting control of health care costs, which is desperately needed.

I ask unanimous consent the full letter be printed in the RECORD.

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

AARP—NANCY A. LEAMOND, EXECUTIVE VICE PRESIDENT, AARP SOCIAL IMPACT GROUP,

MARCH 24, 2010.

DEAR SENATOR: We have made enormous progress advancing historic, urgently needed health care reform legislation, but we are not done yet. We now urge you to promptly pass the Health Care and Education Affordability Reconciliation Act of 2010—without amendments—to help make affordable, high quality health care available to all Americans.

The Reconciliation Act will:

1. Close Medicare's dreaded ''doughnut hole'' drug coverage gap for all beneficiaries. This is a top priority for AARP because it helps older Americans afford drugs they need to stay healthy and avoid costlier treatments;

2. Make coverage more affordable for hard-working middle-income families who now too often are uninsured because the cost of coverage is beyond their modest means. Added help is vital to meet the public's demand for coverage that is truly affordable for all Americans;

3. Further strengthen our fight against fraud, waste and abuse, a key component to better controlling rising costs in our health care system; and

4. Improve Medicare's fiscal health and extend the solvency of the Medicare Trust. Fund.

These provisions build on the solid foundation of the Patient Protection and Affordable Care Act that the Senate passed in December. These two bills together will protect and strengthen Medicare's guaranteed benefits, eliminate barriers to prevention, and crack down on insurance company abuses, such as denying affordable coverage because of age or health status and setting arbitrary caps on how much care they will cover. The legislative package will also provide affordable coverage options to millions of Americans and small businesses, help Americans to better plan for their future long-term care needs, and receive services to help them remain in their own homes and stay out of costly nursing facilities.

We, like you, hear countless stories from our members who were denied coverage or cannot afford their prescriptions or insurance premiums. Health care remains among the most important and personal economic issues for the vast majority of Americans.

Health expenditures consume roughly one sixth of our economy today, and will reach 20 percent in seven years if current trends continue. These skyrocketing costs strain the budgets of families and businesses as well as the government—crowding out other priorities—as health care costs continue to grow 2–3 times faster than general inflation. That is why all the major health care stakeholders have come to the table to solve this unsustainable situation.

Delay will only mean more Medicare beneficiaries will not be able to afford the drugs they need. Millions of our family members and neighbors will not be able to afford the coverage they need. Billions of additional dollars in uncompensated care costs will unfairly shift to those who do have coverage. More individuals will impoverish themselves to get the health care they need. Skyrocketing costs will continue to strain even more family, business, and government budgets.

AARP therefore urges all Senators to vote in favor of the Health Care and Education Affordability Reconciliation Act of 2010. Both the economic and physical health of our members, their families, and our nation are at stake,

Because AARP members have a strong interest in how their elected officials vote on key issues, we will be informing them about how their Senators vote on this important issue.

Sincerely,

ADDISON BARRY RAND.

Mr. GREGG. What is the time situation?

The PRESIDING OFFICER (Mr. FRANKEN). We have 27 minutes 51 seconds on the majority side and 35 minutes 42 seconds on the minority side.

Mr. GREGG. Let me make two quick points. The only way CBO gets to the conclusions they reach, and they had to get to those conclusions, is because of the facts put before them. One of those facts, they have to presume Medicare is going to be cut $500 billion in the first years before full implementation, $1 trillion in the second 10 years during full implementation, and $3 trillion during the first 20 years of full implementation—$3 trillion.

All that money is going to be taken out of Medicare and moved over to start new programs, new entitlements to benefit people who are not senior citizens and who, for the most part, have never paid into Medicare. That is a serious problem.

You can score that positively if you wish, but first off I do not think it will happen. I think what will end up happening is, it will get put on our children's backs as debt. But second, if it does happen, it is wrong because Medicare has to be fixed and you are taking the money that should be used to fix it, if you believe in these types of cuts in Medicare, and you are spending them on a new entitlement.

Mr. BAUCUS. Mr. President, may I ask my colleague a friendly question?

Mr. GREGG. On your time you may ask a question, including my answer, which may take 24 minutes.

Mr. BAUCUS. I trust in the good faith of the Senator from New Hampshire not to abuse the situation.

As I understand it, basically the Senator does not question the professionalism of CBO. Clearly, CBO had all the facts. All Senators have them, all Senators, House Members, the whole world has. CBO has all the facts. You are not questioning their professionalism. You do question their conclusions.

Mr. GREGG. I certainly don't question their professionalism. They are an extraordinarily good organization with a wonderful leader who is fair and unbiased. I don't question their conclusions because what they have to score is a fact pattern that was given them and

the fact pattern given them by this bill is, on its face, not believable relative to what is going to happen in the outyears, even though they have to score it as believable. It is a fantasy.

Mr. MCCAIN. I ask the Senator from New Hampshire, while the Senator from Montana is here, maybe it is a legitimate question. Does the Senator from Montana believe that the assumption given to the Congressional Budget Office that the so-called doc fix, reimbursement for physicians who treat Medicare patients, will be cut by 21 percent? The Senator from Montana knows full well the AMA has been told in no uncertain terms it will be fixed between now and when it is supposed to take effect because the fact is, as the Senator from Montana knows, you can cut Medicare physician reimbursement. Then doctors will not treat Medicare patients. So maybe the Senator from Montana would tell us if that was a valid assumption given to the CBO, that there would be some $281 billion that would be accrued because physicians' payments would be reduced by some 21 percent?

Mr. GREGG. I simply ask the time of the Senator from Arizona come off ours and the time of the Senator from Montana for his answer come off his.

Mr. BAUCUS. Mr. President, that sounds fair.

Let me say to my good friend from Arizona, first of all, clearly this body, the Senate and the Congress, is going to not let the SGR problem expire; that is, doctors are not going to be cut 21 percent, whatever the rate is the first year or more and so on. That is not going to happen. First, from the seniors' point of view, second from the doctors' point of view, that is not going to happen. I do not want to take too much time on the subject, but the long and short of it simply is we are going to have to find a way, this Congress, to address that problem. If I might finish, it is not part of health care reform, and we will find a way. A question is going to be how much will be paid for. That is a judgment this body is going to have to make in the pretty near future.

Mr. MCCAIN. I appreciate very much the acknowledgment, on the part of the manager of the bill, that the assumption that provides us with deficit neutrality is not valid. That is the point we have been trying to make. It is based on false assumptions. The assumption that doctors—I am very happy to hear the Senator from Montana state unequivocally what was given and assumed by the CBO when they gave us our numbers is not true. So we will be voting, in a short period of time, on a piece of legislation which is based on false assumptions. I think that is an unfortunate circumstance.

Mr. GREGG. I simply note the Senator from Montana made the case for my amendment rather eloquently because my amendment does address the doctors fix and it is paid for. Therefore, I certainly hope the Senator might consider voting for it.

At this point, I yield 5 minutes to the Senator from Georgia.

Mr. CHAMBLISS. I thank the Senator, from New Hampshire. Let me reiterate what just came out of this dialog and colloquy between the Senator from Montana and the Senator from Arizona. That is this. CBO has said this is going to be a deficit saver, a deficit reducer, and the President is going around the country talking about the fact that this bill is going to reduce the deficit.

What the President is not going to say but what the Senator from Montana just agreed to, is the fact that our physicians who are due a 21-percent decrease in Medicare reimbursement payments are not, in fact, going to have that 21-percent reduction. That decrease was included in this bill to make it appear more deficit-neutral over the first 10 years. When you factor that in, this not only does not reduce the deficit, but it adds to the deficit an additional $281 billion difference in what the number of the CBO says we are going to reduce the deficit by.

You know very clearly we are going to add to the deficit when we pass this bill because the Senator from Montana is right, we are not going to see that 21-percent reduction. I suspect that the $523 billion in Medicare cuts that are provided for in this bill, that are scheduled to take effect in future years, may not ever happen. If that is the case, then not only are we looking at an additional cost of that $523 billion, the $281 billion for the SGR fix or the doctors fix, but we are looking at increasing the deficit to fund a domestic program in a future way.

One thing the CBO does say is, this bill provides an additional $569.2 billion in new taxes, new taxes on the American people, particularly the small business community that is hit the hardest by this.

The American people have made it very clear: They do not want these bills to become law. Two new polls by CBS and CNN show that only 20 percent of Americans believe this legislation will benefit them and their families. Still, the majority party has chosen to push these unpopular proposals through.

My constituents in Georgia have reached out in record numbers to register their opposition to President Obama's plan.

Why? For starters, because this is an unprecedented government involvement in an industry that constitutes one-sixth of the Nation's economy. If we get it wrong, if we overreach, our fragile economy will suffer and a recovery will lag, perhaps for years.

This bill also does something very un-American: It would penalize individuals for not purchasing health insurance. Today, we have seen 13 State attorneys general file lawsuits challenging the constitutionality of fining Americans for not purchasing insurance.

The bill that passed the Senate and was signed by the president is filled with backroom deal-making, partisan arm-twisting and special carve-outs for some of my wavering colleagues on the other side of the aisle.

Now, instead of working together on a bill that would be more palatable to all Americans, my colleagues on the other side of the aisle have decided to push forward in the face of united opposition.

The Governor of Georgia recently expressed concern regarding the unfunded mandates in this legislation. Our State faces an additional billion dollars or more of Medicaid spending per year.

These new costs that will be absorbed by the State will require further tax hikes on Georgians or cuts to public safety, education and other core State government services.

The bill that was just signed contains $518.5 billion in gross tax increases. It cuts Medicare by $465 billion—and, more importantly—does nothing to bend the health care cost curve down.

With Medicare on the verge of insolvency, this bill takes money from the Hospital Insurance Trust Fund to pay for unrelated entitlement spending.

Under this new plan, new Federal taxes on Americans start immediately. But full benefits won't take effect until 2014. The bill raises $60 billion in taxes before any of the major benefits go into effect.

Looking at the years 2013–2024, the 10–year period after the law is fully implemented, the overall cost is estimated to be $2.6 trillion.

Some of these numbers are so large that its tough to get your head around them. But rest assured that they will detrimentally impact Americans and our economy.

There is also substantial evidence that this new law will hurt small businesses.

The bill imposes $493 billion in new taxes that will fall disproportionately on the backs of small-business owners.

A $54 billion increase in the Medicare payroll tax will hit approximately one-third of the small-business owners across the country.

A $60 billion tax on insurers means small businesses that manage to provide health insurance coverage for their employees will see this tax passed on to them, increasing premiums.

The CLASS Act portion of the new law appears to make it less costly because, as the CBO said, ''the program would pay out far less in benefits than it would receive in premiums over the 10–year budget window,'' raising $70 billion in premiums that will fund benefits outside the window. Outlays in later years will increase significantly.

And the legislation just signed into law is still filled with the sweetheart deals that have so angered Americans.

That includes the Cornhusker Kickback, in which the Federal Government pays the entire tab of Nebraska's Medicaid expansion.

It also includes the Louisiana Purchase, in which the Federal Government pays an extra $300 million in

Medicaid dollars to the State of Louisiana.

And it still has the Gator Aid Florida Medicare Advantage grandfather clause to protect certain areas of Florida from Medicare Advantage cuts that all other seniors in America will face.

Meanwhile, the 176,000 seniors in Georgia who rely on Medicare Advantage to supplement the gaps in traditional Medicare will see their benefits cut by $33 each month.

The new law significantly raises taxes, cuts benefits for seniors, adds to the Federal deficit and allows the government to make decisions that should be between a patient and his doctor.

The reconciliation bill—optimistically deemed a ''fix-it'' bill—is actually a ''make-it-worse'' bill.

The legislation before us today raises taxes by an additional $50 billion more than the Senate bill. That is an overall tax increase of $569.2 billion.

The reconciliation bill nearly doubles the tax on health insurers beginning in 2014, and also raises taxes and fees on drugmakers and medical devices. The Congressional Budget Office has specifically stated that these taxes will be passed on to all Americans in the form of higher health costs and rising insurance premiums.

The reconciliation bill raises another $66.1 billion from Medicare Advantage, bringing total Medicare cuts in both bills to $523 billion.

And it forces an additional 1 million individuals into Medicaid on top of the 15 million already added to Medicaid in the Senate bill. That means 16 million of the 32 million newly insured individuals would obtain that coverage through Medicaid—a program President Obama admitted already suffers from serious access problems.

It also increases penalties for businesses that don't offer health insurance and have at least one employee receiving a subsidy in the exchange from $750 per full-time employee to $2,000 per full-time employee.

And, among other things, it penalizes many Americans with higher incomes from rent, interest, royalties and individuals by forcing an almost 4 percent Medicare tax on their investment income.

According to the Congressional Budget Office, this bill is going to cost $940 billion over 10 years.

We are burdening our children and grandchildren—generations of America's future—by creating a behemoth new government entitlement program.

And in the same week of its creation, we turned around and immediately added to this new program almost $1 trillion more.

The American people are asking a simple question: Where does the spending end?

Also, I wish to talk about a specific provision that is going to have an immediate, direct impact on my taxpayers in Georgia; that is, with the increase in the threshold to qualify for Medicaid going from 100 percent to 133 percent, in my State, according to our Governor—and he has run the numbers—that is going to cost the taxpayers of Georgia, in addition to their share of this $569.2 billion in additional taxes, an additional $1 billion per year that Georgia taxpayers are going to have to pay.

We are in difficult times in my State, as all 50 States are right now. That is a new provision, a new tax.

I ask unanimous consent that a statement from the Governor of Georgia, the Honorable Sonny Perdue, be printed in the RECORD.

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

[From the Office of the Governor, Mar. 22, 2010]

STATEMENT OF GOVERNOR SONNY PERDUE REGARDING THE HEALTHCARE LEGISLATION PASSED BY THE UNITED STATES CONGRESS

ATLANTA.—Governor Sonny Perdue issued the following statement today regarding the healthcare legislation passed by the United States Congress:

''Unfortunately, the United States House of Representatives last night chose politics over the will of the American people. The enormous upheaval of our healthcare system was pushed through the House against the wishes of the majority of American families and businesses.

Here in Georgia, this vote will force an additional billion dollars or more of Medicaid spending per year, requiring either a tax hike or offsetting cuts to public safety, education and other core services of state government. While this colossal unfunded mandate cripples our budget, I am even more concerned about the debilitating impact it will have on Georgia's small businesses. The extension of the Medicare tax on all non-wage income means that small business owners will see their top rate increased by 20 percent and investment income taxes increasing 60 percent.

What is most unfortunate is that the American people had no voice at the table in Washington during the course of this debate. The only glimpse citizens saw of the process were closed-door meetings that resulted in backroom deals and the buying of votes to ensure passage. I am today renewing my December request to the Attorney General that he join other states in reviewing the constitutionality of this travesty. My office has already begun to review any and all legal options to challenge this legislation.

I also urge the Georgia General Assembly to continue moving forward on my proposal to allow Georgians to purchase insurance plans across state lines. Now that Congress is mandating that every American purchase health insurance, we should open the individual market to as much competition as possible.

Since this bill has such a significant impact on future state budgets, it is imperative that current candidates for elected office publicly state their plans to either support the Obama-Pelosi legislation or fight for the people of Georgia.''

Mr. CHAMBLISS. Let me say that within the last 48 hours we have discovered that the agency that is going to be administering the new health care reform bill the President signed into law is none other than the Internal Revenue Service. The Internal Revenue Service has said that in order to review the tax returns of every taxpayer in America to ensure that they have complied with the law and bought insurance or had insurance taken out through their employer, they are going to have to have an additional 16,500 Internal Revenue Service Agents at a cost of an additional $10 billion to the taxpayers. That $10 billion is not factored in here in anyway.

We are dealing with a piece of legislation that the American public has shown, over and over in every poll taken, whether it is by a Democratic pollster, Republican pollster or an independent pollster, that they do not want. We are going to force that bill down on the American people and that is wrong, that is not the way this body and the body across the Capitol should be working with respect to the best interests of the American people.

I urge my colleagues at the appropriate time during the vote on the amendments this afternoon and tonight to repeal this bill and let us replace it with a true, meaningful health care reform bill that we can all agree on. There are a lot of provisions in those 2,700 pages plus, the length of this so-called fix-it bill that we can agree on, that we can replace this bill with, that will provide the American people with true, meaningful health care reform that they need and deserve.

We will not see all of these huge increases in taxes, we will not see all of these huge reductions in Medicare benefits, and we can do the will of the people in the right and appropriate way.

I yield the floor.

Mr. GREGG. Mr. President, I yield 2½ minutes to the Senator from Louisiana.

AMENDMENT NO. 3553

Mr. VITTER. Mr. President, at this point I ask unanimous consent to set aside any pending amendment and call up amendment No. 3553.

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

The clerk will report.

The bill clerk read as follows:

The Senator from Louisiana [Mr. VITTER] proposes an amendment numbered 3553.

Mr. VITTER. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To repeal the government takeover of health care)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Patient Choice Restoration Act''.

SEC. 2. REPEAL.

The Patient Protection and Affordable Care Act, and the amendments made by that Act, are repealed.

Mr. VITTER. Mr. President, this amendment is very simple, and it goes to the heart of all of these arguments. This amendment would repeal this new ObamaCare plan.

All of us on this side urge this action and urge us to focus instead on a focused step-by-step approach to solve

specific, real problems with specific solutions. This gargantuan plan which this amendment would repeal does not do that. This gargantuan plan has fundamental problems at its core that my colleagues have been talking about; truly offensive, fundamental problems such as over a $½ trillion cut to Medicare. The American people do not want to pay for anything through that. Over $½ trillion of increased taxes and costs. The American people do not want an approach that does that, increasing health ObamaCare costs, when the American people know our big challenge is to do the opposite.

Nonpartisan sources such as the Congressional Budget Office confirm that the ObamaCare plan does not decrease health ObamaCare costs, it increases health ObamaCare costs from their rising rate already. It pushes that cost curve up and growing the bureaucracy, including thousands of new IRS workers, and putting them and the Federal Government between you and your doctor.

These are not minor parts of the ObamaCare plan. This is the core of that plan. That is why we absolutely need to repeal it and take a fundamentally different approach, an approach that is focused like a laser beam on real problems and that deals with those real problems with real and targeted and step-by-step solutions.

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

Mr. VITTER. I urge support of amendment No. 3553.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, we are coming to a close, or a beginning, I am not sure which, when we start the vote on amendments. If my calculation is correct, the time for debate on this reconciliation bill will expire around 5:10, about that time, approximately.

At that time, approximately, we will start voting on amendments. By my count we have 21 amendments pending, and if we vote on amendments in the time in which it usually takes to vote on amendments in a series, my experience is it roughly takes around an hour for three amendments. Maybe we can speed that up. With 21 amendments, that is 7 hours. That is the good news. There probably will be some intervening disruptions.

But the good news is, that means the earliest we might be finished is around midnight. But, of course, that is not the case, because there will be other amendments offered.

For the information of my colleagues, we will probably start voting on amendments at approximately around 5:10, thereabouts. We have 21 amendments pending at the present time. It takes about 1 hour to vote on three amendments. I believe we can squeeze that time down. It is my hope that we can. But that is my experience around here, it takes about that long.

Because there are a lot more amendments most likely to be offered, I inform my colleagues that we will be in very late tonight, certainly way past midnight, because of the number of amendments that are currently pending.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. GREGG. What is the time situation?

The PRESIDING OFFICER. The minority has 23 minutes 47 seconds left.

Mr. GREGG. And the majority?

The PRESIDING OFFICER. The majority has 24 minutes 52 seconds.

Mr. GREGG. I yield 10 minutes to the Senator from Tennessee.

Mr. ALEXANDER. Mr. President, could you let me know when 8 minutes has been consumed?

The PRESIDING OFFICER. The Chair will advise the Senator.

Mr. ALEXANDER. Mr. President, this has been a debate filled with passion and good intentions and a lot of hard work. Our political parties have come to vastly different conclusions. The President and the majority have said, this is an historic occasion. I agree.

But I believe, as do most of us, that it is an historic mistake, and it is important to say why we think that. This is the fundamental mistake, that with the law that was passed yesterday and what the majority has proposed to do in this second bill, to expand a health ObamaCare delivery system that we all know is more expensive than we can afford, instead of stepping back and instead seeking to reduce the cost of that health ObamaCare delivery system so that more Americans can afford to buy health insurance. That is the mistake.

I wish to try to say in 3 or 4 minutes what this bill means to Tennesseans. I was listening to the Senator from Montana and the Republican Senators talk about debt. We believe, I believe, that this bill, these two bills, will increase each Tennessean's share of the national debt.

The Senator from Montana says: Well, but the Congressional Budget Office says it does not. Well, that would be like going to the Congressional Budget Office and saying: I have got a horse farm here. Tell me how much it costs to operate over the next 10 years. The CBO would say: Would you like me to tell you how to do it with the horses or without the horses? If you tell me how to do it without the horses, it is not going to cost as much. Or, if I have a gas station, would you like me to tell you how to operate that with the gas in it or without the gasoline?

That is what we are saying here. They have gone to the Congressional Budget Office and said: Tell us how much this health bill costs. They have said to them: With the doctors or without the doctors?

They say: Oh, no, keep the doctors out.

Because, according to the President's own budget, that is $371 billion over 10 years. If you put that in, then the whole bill adds to the deficit, so they leave it out. So that is why we say, and I would say, that the first thing this bill does is add to the debt, each Tennessean's share of the debt.

The second thing is, it adds $8,470 in new spending for every Tennessean. Thirdly there are 243,000 Tennesseans enrolled in Medicare Advantage, which is about one out of four persons in Medicare who will have their benefits reduced by half, according to the Congressional Budget Office Director in testimony before Congress, whose veracity we have been hearing extolled on all sides.

The next thing it does is about 1.4 million Tennesseans making less than $200,000 will pay higher taxes, based on estimates by the Joint Committee on Taxation. Some 300,000 Tennesseans in the individual health insurance market will see premium rate increases of 30 to 45 percent based upon a Blue Cross/Blue Shield study of Tennessee and other analysis.

Next, Tennessee's small businesses employing 50 or more people and construction companies employing 5 or more people—that is 5,000 construction companies in Tennessee—will pay higher health ObamaCare costs because of new government mandates.

Then here is the other one. This is the one that was just added over the weekend: 200,000 Tennessee students including—I checked—11,000 at the University of Tennessee-Knoxville where I was this week, will be overcharged by $1,700 to $1,800 over the next 10 years on their student loans in order to help pay for the health ObamaCare bill and other programs.

Let me say that again. Over the weekend, without any debate in the Senate, they have stuck in this bill—they are going to overcharge 19 million students in America, 200,000 in Tennessee, $1,700 or $1,800 more than it costs the government to borrow the money, because the government is taking over the student loan program.

They borrow the money at 2.8 percent, they loan it out at 6.8 percent, they take the difference, they spend it, $8.7 billion of it to help pay for the health ObamaCare program. So that is 200,000 Tennessee students. These are not Wall Street financiers. This is a mom with a child and a job going to school to get a better job. That is 200,000 Tennessee students. And $1.1 billion in costs will be forced on the Tennessee government. That is according to our State Democratic Governor, who said that is the cost of the Medicaid expansion and what happens to the State after the physicians reimbursement expires in 2 years for Medicaid. This will force States, Tennessee for sure, and many other States, to raise taxes, cut services, or increase college tuition.

According to an Oliver Wyman study, 30 percent of young people will pay up to 35 percent more in premiums as premiums go up in the individual market.

Then finally, of course, the bill does add in Tennessee about 200,000 people to our TennCare or Medicare rolls. But

that is not health ObamaCare reform because nationally only about half of doctors will see new Medicaid patients.

So we are saying to people, we are giving you health ObamaCare, but it is like saying, we are giving you a bus ticket to a bus line where the bus only runs half the time. When you put these low-income Americans into this program in such large numbers, what that additionally does is create more opportunities for physicians, for hospitals, and for drugstores to say, we cannot serve Medicaid patients any more.

That is why we feel this is the wrong course and an historic mistake. What we would do instead is replace this bill with a different bill that focuses on costs. We have said it over and over again. We said it at the health ObamaCare summit. We would start with allowing people to buy health care across State lines; with allowing small businesses to combine their resources to offer insurance to more people at lower costs; with reducing the number of lawsuits against doctors for malpractice.

We would step up efforts against waste, fraud, and abuse, expand health savings accounts. All of these were proposals made before the Senate, basically ignored. But the fundamental mistake and the reason we have such a difference of opinion between that side of the aisle and this side of the aisle is that that side of the aisle, which has the majority, is expanding a health ObamaCare delivery system that we all know is too expensive, and we think instead what we should be doing is focusing on reducing health ObamaCare costs so that more Americans can afford to purchase health ObamaCare insurance.

I yield back my time to the Senator from New Hampshire.

Mr. GREGG. I would yield for 30 seconds to the Senator from Kansas to put in order a couple of amendments.

The PRESIDING OFFICER. The Senator from Kansas.

AMENDMENT NO. 3577

Mr. ROBERTS. I ask unanimous consent to temporarily set aside the pending motions and amendments so that I may offer an amendment, No. 3577, which is at the desk.

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

The clerk will report.

The bill clerk read as follows:

The Senator from Kansas [Mr. ROBERTS] proposes an amendment numbered 3577.

Mr. ROBERTS. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To protect Medicare beneficiary access to hospital care in rural areas from recommendations by the Independent Payment Advisory Board)

At the end of subtitle B of title I, insert the following:

SEC. ___. PROTECTING MEDICARE BENEFICIARY ACCESS TO HOSPITAL CARE IN RURAL AREAS FROM RECOMMENDATIONS BY THE INDEPENDENT PAYMENT ADVISORY BOARD.

(a) IN GENERAL.—Section 1899A(c)(2)(A) of the Social Security Act, as added by section 3403 of the Patient Protection and Affordable Care Act and amended by section 10320 of such Act, is amended by adding at the end the following new clause:

''(vii) The proposal shall not include any recommendation that would reduce payment rates for items and services furnished by a critical access hospital (as defined in section 1861(mm)(1)).''.

(b) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended by striking ''8 percent'' and inserting ''5 percent''.

MOTION TO COMMIT

Mr. ROBERTS. Mr. President, I ask unanimous consent now to temporarily set aside the pending motions so that I may offer a motion to commit, which is at the desk.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report.

The bill clerk read as follows:

The Senator from Kansas [Mr. ROBERTS] moves to commit the bill (H.R. 4872) to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes to repeal the Patient-Centered Outcomes Research Institute, the Center for Medicare and Medicaid Innovation, any new functions of the United States Preventive Services Task Force, and the Independent Payment Advisory Board and adds an offset.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, how much time remains?

The PRESIDING OFFICER. There is 24 minutes 40 seconds.

Mr. BAUCUS. I yield half that time to the distinguished chairman of the Banking Committee, former acting chairman of the HELP Committee, and one of the most valuable and productive Members of this body, the Senator from Connecticut.

Mr. DODD. I thank my colleague and commend him for his leadership on this issue, along with, of course, our distinguished majority leader so many others, including the wonderful staff we don't often mention—the remarkable work being done by the individual staff of Members and the committee staff of the Health, Education, Labor, and Pensions Committee. I see my good friend, TOM HARKIN, who now chairs that committee, along with MAX BAUCUS, and so many others of the leadership staff who have brought us to this moment.

I rise to discuss the Health Care and Education Reconciliation Act. Although none of us are ignorant of the historic nature of the health care portion of our work this past week, I wish to take a few moments to talk about the significance of the education portion of the bill. I listened intently to my friend from Tennessee talk about this part of the bill as well. I have great admiration for him, having served as the Secretary of Education and as Governor of Tennessee. He has a wealth of knowledge on the subject matter. I commend him for it. However, we disagree with this particular portion.

I rise to express a different point of view about why I believe what we have included in this bill has great value. Obviously, the major attention has been focused on the health aspects of what we are doing. That in itself is a major achievement. The reconciliation portion of this bill before us now strengthens a good bill and makes it even better.

Last evening I discussed portions of the bill that I think add tremendous value to our efforts to provide health care once and for all for all Americans. But the education portion of this bill also has great significance.

Since the Pell grant was established in the 1970s, as all of us know, it has made college a possibility for millions and millions of young Americans. I had the great pleasure of serving with Claiborne Pell as a Member of this body. He served in the 1960s up until only a few years ago. We lost him a number of months ago; he passed away. But it is incredible to think of what a difference that individual, that one Senator made in the lives of millions of our fellow citizens. In years to come, some may not know who Claiborne Pell was, but I would like the record to reflect he was a remarkable Senator. He authored legislation creating the Northeast Corridor, wrote the legislation that banned the testing of nuclear weapons on the ocean floor. He was the author, along with Jacob Javits, of the National Endowments for the Arts and Humanities, and he was the author of Pell grants. Unique and remarkable contributions, each and every one of them, but he should long be remembered for making education an opportunity that would not be denied because one lacked the resources to afford it.

Those millions of young Americans are now leaders in our Nation. They are innovators, some of our most productive and successful citizens. This bill is not unlike the GI bill at the end of World War II, when we recall men who came back from the theaters of the Pacific and Europe who were able to receive an education under the GI bill, who would tell us what a remarkable investment it was.

It has been repaid millions of times over by those who today make contributions to our country because they got an education because there was a creative Congress, because there was an administration that understood the value of an education in the midpart of the 20th century. Here we are now into the second decade of the 21st century facing a similar issue.

There should be no doubt in anyone's mind about the value not only of making us a healthier country by the adoption of the health care provision of this bill, but a better educated country—

not only to advance our own needs—but to make sure individuals have the opportunity to maximize all of their potential. Today that wouldn't be the case without Pell grants. What they have done to and for our society has been remarkable. Countless individuals would not have had the opportunity to attend college without Pell grants.

Since then the importance of a college education has only grown, not only for the individual students who want to achieve their full potential, but our Nation as well. America's ability to compete in the global economy depends on having a well-educated workforce in the 21st century. Today, that means a college-educated workforce. Unfortunately, while the urgency of opening the door to college has grown, the support provided to our most important college aid program has slipped. In fact, it has gone further—it has fallen off a cliff. In 1975, the maximum Pell grant covered 80 percent of the average student's tuition, fees, room and board at a 4-year public university. Today it covers less than one-third at a public university.

Our failure to keep pace with the exploding cost of college threatens to slam the door on a generation of Americans, making college impossible for many and leaving those who do find a way to further their education with a debilitating burden of overwhelming debt.

Make no mistake, allowing the Pell Grant Program to wither, as would be the case without the adoption of the language in this bill, isn't just a slap in the face to low and middle-income hardworking American families. It is a serious threat to America's competitiveness in the 21st century. Fortunately, the legislation in front of us presents an opportunity to revitalize the Pell Grant Program and to unlock the opportunity of higher education for millions of Americans.

The bill invests $13.5 billion to fill the shortfall in the Pell Grant Program and ensures that such a shortfall doesn't develop again, as the cost of college continues to increase in the years ahead. For instance, if we fail to act, the maximum Pell grant award could be a paltry $2,100 for the year 2010. Never before has the effectiveness of this program been at such risk. The legislation before us protects the maximum award at a level of $5,500 and increases to almost $6,000 by 2017, 7 years from now.

We all know that in 7 years the cost of education will have continued to skyrocket. I would be the first to admit that while we are putting tremendous resources into this program, we can imagine in 2017 what college education will be like, even at public universities. This Pell grant assistance, as important as it is, is not going to come close to meeting the needs of families, so we will continue to work to increase aid. But in this legislation, we also peg these increases to inflation in order to try to keep up with the cost of higher education.

In my home State of Connecticut, this would enable more than 4,300 additional students to go to college. In addition, this legislation makes important investments in Historically Black Colleges, community colleges, and the College Access Challenge Grant Program, which fosters partnerships between government and the nonprofit sector that helps low-income kids get a chance to go on to a higher education.

It invests in programs that help students determine what college is best for them, as well as prepares them not only to get into those schools but to graduate from them. When those students do graduate, they will no longer be faced with that mountain of debt we have heard about over and over again that puts so many of their own careers and contributions to society on hold while they have to pay off these debts, seeking jobs and opportunities that may not be what they need for their future growth and potential.

To help with this, our legislation caps repayment of Federal loans at 10 percent of discretionary income and forgives payments after 20 years. This represents an important investment not only in our children's future but in the future of our country. It will pay enormous dividends.

This investment isn't just smart, it is fully paid for. In fact, the Congressional Budget Office estimates this legislation will reduce the national debt and deficit by $10 billion over the next 10 years. We accomplish that by eliminating what amounts to billions of dollars in wasteful spending within the Federal student loan program.

Let me explain. Currently, some Federal student loans are made through the Direct Loan Program, while others are made through the Federal Family Education Loan Program, the so-called FFEL Program. This program overpays banks for servicing these Federal loans. The result is that money intended to help students go on to a higher education ends up instead helping to pad the profits of those lenders. That is a waste of money.

What is more, banks in the FFEL Program get their loan guarantee and interest subsidy entitlements regardless of how they treat the student borrowers. While they bank the profits when the loans are repaid, taxpayers end up shouldering the risk of defaults. So our legislation converts all future Federal student loans to direct loans.

This doesn't cut the private sector out of the student loan industry. What it does is as American as apple pie. It makes them compete. It ends these unnecessary payments and force banks to compete for the job of servicing student loans. When institutions have to compete, consumers benefit.

For students and parents, it means better customer service and the same good rates that have always been the hallmark of Federal student loans.

As for taxpayers, it means a savings of $61 billion over 10 years, money that now flows into the coffers of banks, but under this legislation will be used to help more kids go on to college and bring down our national deficit.

In short, what we have here is a win-win, a fully paid for and much needed investment in equal opportunity and American competitiveness. I would be remiss if I did not note that we could and should be doing more. It comes as a serious disappointment to me and to education advocates across the country that funding for a new early childhood learning initiative was not included in this package. I desperately wanted it to be there, as did my friend TOM HARKIN from Iowa who has worked with me, along with others, for years on early education. As important as it is to enable a high school student to graduate and attend college, it is just as critical that we prepare every child to be a viable candidate for their next step in the education process. The achievement gap that robs too many American children of their opportunity begins very early, before the age of 3, according to everything we know about child development. You know the statistics, as most of us do. Investments in early childhood education pay off tenfold when we consider the decreases in crime, the reduced need for special education and welfare services, and improved health of these children who have access to early education.

Just as the increasingly competitive global economy calls us to unlock the door to higher education, we must also do everything we can to bring every American child to that threshold of maximizing his or her potential. That important work requires a serious commitment to early education. This legislation would have been a perfect opportunity to follow through on that commitment. So the fight will continue, unfortunately, without the strength this bill would have provided. But for now we have the chance to do some real good for young people and for our Nation.

I urge my fellow Senators, both Democrats and Republicans, to support this commonsense measure, save the Pell Grant Program, and make a real difference in the lives of countless young Americans for years to come. I remind my colleagues this is just part of what is at stake in this debate. The amendments being offered, on too many occasions by our friends on the other side of the aisle, are doing nothing more than trying to stop this legislation from going forward. I hope that will stop. Let's pass this bill. We have a chance to not only change the quality of health in America but also to open the doors of opportunity for American students.

For those reasons, I urge adoption of this package.

I yield the floor.

Mr. GREGG. I yield to Senator MCCAIN such time as he may use.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, I read a lot about what has been going on in the

health care debate, and all of us have. Americans are very aware of it. I keep hearing the word ''historic'' this, ''historic'' that, ''historic.'' I agree. It is historic. This is a historic vote, and I think we are pretty aware of what the outcome will be sometime tonight, tomorrow, or the next day. It is the first time in history, the history of this country, that a major reform has been enacted on a purely partisan basis, the first time.

Every major reform throughout history has had significant—you can go down the list—bipartisanship votes. In the 1970s—this one, purely partisan, rammed through from beginning to whatever this end is.

It is historic, and it is the first time that a process called reconciliation has ever been used to affect one-sixth of the gross national product. I know the response will be: Well, Republicans did it—et cetera, et cetera. It will be the first time that 51 votes has been the measure of a decision on so-called reconciliation. Now, that is historic. That is historic because we have basically broken down the 60-vote tradition of the Senate when we address it in this fashion—an issue of this magnitude.

Let me tell you, when the President of the United States was still a Senator—another time we were doing reconciliation—what he said:

> You know, the Founders designed this system, as frustrating [as] it is, to make sure that there's a broad consensus before the country moves forward. . . . And what we have now is a president——

He was referring to former President Bush—

> who . . . [h]asn't gotten his way. And that is now prompting, you know, a change in the Senate rules that really I think would change the character of the Senate forever. . . . And what I worry about would be you essentially have still two chambers—the House and the Senate—but you have simply majoritarian absolute power on either side, and that's just not what the founders intended.

That is what Barack Obama, the Senator from Illinois, said.

So here we are. Yes, it is historic. It is historic. And it is historic what we have seen take place from the beginning. We have seen the special interests. We have seen the votes, the provisions in these bills that carve out special deals for special interests and special States, such as the ''Louisiana purchase,'' the $100 million inserted in this 2,733-page document that builds a hospital in Connecticut. Why Connecticut? Why $100 million? Why is it that there are these special provisions for certain locations in the country?

It is historic in the special deals that have been cut—for PhRMA, for the American Medical Association, for the hospital association, for the unions in the taxation of Cadillac plans. Everybody has a deal but the American citizen—the average American.

How many Americans, how many ordinary Americans who are, say, enrollees in Medicare Advantage in my State, who are going to see the Medicare Advantage program cut drastically—how many of them were allowed in the majority leader's office? How many of them were allowed in the Speaker's office? How many of them were allowed in the White House as the special interests' representatives went in and out?

So there are winners and losers. That is what is being judged. The winners will be those who live in favored States who will have special deals. There will be those who are winners—PhRMA, the hospital association, the unions. Again, my congratulations to PhRMA. They are running $100 million-some worth of ads favoring this deal because they got a deal that is worth billions—worth billions.

As I have quoted on the floor several times, their head lobbyists, or $2 million-a-year lobbyists, said: A deal is a deal. We expect the White House to keep it.

So who are the losers? Who are the losers? Well, the first loser is the Senate because, as I said before, this reconciliation, requiring only 51 votes, is a radical departure from anything we have done in the past. I do not accept the statement that it has been done in the past—not when it affects one-sixth of the gross national product, and as a direct result of the vote in the State of Massachusetts that gave this side 41 votes. If they still had 60 votes, we would not be doing this on reconciliation. We would be doing it in the regular way we address legislation—legislation through the House, legislation through the Senate, a conference committee, and then, obviously, a final vote. But they cannot afford a final vote because there are 41 votes now, not 60. So the Senate is a major casualty of this process.

But the biggest losers probably are average citizens—average citizens who were told the Congressional Budget Office judged this to be deficit-neutral, and it would not cost the taxpayers additional money. I just had a conversation with the Senator from Montana who said clearly we are not going to cut physician payments by 21 percent; so, therefore, the assumption they gave the Congressional Budget Office is false—is false. So before we go any further, it is already a $150 billion deficit because everybody knows we are not going to cut physicians' payments by 21 percent.

So the American people are the ones who never had access to get a special deal. And 330,000 citizens of my State who have enjoyed and chosen the Medicare Advantage program are now going to see those benefits slashed. But the average citizen who thinks today there is a huge disconnect between their lives and that of the life that is led here and the way we do business here—last Saturday, I was in my own home State of Arizona. I did two townhall meetings, one in Prescott and one in East Valley Phoenix, and people are hurting. People are hurting, people are angry, they are frustrated, and they feel there is a huge disconnect between themselves and Washington. I come back the next day, and they are drinking champagne in celebration of a ''historic'' victory. Americans do not get it. Americans do not get it. They are angry. They are frustrated.

I want to assure them—I want to assure them—this fight is not over. We will take it, as I mentioned before, to the towns and cities of America. We will have townhall meetings all over the country. We will register voters. We will urge them to turn out. We will urge them to take part in one of the most seismic elections in the history of this country.

I know the liberal media is saying: The American people are going to move on. Well, they are not going to move on. They are not going to move on because they are sick and tired of the spending and the generational theft we have committed on future generations of Americans. This is only one part of their frustration. It is a big part, but it is only one part.

So I know I speak for my colleagues when I say this fight is far from over. This struggle to regain control of this body and this institution in Washington, DC, and give it back to the people of this country will go on.

I have great faith in this country and its future. That is why I am confident that over time, sooner or later, we will be back and we will repeal and we will replace—we will replace—this huge government takeover with medical malpractice reform, with going across State lines to get insurance of your choice, to reward wellness and fitness, to establish risk pools that insurance companies will bid on in order to treat people with preexisting conditions. We have a long list we will replace this mortgaging of America's future with that will be what all Americans want; that is, to maintain the quality of health care in America and, at the same time, bring costs under control.

I thank the Senator from New Hampshire for his leadership. I thank the Senator from Montana for his courtesy during this debate over these days and weeks and even months, on days and nights and weekends. I want to assure my colleagues this debate is far from over.

I yield the floor.

Mr. GREGG. Mr. President, I just want to thank the Senator from Arizona for his excellent summation of where this issue lies and its impact on the American people. I hope that statement will be read across this country because it was a reflection of the concerns which are legitimate and which are being expressed by vast amounts of Americans. It is not unusual it should be expressed by the Senator from Arizona because he is so much a personality of this Nation and a force within our political process.

I would reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I yield to the distinguished chairman of the HELP Committee, who has been so involved in health legislation, education legislation. Might I ask, how much time do we have left?

The PRESIDING OFFICER. There remains 11 minutes 48 seconds.

Mr. BAUCUS. Mr. President, I yield as much time to the Senator as he wishes to take, including 11 minutes 48 seconds.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, I thank my friend from Montana, the chairman of the Finance Committee. I thank him for all of his great leadership, and also Senator DODD, who just spoke.

If I might just add a little historical footnote. Senator BAUCUS, chairman of the Finance Committee; Senator DODD, who led the effort through the HELP Committee; myself, as now chairman of the HELP Committee; Chairman MILLER on the House side, chairman of the Education and Labor Committee; and Chairman WAXMAN, the chairman of the House Commerce Committee—all of whom had big parts of the whole health care bill to develop—a historical footnote: We were all sworn in on the same day in January of 1975. It was a great class, and our classmates, as history would have it, survived to be able to put together this great health care bill.

I again want to thank my longtime friend and colleague from Montana, Senator BAUCUS, for his extreme patience and his endurance in getting us to this point.

Mr. President, we are in the midst of a historic week in this Nation's Capital. Health care reform is no longer a bill; it is the law of the land. It has been signed.

Just as the history books remember 1935 as the year FDR signed Social Security into law, and 1965 as the year when Lyndon Johnson signed Medicare into law, they will now remember the year 2010 as the year President Barack Obama signed comprehensive health reform into law.

Each of these three bills marked a giant step forward for the American people. Each was stridently opposed by the special interests and defenders of the status quo. But in the end—in 1935, in 1965, and now in 2010—a critical mass of Senators and Representatives rose to the historic occasion. They voted their hopes, not their fears. They created a better, fairer, more compassionate America for all of our citizens.

As a Nobel Prize-winning economist recently put it, the new health reform law is a ''victory for America's soul''—a ''victory for America's soul.'' At long last, we are realizing Senator Ted Kennedy's great dream of extending access to quality, affordable health insurance to every American. We are ending the last shameful bastion of legal discrimination and exclusion in our country.

Think about it: Over the decades, we have outlawed discrimination based on race, color, and national origin. We have outlawed discrimination based on gender and religion. We have outlawed discrimination based on age and disability. But until now, it has been perfectly legal to discriminate against our fellow Americans because of illness—because of illness—and to exclude tens of millions of our citizens from decent health care simply because they could not afford insurance or afford health care—blatant discrimination.

When President Obama signed health care reform into law on Tuesday, he set in motion a series of changes that will tear down these last barriers of discrimination and exclusion. That truly is a great moral victory. It is, indeed, a victory for America's soul.

But our work is not done. The reconciliation bill now before us includes a number of modifications to strengthen the new health care reform law. It also includes reforms in the student lending program that in their own way are also profound and historic. I regret these landmark education reforms have not gotten the attention they deserve.

Senator DODD—I just listened to his speech—outlined in great detail what these reforms are and what they will mean for our families and for our students.

This bill in front of us now eliminates $61 billion in wasteful subsidies to banks and redirects most of that money to low-income college students in the form of increased Pell grants. The status quo in student lending is a bizarre Rube Goldberg process that makes no sense. The Federal Government pays private banks to make entirely risk-free loans. The banks then sell the loans back to the Federal Government and pocket hundreds of millions of dollars in fees. This is a brazen case of corporate welfare—a huge government giveaway to bankers. This bill at long last will put a stop to it.

Mr. President, I want to state forthrightly I am not antibanker. I am not antibank. I have family members in the banking business and they do a great job. But who does not like free money? If you give the banks free money, they love it. But if we have money we want to give away, I say do not give it to the banks. Give it to low-income students so they can go to college. Banks have lots of ways in which they can make money. A low-income student has no other way to go to college but that we provide him and her access to meaningful Pell grants. I am disappointed our Republican colleagues are doing everything in their power to delay and obstruct and to kill this bill. Reportedly, they now plan to offer dozens and dozens of largely meaningless amendments to try to stretch the process out and delay a final vote. One might call this the Republican version of March madness. They know it is going to end; they just want to drag it out.

Let's be clear what is at stake. A vote against this bill is a vote against eliminating the doughnut hole in the Medicare prescription drug plan for seniors. A vote against this bill is a vote against parents' rights to keep their kids on health insurance plans until age 26. A vote against this bill is a vote against a tough new crackdown on fraud and abuse in Medicare and Medicaid Programs. A vote against this bill is a vote against ending discrimination against rural areas in Medicare reimbursement rates. A vote against this bill is a vote against ending tens of billions of dollars in corporate welfare for banks, a vote against redirecting that money to more generous Pell grants for needy college students.

I might add, a vote against this bill is a vote against a very important provision. I know an amendment has been offered to do away with what is called the CLASS Act. The CLASS Act is now the law of the land. Here is what it is. It is a voluntary program. No one has to join it. It is fiscally solvent for 75 years. All it says is that an individual during their working years can set aside some money. If they, God forbid, become disabled, they can have some income to be able to live in their own homes and not be put in a nursing home. That is the law of the land right now, and there is an amendment before us to do away with that. Over 275 groups representing people with disabilities and seniors support the CLASS Act, and we ought to keep it in the law and not repeal it with an amendment.

In short, those who are determined to kill this reconciliation bill need to decide whose side they are on. Are they going to continue their die-hard defense of the health insurance companies and the banks or are they going to stand with ordinary Americans who want access to quality, affordable, reliable health coverage and with needy young people who need Pell grants in order to go to college? It is time to choose.

We are going to have a whole series of amendments. Oh, some of them will sound nice. Some of them I would probably like to vote for myself if they weren't to this bill. But we can't be lured into this by the siren song of amendments that sound good but only have one purpose; that is, to kill this bill, to delay it, to kill it, to make sure it is not enacted into law. That is the only purpose of these amendments, make no mistake about it. So when an amendment comes up that I like and I might want to support, I will vote against it because it is that important to make sure this reconciliation bill gets passed and sent to the President for his signature.

So I say to all of my friends on this side of the aisle: Don't be lured. Don't be lured by the siren song of amendments that may sound good. Don't be afraid that somehow they are going to use it against you in a campaign. Hey, they can use anything against you in a campaign. We all know that by now. Let's stand united. Let's stand strong. Let's say no to these amendments designed only to kill this bill.

I urge my colleagues to support passage of the Health Care and Education Reconciliation Act of 2010, to defeat all of the amendments. Let's get this bill to the President, let's help our students get to college, and let's help the people of this country have better health care.

Mr. President, one of the arguments raised by my Republican colleagues regarding the landmark new health reform law just signed into law by President Obama is that it is unconstitutional. Well, I strongly disagree. One example of the strong constitutional basis of the new law is outlined by the American Constitution Society in a paper released at the end of last year.

I commend this paper to my colleagues and ask unanimous consent its conclusions be printed in the RECORD.

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

[From the American Constitution Society for Law and Policy, Dec. 2009]

MANDATORY HEALTH INSURANCE: IS IT CONSTITUTIONAL?

(By Simon Lazarus)

VI. CONCLUSION: MANDATORY INSURANCE IS NEITHER BURDENSOME NOR UNPRECEDENTED.

A major reason why all opponents' legal arguments fall short is that they share a common factual foundation, which itself is a fallacy. Their root assumption, or assertion, is that requiring Americans to carry health insurance is both extraordinarily novel—''unprecedented''—and extraordinarily burdensome. But this endlessly repeated assertion is specious, for several reasons:

To begin with, experience demonstrates that mandatory health insurance is neither unprecedented nor burdensome. Hundreds of millions of millions of individuals live under a variety of mandatory health insurance regimes, with very high rates of compliance and no record of discontent with the requirement, in other advanced economies and, indeed, as noted above, in Massachusetts.

As noted above, the overwhelming majority of Americans already carry health insurance that satisfies the terms of the mandate, so they will not be affected by the mandate at all. Of the approximately 46 million Americans who currently lack health insurance, the majority are in this state only because it is unavailable or unaffordable, and they of course, will welcome the opportunity presented by the legislation to gain coverage.

For those currently uninsured Americans who would prefer to forego the cost of coverage, even with whatever level of subsidy they will be in a position to claim, the mandate is no more a burden than the requirement to pay Social Security and Medicare taxes—indeed, it is less, since the coverage they receive in return is available immediately, not when they reach eligibility in their 60s.

By conceding that social and health insurance taxes are constitutionally valid restrictions on individual liberty, while condemning functionally equivalent contributions to private insurers, opponents effectively contend that a single-payer, government-run program like Medicare is the only type of universal health insurance system Congress may establish. The Constitution surely does not impose such an arbitrary strait jacket on Congress.

The great majority of Americans live in jurisdictions that require the purchase of automobile insurance. Health care reform opponents claim that these state mandatory auto insurance regimes are not ''precedents'' for federal mandatory health insurance, for a variety of essentially legalistic reasons. For example, they assert that auto insurance is a voluntary payment in exchange for a ''privilege,'' permission to drive on public roads. But for most people, driving is an economic necessity. In terms of its actual impact on people, mandatory auto insurance is a common-sense indicator of whether the public would find novel or inherently burdensome a mandate to purchase health insurance from the private insurance industry.

If, as opponents claim, the burden of mandatory health contributions was—in principle—oppressive and unfair, Medicare, and for that matter Social Security taxes would raise constitutional questions no less than if these landmark statutory programs were cast as regulations of interstate commerce. In fact, of course, since 1937, such questions have never been raised either in the courts or in Congress. The reason is simple: most people regard these mandatory contributions—in light of what they expect to receive in exchange—as a bargain not a burden.

Mr. HARKIN. Mr. President, this bill makes unprecedented investments to expand high-quality educational opportunities for all Americans. It invests in the Pell grant scholarship award, strengthens historically Black colleges and universities and other minority-serving institutions, and provides more resources to States for college access and other supports for students through the college access challenge grant program.

Further, these investments are paid for without increasing our Nation's deficit, through key reforms in the Federal student loan programs designed to provide a stronger, more reliable, and more efficient student loan system. The legislation directs more than $10 billion of the savings generated under this legislation to paying down the country's deficit.

The education provisions of this legislation will convert all new Federal student loans to the Direct Loan Program starting in July 2010, saving $61 billion over the next 10 years. These changes will also upgrade the customer service borrowers receive when repaying their loans. The legislation will also maintain jobs by ensuring a robust role for the private sector, allowing lenders and not-for-profits to contract with the Department of Education to service Direct loans.

The legislation significantly increases the Federal Pell grant award; the cornerstone of need-based Federal student assistance since its creation in 1972. Investments in this program are essential to ensuring access to higher education and making college more affordable for students and families. Both the House and Senate authorizing and appropriating committees have made significant investments in increasing the maximum Pell grant award in the past few years—32 percent since 2006. This legislation includes $36 billion to help address the Pell grant shortfall in fiscal year 2011 and to increase the maximum Pell grant to $5,550 in 2010 and to $5,975 by 2017. Starting in 2013, the grant will be linked to match rising costs of living for 5 years by indexing it to the Consumer Price Index.

The legislation includes $750 million to bolster college access and other supports for students. It will more than double funding for the college access challenge grant program to fund programs in every State that focus on informing students about college options and financing, increasing financial literacy and helping students persist from year to year and graduate.

While this legislation seeks to ensure increased access and success for all students, we intend for the Secretary to work with States to address the unique access issues faced by underserved communities, including: low-income individuals, individuals with disabilities, homeless and foster care youth, disconnected youth, nontraditional students, members of groups that are traditionally underrepresented in higher education, individuals with limited English proficiency, veterans, including those just returning from active duty, and dislocated workers.

The legislation also includes a continuation of funding for investments in historically Black colleges and universities, Hispanic-serving institutions, tribal colleges and universities, institutions serving Alaska and Hawaiian Natives, predominantly Black institutions, institutions serving Asian American and Pacific Islanders, and institutions serving Native Americans, first made under the College Cost Reduction and Access Act of 2007, recognizing the critical role these institutions play in serving the Nation's minority populations. Minority serving institutions educate more than half 58 percent, of minority undergraduate students. While Hispanic serving-institutions (HSIs) comprise less than 8 percent of colleges and universities nationwide, they consistently graduate approximately one-third of all Hispanic students with degrees in science, technology, engineering and mathematics. Similarly, even though historically Black colleges and universities only make up 3 percent of all colleges and universities they graduate 40 percent of African Americans with degrees in science, technology, engineering and mathematics. These schools also produce 50 percent of African-American teachers and 40 percent of African-American health professionals.

Concerning the servicing contracts with eligible not-for-profit servicers, this legislation recognizes that not-for-profit servicers play a unique and valuable role in helping students in their States succeed in postsecondary education and that students should continue to benefit from the assistance provided by not-for-profit servicers.

Including more high-quality servicers in the contracting process will increase competition amongst servicers and deliver better customer service for student borrowers. Under the bill, not-for-profit servicers will be allocated a minimum of 100,000 borrower loan accounts as a starting

point. The Secretary of Education has been given the authority to increase or decrease that volume based on factors that include capacity and customer service. With sufficient loan volume and competitive servicing rates, eligible not-for-profit servicers can individually or collectively generate sufficient revenue to continue the valuable services they provide to borrowers. Because of the significant increase in loan volume as all Federal loans are moved to the Direct Loan Program, additional servicing capacity will be needed and is provided for through the contracts provision. I encourage the Secretary to implement these provisions in a timely manner so that many local not-for-profit servicers will continue to play a role in the student loan program.

The Department of Education should use the not-for-profit servicers to increase competition and quality in the student loan programs. To ensure that occurs, the Department must hold not-for-profit lenders to the same high standards of quality, performance and integrity used for other Department of Education loan servicers. This bill would require that eligible not-for-profit servicers meet the same standards for servicing Federal assets as apply to all other servicing contracts under section 456. These standards relate to: information technology security; financial reporting; collection and payment processing by the Department of the Treasury; internal control management; and, Federal accounting practices and debt management. The standards are derived from a variety of statutory and other sources of guidance, including the Federal Information Security Management Act of 2002 (44 U.S.C. 3541 et seq.); the Privacy Act (5 U.S.C. 552a); the Federal Financial Management Improvement Act of 1996 (P.L. 104–208); the Debt Collection Improvement Act of 1996 (P.L. 104–134);the Federal Managers Financial Integrity Act (31 U.S.C. 3512); the Chief Financial Officers Act of 1990 (31 U.S.C. 901 et seq.); the ''Government Management Reform Act of 1994'' (P.L. 103–356); OMB Circulars A–123 (Management's Responsibility for Internal Control), A–127 (Financial Management Systems), and A–129 (Policies for Federal Credit Programs and Non-Tax Receivables); and the Treasury Financial Manual.

Critical amendments will be made in America's community colleges through one additional important program that is funded in the Finance Committee's title of this bill. Community colleges serve an instrumental role in both our education and workforce systems. They provide needed postsecondary education and job training, particularly to individuals and families hardest hit by difficult economic times. This includes workers eligible for training under the Trade Adjustment Assistance for workers program, individuals who are, or may become eligible for unemployment compensation, and other individuals who have been impacted by the economic and employment crisis. To ensure that these institutions have access to the resources they need to develop and improve educational and career training programs designed to meet the needs of the workers in the affected communities, the legislation directs the Secretary of Labor to award community college career training grants especially to struggling 2-year public community colleges, (as defined in section 101 of the Higher Education Act of 1965. As the legislation ensures that all States benefit from these resources with the inclusion of a State minimum, I also encourage that the Secretary strive to ensure a diverse geographical representation of community colleges in both urban and rural areas and to provide grants to both large and small community colleges. Finally, in order to ensure that these grants reach the institutions and students they are intended to serve, I encourage the Secretary of Labor to consult with the Secretary of Education in implementing grants provided under this program. I also remind the Secretary of Labor in implementing this program that community colleges are public 2-year degree-granting institutions of higher education that offer associate's degrees; or public 4-year institutions of higher education that offer associate's degrees, are not located reasonably close to a community college, and have an open enrollment policy for certificate or associate's degree programs; or tribal colleges or universities. This should be the universe of institutions awarded grants under the community college and career training grants program.

Mr. President, I ask unanimous consent to have printed in the RECORD a document entitled ''Constitutional Findings regarding the Individual Responsibility Requirement.'' Furthermore, in support of this document, I commend to my colleagues a list of the following studies and papers:

—http://www.cbo.gov/ftpdocs/99xx/doc9924/12-18-KeyIssues.pdf

—http://content.healthaffairs.org/cgi/content/full/27/5/w399

—http://www.familiesusa.org/assets/pdfs/hidden-health-tax.pdf

—http://download.journals.elsevierhealth.com/pdfs/journals/00029343/PIIS0002934309004045.pdf

—http://www.newamerica.net/files/NAF_CostofDoingNothing.pdf

—http://www.urban.org/UploadedPDF/411603_individual_mandates.pdf

—http://www.nber.org/papers/w13758.pdf

—http://content.healthaffairs.org/cgi/content/full/28/6/w1079

—http://www.cbo.gov/ftpdocs/107xx/doc10781/11-30-Premiums.pdf

—http://www.cms.hhs.gov/nationalhealthexpenddata/downloads/proj2008.pdf

—http://www.cbo.gov/ftpdocs/108xx/doc10868/12-19-Reid_Letter_Managers_Correction_Noted.pdf

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

CONSTITUTIONAL FINDINGS REGARDING THE INDIVIDUAL RESPONSIBILITY REQUIREMENT

The individual responsibility requirement provided for in the Patient Protection and Affordable Care Act, and amended by Section 1002 of the Health Care and Education Reconciliation Act, is commercial and economic in nature, and substantially affects interstate commerce in many ways, including as a result of the following aggregate effects:

(1) The requirement regulates activity that is commercial and economic in nature, involving the distribution and consumption of health care services throughout the national economy, and in particular economic and financial decisions about how and when health care is paid for and when health insurance is purchased. Some individuals currently make an economic and financial decision to forego health insurance coverage and self-insure, paying for charges for services directly to the provider and relying on uncompensated care. The decision by individuals not to purchase health insurance has many substantial effects on the national economy, the national marketplace for health insurance, and interstate commerce. Individuals who fail to purchase health insurance have a diminished capacity to purchase health care services, and increase overall health care costs. When such individuals inevitably seek medical care, the costs of that caremust often be paid for by providers, insured individuals and businesses through higher premiums, or Federal, State, and local governments. The requirement encourages prepayment for services, and affects an individual's decision whether or not to purchase health insurance by imposing penalties on individuals who remain uninsured. Congressional Budget Office, Key Issues in Analyzing Major Health Insurance Proposals, December 2008.

(2) The uninsured receive about $86,000,000,000 in health care, of which about $56,000,000,000 is uncompensated. Private spending on uncompensated care is $14,500,000,000, and includes profits forgone by physicians and hospitals. Government spending on uncompensated care is $42,900,000,000, and is financed by taxpayers at both the State and Federal levels. Jack Hadley et al., Covering the Uninsured in 2008: Current Costs, Sources of Payment, and Incremental Costs, Health Affairs, August 25, 2008.

(3) Health care received by the uninsured is more costly. The uninsured are more likely to be hospitalized for preventable conditions. Jack Hadley, Economic Consequences of Being Uninsured: Uncompensated Care, Inefficient Medical Care Spending, and Foregone Earnings, Testimony before the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, May 14, 2003. Hospitals provide uncompensated care of $35,000,000,000, representing on average 5 percent of hospital revenues. Health Affairs, August 25, 2008.

(4) Those who have private health insurance also pay for uncompensated care. Medical providers try to recoup the cost from private insurers, which increases family premiums by on average over $1,000 a year. Families USA, Hidden Health Tax: Americans Pay a Premium, May 2009.

(5) The decision to self-insure increases financial risks to households throughout the United States. 62 percent of all personal bankruptcies are caused by illness or medical bills, and a significant portion of medically bankrupted families lacked health insurance or experienced a recent lapse in coverage. David U. Himmelstein et al., American Journal of Medicine, Medical Bankruptcy in the United States, 2007: Results of a National Study, 2009.

(6) The national economy loses up to $207,000,000,000 a year because of the poorer health and shorter lifespan of the uninsured. Elizabeth Carpenter and Sarah Axeen, The Cost of Doing Nothing, New America Foundation, November 2008.

(7) A large share of the uninsured are offered insurance at low or zero premiums, but choose to forego coverage. New America Foundation, December 6, 2007. According to one estimate, the absence of a requirement from health reform would leave 50 percent of the uninsured without coverage. Linda J. Blumberg and John Holahan, Do Individual Mandates Matter?, The Urban Institute, January 2008. While generous subsidies alone would not achieve universal coverage, the requirement further expands coverage. Congressional Budget Office, December 2008. The requirement improves budgetary efficiency by significantly lowering the federal cost per newly insured. Jonathan Gruber, Covering the Uninsured in the U.S., National Bureau of Economic Research, January 2008. In Massachusetts, where a similar requirement has been in effect since 2007, the share of uninsured declined to 2.7 percent in 2009. Massachusetts Division of Healthcare Finance and Policy.

(8) By regulating the decision to self-insure, and expanding coverage, the requirement addresses the problem of free riders who rely on more costly uncompensated care, shifting costs to medical providers, taxpayers, and the privately insured. It will also reduce the cost to the national economy of the lower productivity of the uninsured.

(9) The requirement is necessary to achieve near-universal coverage while maintaining the current private-public system. It builds upon and strengthens private employer-based health insurance, which covers 176,000,000 Americans nationwide. In Massachusetts, a similar requirement has strengthened employer-based coverage: despite the economic downturn, the number of workers offered employer-based coverage has actually increased. Sharon K. Long and Karen Stockley, Massachusetts Health Reform: Employer Coverage from Employees' Perspective, Health Affairs, October 1, 2009.

(10) Under the Patient Protection and Affordable Care Act, if there were no requirement, many individuals would wait to purchase health insurance until they needed care. Higher-risk individuals would be more likely to enroll in coverage, increasing premiums and costs to the government. The Urban Institute, January 2008. The requirement will broaden the private health insurance risk pool to include healthy individuals, which will spread risk, stabilize the market, and lower premiums. Congressional Budget Office, An Analysis of Health Insurance Premiums Under the Patient Protection and Affordable Care Act, November 30, 2009. It is necessary to create effective private health insurance markets throughout the country in which improved health insurance products that are guaranteed issue and do not exclude coverage of pre-existing conditions can be sold.

(11) Administrative costs for private health insurance, which were $90,000,000,000 in 2006, are 26 to 30 percent of premiums in the current individual and small group markets. Congressional Budget Office, December 2008. The requirement is necessary to create effective private health insurance markets throughout the country that do not require underwriting, eliminating its associated administrative costs. By significantly increasing health insurance coverage and the size of purchasing pools, which will increase economies of scale, the requirement, together with the other provisions of the Patient Protection and Affordable Care Act, will significantly reduce administrative costs and lower health insurance premiums.

(12) Health insurance and health care services are a substantial part of the national economy. National health spending is projected to increase from $2,500,000,000,000, or 17.6 percent of the economy, in 2009 to $4,700,000,000,000 in 2019. Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Expenditure Projections, 2008–2018. Private health insurance spending is projected to be $854,000,000,000 in 2009, and pays for medical supplies, drugs, and equipment that are shipped in interstate commerce. Centers for Medicare & Medicaid Services, Office of the Actuary. Since most health insurance is sold by national or regional health insurance companies, health insurance is sold in interstate commerce and claims payments flow through interstate commerce.

(13) The requirement, together with the other provisions of the Patient Protection and Affordable Care Act, will add more than 30,000,000 consumers to the health insurance market. Congressional Budget Office, Patient Protection and Affordable Care Act, Incorporating the Manager's Amendment, December 19, 2009. In doing so, it will increase the demand for, and the supply of, health care services. According to one estimate, the use of health care by the currently uninsured could increase by 25 to 60 percent. Congressional Budget Office, December 2008.

(14) Under the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Patient Protection and Affordable Care Act, the Federal Government has a significant role in regulating health insurance. The requirement is an essential part of this larger regulation of economic activity, and the absence of the requirement would undercut Federal regulation of the health insurance market.

(15) Payments collected from individuals who fail to maintain minimum essential coverage will contribute revenue that will help the Federal government finance a reformed health insurance system that ensures the availability of health insurance to all Americans.

The preceding 15 points cite numerous studies and papers which illustrate the extensive evidence that the Patient Protection and Affordable Care Act, as amended by Section 1002 of the Health Care and Education Reconciliation Act, substantially affects interstate commerce. These citations are included as hyperlinks or in their written entirety for the record.

Mrs. HAGAN. Mr. President, today I rise in support of a bill that builds upon the health care reform legislation that was signed into law yesterday.

The new—and historic—law combined with the bill the Senate is now considering, will reform our health care system to reduce costs and improve patient care for North Carolina families and families across America.

In 1996, the average family premium was $6,000. Today it is $12,000. Without health care reform, premiums would skyrocket to $24,000 by 2016—or half of the average North Carolina family income.

Without reform, health care costs were projected to reach 20 percent of GDP, or $4.3 trillion, by 2017. This trajectory was simply unsustainable.

After decades of working to fix a broken health care system, President Obama yesterday signed into law a reform bill that controls exploding costs, increases access to health care and reduces our long-term deficit by as much as $1.2 trillion within 20 years.

By passing this bill, we will reduce the deficit, for a total savings of $143 billion by 2019.

In addition to containing costs, health care reform will improve access and quality of health care for millions of Americans. 1.7 million North Carolinians without insurance will now have access to a family doctor.

It will provide immediate benefits to small businesses, middle class families, and seniors in North Carolina.

While small businesses make up 98 percent of North Carolina's private sector employers, in 2008, only 38 percent offered health insurance.

Small business owners I talk to want to provide coverage for their employees, but costs are prohibitive. This month, I received an e-mail from a small chiropractic practice in eastern North Carolina that had to drop its health insurance plan for employees because rates were doubled over 2 years. Most of the practice's employees are young women under 30.

But starting today, 112,000 North Carolina small businesses will be eligible for tax credits to provide health care to employees.

Within the next 6 months, hard-working, middle-class families will be able to add their children up to age 26 onto their health plans. This will benefit about 877,000 young adults in North Carolina.

This year, insurance companies will no longer be able to deny coverage to a child for a preexisting condition, like asthma or diabetes.

Health care reform means people can access preventive care without being saddled with copays or deductibles. This includes well-child visits and seasonal flu immunizations.

I recently heard a story about a North Carolinian who, as a junior in college, had terrible stomachaches. But he could not afford a colonoscopy. He learned of his colon cancer too late for the doctors to save him. Health care reform means this young man would have had a chance.

Health care reform means people with chronic illnesses will no longer have to fear losing their insurance because of an arbitrary, insurance company-set lifetime cap.

And it means insurance companies will no longer be able to drop your coverage because you get sick or file too many claims.

Seniors also will see immediate benefits. In North Carolina, 1.4 million seniors will receive preventive services with no additional costs, and 247,000 seniors will have their drug costs in the ''donut hole'' immediately reduced and eventually eliminated.

I am proud of these immediate benefits and our efforts to reform the health care system for the long term.

This reform effort contains provisions that I have championed since coming to the Senate. In the United States, 23 million adults and children suffer from diabetes, and in North Carolina, diabetes costs our State $5.3 billion per year in medical interventions, lost productivity, and premature mortality.

Given these dire numbers, I added to the health care reform bill the second

piece of legislation I introduced as a U.S. Senator—The Catalyst to Better Diabetes Care Act. The Senator from Texas, Mr. CORNYN, cosponsored the bill last July. It creates a national and State-by-State level diabetes report card to track progress at beating the disease. It also requires the promotion of physician education on properly completing birth and death certificates, and requires that recommendations be made on appropriate levels of diabetes medical education that should be completed prior to medical licensing and board certification.

I also worked with the Senior Senator from Colorado, Mr. UDALL, to add a section to health care reform to improve access to health care in rural areas. The section we added will help medical schools establish programs designed to increase the number of graduates who practice in rural areas. It will give schools resources to recruit students from rural areas who have an interest in practicing medicine in their communities, and it provides for additional training in pediatrics, emergency medicine, obstetrics and behavioral health.

I also want to take this opportunity to discuss how the bill the Senate is currently considering will help make college affordable for our families.

One of the most significant provisions for our students in this legislation is the over $2.5 billion investment over the next 10 years in historically Black colleges and universities.

There are 10 outstanding HBCUs in North Carolina. HBCUs graduate 40 percent of African Americans with degrees in science, technology, engineering and mathematics; 50 percent of African-American teachers; and 40 percent of African-American health professionals.

North Carolina A&T, an HBCU in my hometown of Greensboro, graduates more African Americans with PhDs in engineering than any other school in the country.

This is a milestone week for the State of North Carolina. I am working with my colleagues to send this bill to the President's desk to further reduce costs for North Carolina's families and small businesses.

This health care reform effort would not have been possible without the work of some tenacious Capitol Hill staff, and I want to personally thank my two incredible health care staffers, Michelle Adams and Tracy Zvenyach, who worked countless hours for reform in our country.

Mr. CARDIN. Mr. President, I rise today in full support of the Health Care and Education Affordability Reconciliation Act of 2010. I assert that the investment we make in education with this bill is an investment in America's economic future.

For too long, we have allowed America to lag behind other nations in education, specifically in the number of college graduates we produce. No more. Now is the time to train our workforce to compete in the global economy. Now is the time to provide affordable, accessible, quality educational opportunities so that America will shine as a beacon of ingenuity and prosperity once again. This bill answers the call by making college more affordable and accessible.

Perhaps most significantly, the bill invests in and protects the Pell grant scholarship. It provides $36 billion over 10 years for this program which allows so many to attend college who would not otherwise have the opportunity. This includes funding to cover a shortfall due to demand. The failing economy has spurred a dramatic increase the number of those students who are eligible for Pell grants. In 2007, there were 5 million Pell grant recipients. In 2009–2010, there were 8.3 million. The bill also provides an increase in the maximum annual award which will ultimately be indexed to the Consumer Price Index and thus linked to increases in the cost of living.

In Maryland, over 85,000 students depend on Pell grants to help them attend college. With the additional funding, that number is expected to rise to 100,000. That is 15,000 additional students who have the opportunity to share in the American dream! Students like Morris Johnson from Baltimore. Morris is a double major in sociology and communications at Goucher College with a 3.5 grade point average. Morris credits those who believed in him and his academic promise for keeping his dream of attending college alive. But without financial aid, including a Pell grant, that dream would have been out of reach.

For those who find it necessary to borrow to finance their education, the bill solidifies a mechanism for obtaining high-quality student loans. The direct loan program is a reliable lender and cost-effective mechanism for taxpayers. Beginning in July of this year, all new student loans will be originated through the direct loan program. This will bring an end to the costly federally-guaranteed student loan program that generated billions of dollars in subsidies for banks—at the expense of additional financial aid for more deserving students. Instead, direct loans will be serviced by contracted private lenders. Further, direct loans can only be serviced in the United States, thereby preserving American jobs.

The bill also makes it easier for new borrowers after 2014 to repay Federal loans by lowering the existing cap on monthly Federal student loan payments from 15 percent to 10 percent of discretionary income. The legislation provides $1.5 billion for this income-based repayment program.

Just paying for college, however, isn't enough. We need to make sure our students succeed in college and graduate. To that end, the bill supports additional key investments:

The bill dramatically increases funding for the College Access Challenge Grant program. This program funds innovative financial literacy and retention projects. This will increase the number of low-income students who are adequately prepared for the financial challenges of paying for college and related expenses.

The bill underscores the role of minority-serving institutions in educating the Nation's low-income and minority students by providing $2.5 billion to support these institutions. This funding represents a significant investment in Maryland where we have four outstanding Historically Black Colleges and Universities. The bill also recognizes the role of community colleges and provides $2 billion for a competitive grant program to develop and improve career training programs.

I said the time for making college more accessible and affordable has come and I believe that. But we also have to be fiscally responsible. This bill is both. It makes historic investments in Federal financial aid and yet comes at no cost to the taxpayers. This is possible by switching all Federal loans to the direct loan program. Doing so saves taxpayers a huge amount in subsidies that were going to the banks. According to the Congressional Budget Office, this savings will amount to $61 billion over 10 years. Even with the improvements, these education provisions in the legislation will reduce the deficit by $10 billion over 10 years, at least.

The education provisions in this legislation make college more affordable and accessible. It's necessary for America's students and for America's future.

Ms. MIKULSKI. Mr. President, I am proud today to support the student loan reform provisions in the Health Care and Education Affordability Reconciliation Act of 2010. I've said this often, we in this country enjoy many freedoms: the freedom of speech, the freedom of the press, the freedom of religion. But there is an implicit freedom our Constitution doesn't lay out in writing, and its promise has excited the passions, hopes, and dreams of people in this country since its founding. The freedom to take whatever talents God has given you, to fulfill whatever passion is in your heart, to learn so you can earn and make a contribution—the freedom to achieve.

When I was a young girl at a Catholic all-girls school, my mom and dad made it clear they wanted me to go to college. But, right around graduation, my family was going through a rough time because my dad's grocery store had suffered a terrible fire. I offered to put off college and work at the grocery store until the business got back on its feet. My dad said, ''Barb, you have to go. Your mother and I will find a way because no matter what happens to you, no one can ever take that degree away from you. The best way I can protect you is to make sure you can earn a living all of your life.'' My father gave me the freedom to achieve. And the provisions in this bill will give millions of

Americans that same freedom without adding a dime to the deficit.

For too long, banks have gotten a free ride from the U.S. Department of Education by offering federally guaranteed student loans. The provisions in this bill will stop wasteful and unnecessary subsidies to lenders and put that money where it is needed most—in students' pockets. By reforming the Federal student loan program, we will save over $60 billion in the next 10 years. Many of those savings will go to increase the Pell grant, which has made college a reality for students of modest means for nearly half a century. But we also make critical investments in institutions that help our most underserved students: community colleges and Minority Serving Institutions, particularly Historically Black Colleges and Universities, HBCUs.

I have fought alongside my colleagues for years to increase funding for these programs and there was a point where Democrats had to fight tooth-and-nail just to keep Pell funding from being cut. Now we are in a position where we can guarantee increases in the Pell grant, which helps more than 90,000 students in my home State of Maryland. My colleagues have spoken eloquently about the importance of the much-needed investments in this bill, but I would like to take a moment to highlight the investments in HBCUs. I am the only senior Democrat on the HELP committee that has HBCUs in their State, and I have been a long-standing champion for these schools in both my work as an authorizer on the HELP committee and as an appropriator through my chairmanship of the Commerce, Justice, and Science Appropriations Subcommittee.

I am proud that Maryland has four public HBCUs which provide an incredible benefit to African-American students and the communities they serve. Few people know, but HBCUs produce nearly a quarter of our Nation's African-American public school teachers. They also produce almost 40 percent of African-American graduates in physics, math, biology, and environmental sciences.

Some of my colleagues might argue that HBCUs shouldn't be getting Federal funding based primarily on the racial makeup of their student bodies and, further, that there is no longer any place for these institutions in this day and age. What I would tell them is that Congress has been providing direct Federal support for HBCUs for more than 50 years mainly for two reasons. First, Congress recognizes the historical and cultural importance of HBCUs and their benefit to students who are often the first in their families to go to college. Second, the emergence of these institutions was a direct result of Federal action permitting the segregation of students in public education based on race.

During those dark days, HBCUs were often the only pathways to college for African Americans; they were able to open the doors of opportunity that were so often shut. But these institutions are historically under-resourced, and their students are by and large underserved. For that reason they have had to fight for representation, respect, and recognition since they were established. They've had to urge lawmakers to act ''now'' on behalf of their students when so many have told them to ''wait.'' So I am here to make sure that the more than 20,000 students at Maryland's HBCUs get the resources they deserve by supporting the $850 million investment in HBCUs over 10 years enabled through this reconciliation bill. Maryland is slated to get $65 million, and I am confident that the presidents of Morgan State University, Coppin State University, the University of Maryland Eastern Shore, and Bowie State University will be good stewards of this landmark Federal investment.

Our work isn't done when it comes to equity in access for higher education, but this bill helps us get there.

Mr. KAUFMAN. Mr. President, after decades of efforts and a year of extensive debate, Americans will finally have a health care system that controls costs, reduces the deficit, improves access, adds more protections for seniors and curbs insurance company abuses. The President has signed meaningful health care reform into law that will extend immediate benefits to millions of American families and small businesses.

In implementing this comprehensive legislation, the Department of Health and Human Services will be called upon, as will other Federal agencies, and the States, to make assessments in a variety of contexts as to whether the marketplace is functioning properly, or whether abuses are occurring. In making these assessments, and in deciding on appropriate steps to address any abuses or dysfunction, the Federal agencies and the States can benefit greatly from competitive analysis provided by the Department of Justice's Antitrust Division and the Federal Trade Commission.

One example where this advice would be particularly beneficial is in implementing the mandate to establish State and/or regional health exchanges. At present, many State health insurance markets are characterized by their extreme concentration. According to the American Medical Association, in 2007, at least one insurer had a combined HMO/PPO market share of 50 percent or greater in 64 percent (200) of the local markets (or Metropolitan Statistical Areas) of the United States. And the two top insurers accounted for at least 60 percent of enrollment in almost 75 percent of these markets. High concentration and barriers to entry reduce price competition and customer choice.

The law just passed contains an antitrust savings clause, which clarifies that Congress did not intend health care reform to erode the reach of the antitrust laws in any way. To restore true competition however, more than a savings clause is needed.

I am pleased that the law vests in State exchange regulators the power to address competition failures in the market, including the root causes of industry concentration. This means curbing anticompetitive practices designed to keep prices high and choices low, and also encouraging new market participants by mitigating barriers to entry. Obvious market abuses, such as tying agreements, predatory practices and the like, must be stopped. But success also requires that the regulators get the more delicate issues right: does a preferred rate agreement constitute a de facto boycott? Will a regulation or exchange adversely impact the ability of a new participant to gain public trust? How does a proposed rule impact the ability of young insurance companies to develop a comprehensive network of health care providers?

These are difficult questions and we should not expect State regulators to develop an expertise in them overnight. But our Federal antitrust agencies, have, through years of experience, developed just this expertise. I urge the exchange regulators, as well as the Department of Health and Human Services and other responsible agencies, to make full use of their assistance.

Mr. NELSON of Florida. Mr. President, I rise today in support of two amendments, S.A. 3574 and S.A. 3575, offered by the junior senator from Florida. I am concerned the student loan reforms in the bill will lead to a substantial loss of jobs in my State. That is why I recently led a group of six Senators in asking Majority Leader REID to consider alternative ways to reduce the cost of student loans. Unfortunately, that has not happened. The provisions in this bill could prove detrimental to thousands of employees who serve in the student loan industry throughout this country, about 700 who are located in Panama City, FL. Therefore, Mr. President, I urge the Senate to pass this amendment.

Mrs. FEINSTEIN. Mr. President, I rise in support of the education provisions in the reconciliation legislation that reforms Federal student loan programs and will help our Nation's neediest students afford college by providing $35.5 billion for the critical Pell grant program.

Nearly 700,000 students in California right now receive Pell grants of up to $5,550 out of over 8 million students nationwide. The majority of these students come from families where the average income is less than $40,000.

The Pell grant funds in the bill will help prevent cuts to students' grants of up to 60 percent and prevent nearly 600,000 students from losing their grant entirely.

It will also help 63,000 more students in California receive a Pell grant so they can afford to go to college during this tough economic time.

Specifically, the legislation will allow the current Federal Direct Loan

Program, backed by the U.S. Treasury, to be the sole originator of all federal student loans; save $61 billion over 10 years by eliminating the Federal Family Education Loan Program, FFELP, which provides unnecessary subsidies to private lenders and banks for originating student loans.

Of the $61 billion in savings, it directs $10 billion to help reduce the Federal deficit, and the remainder towards important education programs, such as $35.5 billion for Pell grants to help students afford college; direct $22.5 billion of the total $35.5 billion in new Pell Grant funds to increase the maximum award amount—from the current $5,550 to about $6,000 to help with rising college costs.

The economic downturn has resulted in increased enrollment at colleges and universities, and increased eligibility in Federal student aid, with the number of Pell grant recipients increasing by 1 million students in the past two years alone.

In my home state of California, these important provisions are supported by the University of California, UC, California State University, CSU, and California's public community college system—which together serve approximately 500,000 Pell grant students.

I urge my colleagues to support these provisions that are critically important to our Nation's students.

PUERTO RICO

Mr. MENENDEZ. Mr. President, I want to thank the chairman and his staff for taking the time and effort to ensure the 4 million residents in Puerto Rico are treated fairly in our health care system.

Throughout my time in Congress, first in the House, and now here in the Senate, I have worked to see the people of Puerto Rico are not forgotten. The health care reform package we are debating today has several outstanding provisions for Puerto Rico. It is an example of the good we can do for its nearly 4 million U.S. citizens—who pay Social Security and Medicare taxes.

But there is one issue I want to raise and that is the Medicare Advantage program on the island. Approximately 83 percent of the eligible Medicare beneficiaries in Puerto Rico participate in Medicare Advantage, compared to 25 percent in the States. This can be tracked to the fact that eligible seniors in Puerto Rico are not automatically enrolled in Medicare Part B when they turn 65. As a result, it is more beneficial for seniors in Puerto Rico to enroll in Medicare Advantage to receive all of their Medicare services.

However, the fee-for-service, FFS, cost calculation for Puerto Rico is inaccurate and under counts expenditures per Medicare beneficiary. Last year the Medicare Payment Advisory Commission, MedPAC, alerted Congress to this and recommends that the Centers for Medicare & Medicaid Services, CMS, should expeditiously use its authority to employ an alternative calculation method . . .'.

The fee-for-service cost calculation is important because it will soon be the basis for Medicare Advantage rates throughout the country and Puerto Rico. I strongly believe CMS should take a look at the under count. If there is validation that the FFS expenditures are too low, I believe the HHS Secretary and CMS should use current authority and adjust the calculations appropriately.

I am asking HHS and CMS to look at the under count because there is a very real chance we could do harm to Medicare Advantage in Puerto Rico if we don't get the FFS costs accurate. I hope the chairman agrees with me.

Mr. BAUCUS. I thank the Senator for bringing attention to this issue. He is a true champion for Puerto Rico and a constructive member of the Finance Committee.

I share his concern about the possible under count of fee-for-service costs in areas like Puerto Rico. That is why we included a provision in the Medicare Improvements for Patients and Providers Act of 2008 to have MedPAC study the accuracy of the calculation and report to Congress. As he points out, MedPAC recommends that CMS alter the FFS cost calculation so that such under counts do not exist, particularly in areas like Puerto Rico where Medicare Advantage provides benefits to over 80 percent of its seniors.

I strongly agree with him that CMS should promptly use its authority to correct any and all under counts that might exist in areas like Puerto Rico. The island has unique circumstances that could affect Medicare expenditures and spill over to Medicare Advantage. Moving forward I will continue to work with the Senator closely to monitor and correct this issue as expeditiously as possible.

Mr. MENENDEZ. I thank the Chairman for his leadership and commitment on this issue.

PEOS

Mr. NELSON of Florida. Mr. President, I would like to ask the chairman of the Committee on Finance and its ranking member a question on the application of the legislation to Professional Employer Organizations or PEOs.

As they know, there are millions of individuals throughout our country who are working for small businesses which are in PEO arrangements. The clear objective of this legislation is to create incentives for health care coverage and not to provide disincentives. I would like the chairman to clarify that, for purposes of the application of section 2716 of the Public Health Service Act (Prohibition on Discrimination in Favor of Highly Compensated Individuals) and for purposes of Internal Revenue Code sections 45R (Credit for Employee Health Insurance Expenses of Small Businesses) and 4980H (Shared Responsibility for Employers), to any health plans sponsored by a Professional Employer Organization, PEO, or a PEO client organization, the rules would be applied to each client organization separately and eligibility for the small business tax credits and employer shared responsibilities would also apply to each client organization separately, and not at the PEO level.

Mr. BAUCUS. If the individual providing services to the PEO client organization pursuant to the PEO arrangement continues to be an employee of the PEO client organization, the Senator from Florida is correct.

Mr. GRASSLEY. I agree with the chairman.

Mr. BAUCUS. Mr. President, I want to talk a moment about one of the only retroactive tax provisions in the Patient Protection and Affordable Care Act, Section 9016. This one deals with the special deductions given to the many nonprofit Blue Cross Blue Shield organizations which are no longer exempt from Federal income tax.

Under section 833 of the Internal Revenue Code, these organizations receive a 25 percent deduction for claims and expenses and an exception from the—otherwise applicable—20 percent reduction in the deduction for unearned premium reserves. Effective January 1 of this year, these non-profit Blue Cross Blue Shield organizations must now meet a medical loss ratio of 85 percent or higher in order to take advantage of the tax benefits of section 833. This provision was included to ensure that recipients of this special deduction actually spend out most of their premium income on the people they insure and not on administrative fees or executive compensation.

But I want to clarify two issues here. First, it was our intention that, in calculating the medical loss ratios, these entities could include both the cost of reimbursement for clinical services provided to the individuals they insure and the cost of activities that improve health care quality. Determining the medical loss ratio under this provision using those two types of costs is consistent with the calculation of medical loss ratios elsewhere in the legislation. This determination would be made on an annual basis and would only affect the application of the special deductions for that year.

Second, it was our intention that the only consequence for not meeting the medical loss ratio threshold would be that the 25 percent deduction for claims and expenses and the exception from the 20 percent reduction in the deduction for unearned premium reserves would not be allowed. The entity would still be treated as a stock property and casualty insurance company.

It is my understanding that the Joint Committee on Taxation scored this provision consistent with the policy I just outlined. We intend to clarify these two issues in a technical corrections bill as soon as possible.

Mr. President, I want to speak concerning the accounting treatment of one of the tax provisions that passed in the Patient Protection and Affordable

Care Act, Section 9008, and that is proposed to be modified in the Health Care and Education Reconciliation Act. This deals with the annual fee on pharmaceutical manufacturers which, as passed, is to go into effect this year. It is our hope that Congress will delay the implementation of this fee by 1 year, to 2011, by passing the reconciliation bill which we are discussing today on the floor. This will give the government reporting agencies more time to establish systems to report the drug sales to the Secretary of the Treasury as required by health care reform.

As a reminder of how the fee works: our legislation sets an aggregate, annual fee that is to be apportioned among the relevant companies based on their market share of branded U.S. prescription drug sales made to or funded by specified government programs. The U.S. Treasury will allocate this annual fee to each company based on its relative market share for the prior year.

Now, we understand that there have been questions about the nature of this fee that are affecting how the fee should be treated for accounting purposes. It was our intent that the fee is assessed in the year that it is due. A fee is assessed on an entity in any given calendar year only if the entity is engaged in the business of manufacturing or importing branded prescription drugs and has sales to the specified government programs in that calendar year. The reference in the legislation to sales for the preceding calendar year is for the sole purpose of providing the method of calculating market share. It would be difficult to calculate market share and impose and collect the fee in the same year, so we decided to look back to a completed year as a proxy of market share. But it is not intended that a manufacturer or importer would be assessed an annual fee in a calendar year in which it had no branded prescription drug sales to the government programs. This is regardless of whether the manufacturer or importer had any relevant sales in the preceding year.

As an example, suppose a pharmaceutical company made sales in 2011 but in November 2011 shut down its U.S. operations and had no further sales to the specified government programs. In 2012, that pharmaceutical company would not be subject to the fee. Instead, the 2012 aggregate fee would be allocated among those companies selling drugs in 2012 to the specified government programs.

These same accounting questions may also be raised under the annual fee on health insurance providers—section 9010 of the Patient Protection and Affordable Care Act, as amended. On these issues, our intent as to the treatment of the fees is the same.

We anticipate that the Secretary of the Treasury will provide guidance on how to determine the fees in situations involving mergers, acquisitions, business divisions, bankruptcy, or other situations where it may be difficult to account for sales taken into account in determining market share. We intend to work with the IRS and the affected groups to further clarify the law consistent with the policy I have just outlined.

The PRESIDING OFFICER. The Senator from Montana.

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

The PRESIDING OFFICER. There is 1 minute 48 seconds remaining.

Mr. BAUCUS. First, I thank all of my colleagues on both sides of the aisle. This has been a very civil discussion, very heartfelt feelings on both sides, and I appreciate that.

Let me also say it is interesting that this is the first time in recent memory that a reconciliation bill has all amendments on one side only. These are clearly amendments designed to kill the reconciliation and therefore kill health care reform. So I very much hope that all of these amendments are defeated.

I note there are 23 amendments pending. It is going to take 7 or 8 hours, hopefully less. There will be many more amendments offered tonight. It is our expectation that we will continue voting on all amendments until we finally vote on all amendments and we can get reconciliation passed, and therefore all of the measures surrounding health care reform will be enacted and we can proceed.

Mr. GRAHAM. Mr. President, I rise today with great disappointment in both the substance and process of this legislation.

We should be working from a long held medical premise; first, do no harm. Instead, Americans know this government takeover of the health care system is bad and the tactics that have been used to do it are even worse. The policies contained in the recently passed health care bill combined with this reconciliation package will raise costs, lower the quality of care in our country, shift a new unfunded mandate onto the States, and will result in health care rationing.

The reasons Democrats passed this bill on a party-line vote in the Senate on Christmas Eve and late this past Sunday night in the House are because of a slew of backroom deals and arm twisting to buy up last minute votes. Now we take up the reconciliation bill to remove some of these deals so the President can claim to have clean hands.

There are many other reasons to oppose this bill, aside from the unsavory deals made to secure its passage. In both its scope and reach, the combination of health care legislation and reconciliation is unprecedented. It raises $644 billion in taxes and cuts $525 billion from Medicare. The Democrats' bill contains accounting gimmicks that would make Bernie Madoff proud.

The Congressional Budget Office found that savings generated from Medicare will not be reinvested in the program, but rather will be used to pay for new programs, putting even more strain on the long-term viability of Medicare.

There is no guarantee this plan lowers health care costs for consumers. What is sure is that 80 percent of Americans will find themselves in some form of government-run, government-controlled health care. The remaining 20 percent will soon be asked, if not required, to follow.

Historically, large-scale social legislation has passed with great bipartisan support. Social Security legislation passed in 1935 with 77 bipartisan votes. Medicare passed with 68 votes, and the Americans with Disabilities Act passed with 76 votes. Never before have we acted in a manner that would affect one-sixth of our economy on the whims of a single political party. The combination of tactics used to pass the health care bill and amend it through reconciliation moves us into uncharted territory.

Even previous budget reconciliation measures cited by my colleagues on the other side have passed with large, bipartisan margins. The law that created the COBRA insurance program, often cited by my friends, achieved final passage in the Senate on a voice vote in 1985. In addition, welfare reform was supported by 78 Senators and SCHIP passed the Senate with a whopping 85 votes.

While there are a number of things that Republicans and Democrats agree on when it comes to reforming the health care system, Democrats have chosen to pursue a winner take all strategy that leaves them in the position of having to clean up a messy bill through the process of reconciliation. They have adopted a hard-line ideological approach and continue to push a plan that will put us one giant step closer to the single-payer government run health care system they have long desired.

Speaking of a federal takeover; if you want a federal takeover of the student loan industry, then your ship has come in. Every student in the country who needs to borrow money for college will now have to come to the Federal Government for a loan, which will make the United States Department of Education one of the Nation's largest banks. A portion of the proceeds from these loans, about $9 billion, will then be used to finance new health care spending instead of being put back into education programs. Students will be caught in the middle in terms of health care financing. Not only will their loan interest go to finance an unpopular health care proposal, but they will be paying higher taxes when they graduate and get a job.

I am afraid that by dealing Republicans out of the game, Democrats have done great harm to comity in the Senate. I have never hesitated to work across the aisle on tough issues and try to reach consensus. After this maneuver, I fear that bipartisanship may be a

thing of the past for the foreseeable future. While there may have been the chance to work together on important topics, I believe Republicans must now pursue a strategy of repeal and replace. Repeal this damaging legislation and replace it with programs that promote fair tax treatment of health care, encourage innovation, reward wellness, and help those in need.

I will be voting against this reconciliation bill because I believe that combined with the recently passed health care bill, it will do more harm than good for health care and higher education in America.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. GREGG. How much time do we have on our side?

The PRESIDING OFFICER. There is 4 minutes remaining.

Mr. GREGG. Mr. President, a lot has been talked about here. A lot has been discussed. I don't want to get in an expansive discussion of the issue of the underlying bill. It has been fully aired. But this concept to vote down every amendment, that you have to do that in order to save this bill, seems to reject the concept of a constitutional process.

Think about this for a moment. The whole series of amendments here are being offered to fulfill the statements made by the President of the United States. For example, Senator MCCAIN has offered an amendment to take out the sweetheart deals. The President said the sweetheart deals would be taken out. Senator BARRASSO has offered an amendment which says that if premiums go up, certain parts of this bill will not go into force. The President said premiums will not go up on working Americans. Senator CRAPO has offered an amendment which says that if there are taxes on people earning less than $200,000, those taxes won't go into force. That is what the President promised. I have offered an amendment which says that if there are Medicare cuts in this bill, the cuts should go to Medicare and make Medicare more solvent—a promise also made from the other side of the aisle.

All of these are amendments which are substantive and the purpose of which is to put forward the policies which the other side of the aisle represented they were going to have in their original bill. This is called the fix-it bill. Well, we are suggesting you fix it so it meets the conditions set out by the President and by the Democratic leadership. Yet now we hear that every amendment should be voted down. Why? Because the idea of sending the bill back to the House is anathema to the Democratic Party. Did I miss something? Isn't the House of Representatives controlled by the Democratic Party with a supermajority? You mean they couldn't survive the idea of knocking out the sweetheart deals, sending it back to the House, and coming back here? That is going to somehow fundamentally undermine this bill? That argument is absurd on its face. It is absurd on its face.

I think the only answer is that the other side of the aisle has decided to proceed on this bill in a most arrogant process. From the beginning of the core of this bill being put together in a hidden room behind a hidden room behind a hidden door of the majority leader's office suite, brought to this floor on a Saturday afternoon, the tree was filled and we were told we had to vote on it on Christmas Eve. No amendments were allowed. Then it was taken over to the House, and the Speaker worked out the deals in the back rooms of her offices behind hidden doors without any public input, without C–SPAN there, as was represented it would be. And what happened? It passed the House without any amendments being allowed.

Now, for the first time, we have a chance to offer amendments, and the position on the other side of the aisle is no amendments allowed even if they are good amendments.

So, I guess, obviously, they consider their promises to be an inconvenience. Obviously, they presume the Republican Party is an inconvenience. The Democratic process is an inconvenience. It also appears, considering the opposition to this out in America, that the American people are an inconvenience and that amendments which make sense aren't going to be allowed to be passed because they don't want to send it back to the House of Representatives. It makes no sense to me, and I don't think it is going to make much sense to the American people.

This bill is fundamentally flawed. It needs to be repealed and it needs to be replaced. We have suggested a whole series of amendments which will significantly improve this bill, and I hope some will be supported by the other side of the aisle since they are the policies of the other side of the aisle.

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

Mr. BAUCUS. Mr. President, make no mistake——

Mr. GREGG. Mr. President, point of order. Is there time remaining on the bill?

The PRESIDING OFFICER. There is 53 seconds remaining for the majority.

Mr. BAUCUS. Mr. President, make no mistake, the intent of every single one of the amendments offered on the other side of the aisle is to kill health care reform. That is the sole purpose of each of those amendments. That was the sole purpose of the amendments in the Finance Committee last year—to kill health care reform. It was the sole purpose in the HELP Committee, except for a few benign amendments—to kill health care reform. It was the sole purpose on the floor of the Senate when we took it up. Every amendment was to kill health care reform.

A Senator on the other side of the aisle stood up and said that this is hopefully the President's Waterloo. They want to kill health care reform. It is clear they want to kill health care reform.

The other side has said repeatedly in campaign statements in the other body that they want to repeal health care reform. They have orchestrated legislatures to repeal health care reform.

Each amendment offered here is intended to kill health care reform, and that is why each amendment should fail.

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

Mr. REID. I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. REID. Mr. President, I direct this comment through the Chair to my distinguished colleague, the Republican leader. All time has expired. Under the rules in the Senate, we start our vote-athon now, as the Republican leader knows. I would ask my friend, is it the desire of the minority that there be time before each amendment and a response to that?

Mr. MCCONNELL. Yes. I would say to my friend the majority leader, since the voting will all occur during the so-called vote-arama, if we could have a minute or so before each amendment simply to describe what it is, that would be helpful.

Mr. REID. Mr. President, I say again through the Chair to my colleague and those Members of this body, we do not have to agree to 1 minute, but we want everyone to understand we have tried to be as fair as we can through this whole process. There are some who said: Why should we waste—there would be 43 minutes or 46 minutes. I think there are 23 amendments pending, so that would be 46 minutes. But we want to be fair. In recent years, we have agreed by unanimous consent to have 1 minute to explain the amendment and 1 minute to disagree with the amendment. I think that is the appropriate thing to do. We want to make sure everyone is treated fairly.

But I alert everyone: The Chair is going to enforce—we are not waiting for the Parliamentarian—the Chair is going to enforce that to the letter of the law. Every time the Presiding Officer is here, there will be 1 minute—if this consent agreement is agreed to—there will be 1 minute to explain the amendment and 1 minute to disagree with the amendment.

Mr. MCCONNELL. Would my friend yield for an observation?

Mr. REID. Yes.

Mr. MCCONNELL. Even though allowing that, as the majority leader suggested, is certainly optional, it has been the custom of both sides, when we have been in these vote-arama situations in the past, to allow the time on

each side, and I appreciate the willingness of the majority leader to do that.

Mr. REID. Mr. President, I ask unanimous consent, as I directed, or asked, that there be 1 minute to explain the amendment and 1 minute to disagree with the amendment.

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

Mr. REID. Mr. President, I also ask unanimous consent that after the first amendment, on which we will do our normal 15 minutes with 5 minutes of time after that, all votes thereafter be 10 minutes. I ask unanimous consent that prior to each vote there be 2 minutes of debate equally divided and controlled in the usual form; that upon use or yielding back of that time, the Senate proceed to vote in relation to the amendments and the motions in the order they have been offered—I think that is the fair way to go so we are not trying to catapult over other amendments people may have offered at an earlier time—with no intervening amendments or motions in order prior to a vote; further, that after the first vote in this sequence, the succeeding votes be limited to 10 minutes each.

The reason I suggest 10 minutes is I have been told by Senator MCCONNELL and others they want an opportunity to offer amendments, and this will maybe allow them to offer a few more.

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

Mr. REID. Mr. President, I also note that with just the amendments that have been proposed, if we are fortunate, it will probably take 9 hours or so, maybe more than that, to get rid of those. There will be continuous votes without any breaks. We are not going to have any breaks unless something untoward happens. Senators should be advised that they should remain close to the floor during this process. If people are not here at the end of the time, we are going to close it up. We need to move on. We have other things we have to do prior to the recess. I have to work with the Republican leader. It has taken an enormous amount of time to do this. Everybody stay here. It works a lot better if my colleagues stay close to their seats and, hopefully, we will have an orderly process as much as possible during the vote-arama.

The PRESIDING OFFICER. The minority leader.

Mr. MCCONNELL. Mr. President, I am going to take a few minutes of my leader time before we begin the vote.

The PRESIDING OFFICER. The leader has that right.

Mr. MCCONNELL. Mr. President, the administration and some in Congress wish this debate to be over. They want the American people to sit down and quiet down. That has been their approach to health care for an entire year.

Well, Republicans think Congress serves the people, not the other way around.

We have fought on behalf of the American people this week, and we will continue to fight until this bill is repealed and replaced with commonsense ideas that solve our problems without dismantling the health care system we have and without burying the American dream under a mountain of debt.

That is what we have been doing all week in the Senate. While Democratic lawmakers and staffers threw a party for themselves at the White House yesterday, Republicans were here at the Capitol fighting a 150-page postscript that Democrats added at the last minute to the health care bill. This add-on took a terrible health spending bill and made it even worse.

If you thought the tax hikes in the original bill were bad, this bill raised them even higher. If you thought the Medicare cuts were bad, this bill made them even deeper. If you thought the first bill cost too much, this bill made it even more expensive. If you did not like the special deals in the first bill, they slipped more into this one. The whole thing was one last slap in the face of Americans across the country who have been howling at Democrats for the past year to stop this bill and to work instead across party lines on reforms that would actually drive costs down.

Today Republicans will give Democrats one last chance to reject the horrible impact the underlying bill and this last-minute add-on will have on our country. Unfortunately, we already know that they plan to turn the other way.

We will offer an amendment to direct the Medicare cuts in this bill back into Medicare, to preserve and strengthen it for future generations. They will reject it.

We will offer an amendment to strike all the new sweetheart deals in this bill. They will reject it.

We will offer an amendment that would have obliged the President to keep his pledge that families earning under $250,000 will not see any tax hikes as a result of this bill. They plan to reject it.

We will offer an amendment requiring HHS to certify that this bill does not increase premiums. They will reject it.

We will offer an amendment to strike a job-killing mandate on business. They will reject it.

While the White House is trying to sell this health spending bill to a skeptical public, Senate Democrats today will speak loudly and they will speak clearly about the things in this bill the White House does not want people to know and vote to endorse them: massive cuts to Medicare for seniors; job-killing mandates and business tax hikes; higher insurance premiums; sweetheart deals; tax hikes on middle-class families. This is the real story of health care reform.

Americans may not be hearing about it from the White House, but I assure you, they will be feeling the pain. Americans know this and they want to know that somebody is fighting for them in Washington to make their voices heard. That is what Republicans have been doing on this issue for the past year. That is what we have been doing this week. That is what we will be doing tonight. And that is what we will keep doing until those voices are heard. We are not giving up.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, USA Today-Gallup reported that the people of America, the citizens of America, favor what we did by a score of 49 to 40. That is a pretty significant majority. People support this legislation. Why? Because they are tired of being treated by the insurance industry the way they have been treated.

My friend talks about the mountain of debt of this bill. We have rules and guidelines in this body, in this Congress, and one of them is we have an independent body that has been set up, not by Republicans, not by Democrats, but by us. It is independent. It is not partisan. That agency, the Congressional Budget Office, determined this bill over the first 10 years will save about $140 billion; over the next 10 years, $1.3 trillion. This is make-believe they talk about all these things that are going to cost so much—$1.3 trillion.

I also have to comment on this. My friend, the Republican leader, talks about how hard they were working yesterday when we were at a 45-minute meeting at the White House while the President made history signing for the first time in 100 years major health care reform in this country. They were working so hard here. They were working so hard today that they refused to let committees meet to hold sensitive, important hearings for our country.

CARL LEVIN had to cancel a meeting because the Republicans refused to allow that meeting to go forward, dealing with the safety and security of this Nation. CLAIRE MCCASKILL, with her subcommittee, had to cancel a hearing dealing with having police officers trained in Afghanistan. Canceled. Working hard, they are, to throw a monkey wrench in everything we are trying to do for the American people.

To in any way denigrate, as has been done this afternoon, Chairman MAX BAUCUS and Chairman CHRIS DODD and the work done by the man replacing Ted Kennedy is an outrage. MAX BAUCUS devoted his life to this legislation for the last 2 years: the number of roundtable discussions with Finance Committee members and invited guests, 3; the number of papers outlining health care reform, significant, important papers that were distributed to everybody around the country interested in health care, 4; the number of meetings of the Gang of 6—three Republicans and three Democrats—31 meetings; the number of member meetings on health care reform, 141.

These are not back-room deals. This is how business is conducted in the Senate.

The number of days in the Finance Committee the bill was available before the markup even took place, 6; the total number of amendments posted online before the markup, 564. They were public. Everyone in America could read them. The number of amendments considered during the markup, 135; the number of days the committee spent marking up the bill, 8; the number of days the final bill was available before the vote, 11.

There is more, but you get the picture.

Chairman DODD conducted the longest markup in the history of the HELP Committee. On what subject? Health care. Public meetings, many of them on C–SPAN.

There is no bill anymore. It was signed into law yesterday. The work that we did here on Christmas Eve, through the storms of 2010, is now the law of this country. We are going to start in just a few minutes making that law even better.

In my State of Nevada, 600,000 people will be able to have insurance who have never had it before; 24,000 small businesses will be eligible for a subsidy for people they employ to have health insurance. They did not have health insurance because they were cheap or mean; they could not afford it. If they would get a palsy, they would cancel when somebody got sick or hurt.

Now someone who is 26 years old can go to college or do whatever they want to do and not worry about losing their insurance until they establish themselves.

This legislation extends Medicare for 9 years as a healthy entity. Medicare is not a perfect program, but it is a good program.

My first elective job was a countywide job in Las Vegas, the metropolitan areas Clark County. When I went on that hospital board, the largest district in Nevada, 40 percent of seniors who came into that hospital had no health insurance. Their sons, their daughters, their mothers, their brothers, their cousins, their neighbors signed for them that they would be responsible for that bill. We had a large collection agency in that hospital. We went after those people.

Not anymore. Now everybody who is a senior citizen who comes into that hospital is taken care of because of Medicare. We extend the life of that program for about 9 years.

I had a letter written to me by a man from Nevada. He wrote to me and he said: Senator, I have a son who has diabetes, but it has become more complicated. Now he has Addison's disease. I lost my job. We have no health insurance. When I go to bed at night and say my prayers, I don't know whether to die or stay alive to help my son. That is how desperate he is.

People such as this man from Nevada are no longer going to have to be desperate. No longer are we going to have 750,000 people file for bankruptcy, 70 percent of them because of health care costs and 80 percent of the 70 percent have health insurance.

The bill that is now the law of this country dealing with health care is a wonderful bill, and we are going to improve it tonight.

AMENDMENT NO. 3567, AS MODIFIED

The PRESIDING OFFICER. There will be 2 minutes of debate equally divided prior to a vote on the Gregg amendment, as modified. Who yields time?

Mr. GREGG. Mr. President, this amendment fulfills the obligation to our senior citizens. This bill reduces on its face $520 billion in Medicare by cutting Medicare beneficiaries through reducing providers and by eliminating or significantly reducing the Medicare Advantage Program. That number actually, when fully implemented, is $1 trillion over the first 10 years. That is $1 trillion of reductions in Medicare.

That money is then taken and used to create new entitlements for people who are not seniors and who have, for the most part, not paid into the Medicare trust fund. That is wrong. Medicare is in serious trouble. We should use the Medicare savings in this bill for the purposes of making Medicare more solvent.

That is exactly what this amendment does. It keeps Medicare savings in the Medicare trust fund and uses them to make Medicare more solvent.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, without being dramatic, this is a killer amendment, pure and simple. Why? Because it is basically designed to prevent spending. That means it will take away tax credits to middle Americans to help them buy insurance. This amendment would take it away. It would kill the assistance to seniors for prescription drugs. It would take that away. It would take away assistance to States. That is why it is a killer amendment.

I proudly support this bill. Why? This bill reduces insurance costs for working-class and middle-class Americans, expands Medicare prescription drug coverage to more than 3 million seniors, provides immediate tax credits for nearly 4 million small businesses, stops $6 billion in annual government subsidies for banks, and puts money into college grants for students and their families.

In contrast, our friends on the other side do not want to do that. They want to kill this bill. I think that is patently against the wishes of the American people.

Mr. President, I move to table the Gregg amendment, and I ask for the yeas and nays.

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

The question is on agreeing to the motion. The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 56, nays 42, as follows:

[Rollcall Vote No. 64 Leg.]

YEAS—56

Akaka	Franken	Mikulski
Baucus	Gillibrand	Murray
Bayh	Hagan	Nelson (FL)
Begich	Harkin	Pryor
Bennet	Inouye	Reed
Bingaman	Johnson	Reid
Boxer	Kaufman	Rockefeller
Brown (OH)	Kerry	Sanders
Burris	Klobuchar	Schumer
Cantwell	Kohl	Shaheen
Cardin	Landrieu	Specter
Carper	Lautenberg	Stabenow
Casey	Leahy	Tester
Conrad	Levin	Udall (CO)
Dodd	Lieberman	Udall (NM)
Dorgan	Lincoln	Warner
Durbin	McCaskill	Whitehouse
Feingold	Menendez	Wyden
Feinstein	Merkley	

NAYS—42

Alexander	Crapo	McCain
Barrasso	DeMint	McConnell
Bennett	Ensign	Murkowski
Bond	Enzi	Nelson (NE)
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Voinovich
Corker	LeMieux	Webb
Cornyn	Lugar	Wicker

NOT VOTING—2

Byrd	Isakson

The motion was agreed to.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, we are going to cut the votes off after 10 minutes. We are going to move these as quickly as we can. We want to get through this series of votes as rapidly as we can, and it is going to take hours to do that. People should stay close here. We are not going to take time for fun and games. We have to move through this process. It makes it so much easier if you are here to vote; otherwise, some people are going to miss the votes.

AMENDMENT NO. 3570

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 3570, offered by the Senator from Arizona, Mr. MCCAIN.

The Senator from Arizona.

Mr. MCCAIN. Mr. President, the amendment removes the following items from the legislation: additional Medicaid funding for Hawaii hospitals; additional Medicaid funding for Tennessee hospitals; provides special Medicaid funding for Louisiana; special Medicaid funding primarily for reclassified hospitals in Michigan and Connecticut; $100 million for a Connecticut hospital; frontier funding provision provided in new Medicare money for

Montana, South Dakota, North Dakota, and Wyoming; a provision allowing for certain residents in Libby, MT.

I do not argue whether these are worthwhile or needed projects. I do argue the method in which they were inserted in this legislation—the one for Tennessee being as recently as yesterday or the day before—is the wrong process.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I think it is important to recognize this amendment for what it is. It is basically a political stunt at the expense of a lot of victimized people. One is victims of Hurricane Katrina, another is victims of asbestos in Libby, MT; it is at the expense of rural Americans; it is an attempt to derail the bill and force the House to have to vote again, therefore force, probably, the Senate to go through another vote-arama, go back and forth. It makes no sense whatsoever.

Let's not forget the underlying legislation passed recently and signed by the President yesterday reduces insurance costs for working and middle-class Americans. This amendment would have the effect of taking that away if passed. If passed, it would take away Medicare prescription drug coverage for more than 3 million seniors. If passed, it would have the effect of taking away immediate tax credits for small businesses, and I could go on and on.

I urge Members to support my motion to table. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The question is on agreeing to the motion to table.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Alaska (Mr. BEGICH) and the Senator from West Virginia (Mr. BYRD) are necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 54, nays 43, as follows:

[Rollcall Vote No. 65 Leg.]

YEAS—54

Akaka	Gillibrand	Murray
Baucus	Hagan	Nelson (FL)
Bennet	Harkin	Pryor
Bingaman	Inouye	Reed
Boxer	Johnson	Reid
Brown (OH)	Kaufman	Rockefeller
Burris	Kerry	Sanders
Cantwell	Klobuchar	Schumer
Cardin	Kohl	Shaheen
Carper	Landrieu	Specter
Casey	Lautenberg	Stabenow
Conrad	Leahy	Tester
Dodd	Levin	Udall (CO)
Dorgan	Lieberman	Udall (NM)
Durbin	McCaskill	Warner
Feingold	Menendez	Webb
Feinstein	Merkley	Whitehouse
Franken	Mikulski	Wyden

NAYS—43

Alexander	Crapo	McCain
Barrasso	DeMint	McConnell
Bayh	Ensign	Murkowski
Bennett	Enzi	Nelson (NE)
Bond	Graham	Risch
Brown (MA)	Grassley	Roberts
Brownback	Gregg	Sessions
Bunning	Hatch	Shelby
Burr	Hutchison	Snowe
Chambliss	Inhofe	Thune
Coburn	Johanns	Vitter
Cochran	Kyl	Voinovich
Collins	LeMieux	Wicker
Corker	Lincoln	
Cornyn	Lugar	

NOT VOTING—3

Begich	Byrd	Isakson

The motionm was agreed to.

Mr. BAUCUS. Mr. President, I move to reconsider the vote.

Mr. CARDIN. Mr. President, I move to lay that motion upon the table.

The motion to lay upon the table was agreed to.

CRAPO MOTION TO COMMIT

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate, equally divided, prior to a vote in relation to the motion to recommit offered by the Senator from Idaho, Mr. CRAPO.

Mr. CRAPO. Mr. President, the two health care bills, the one the President has already signed into law plus this one we are considering will spend another $2.6 trillion over the next 10 years.

In order to pay for it, one of the things that these bills include is over $600 billion in new taxes. The President has pledged there would be no taxes on the middle class, and he defined that to be anybody who makes less than $200,000 as an individual or $250,000 as a couple or a family.

All this motion to commit does is say: Let's take those taxes out of these bills. There are 73 million Americans who fall squarely in the middle class who make less than $200,000 a year as an individual or $250,000 as a couple who will pay the burden of these taxes if we do not make this change.

It is time for this Congress——

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

Mr. CRAPO. To help the President keep his pledge.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I don't want to be dramatic about this, but it is a fact that this amendment is a killer amendment. That is why we cannot adopt it. I remind colleagues that the underlying bill the President signed yesterday is a very large tax cut. It has tax credits in the neighborhood of about $400-some billion. That is a big tax cut for Americans who today are having a hard time buying insurance, a tax credit that enables middle and lower income Americans to buy insurance. I think we should keep that in mind. A vote for this amendment would, in fact, prevent all the benefits this bill provides for forming a health insurance market, stopping preexisting conditions. It would prevent about $17 billion in tax credits that otherwise would go to small business.

I strongly urge colleagues to support my motion to table this motion.

I move to table the motion to commit and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The question is agreeing to the motion to table the motion to commit.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 56, nays 43, as follows:

[Rollcall Vote No. 66 Leg.]

YEAS—56

Akaka	Franken	Murray
Baucus	Gillibrand	Nelson (FL)
Bayh	Hagan	Pryor
Begich	Harkin	Reed
Bennet	Inouye	Reid
Bingaman	Johnson	Rockefeller
Boxer	Kaufman	Sanders
Brown (OH)	Kerry	Schumer
Burris	Klobuchar	Shaheen
Byrd	Kohl	Specter
Cardin	Landrieu	Stabenow
Carper	Lautenberg	Tester
Casey	Leahy	Udall (CO)
Conrad	Levin	Udall (NM)
Dodd	Lieberman	Warner
Dorgan	McCaskill	Webb
Durbin	Menendez	Whitehouse
Feingold	Merkley	Wyden
Feinstein	Mikulski	

NAYS—43

Alexander	Crapo	McCain
Barrasso	DeMint	McConnell
Bennett	Ensign	Murkowski
Bond	Enzi	Nelson (NE)
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Cantwell	Hutchison	Snowe
Chambliss	Inhofe	Thune
Coburn	Johanns	Vitter
Cochran	Kyl	Voinovich
Collins	LeMieux	Wicker
Corker	Lincoln	
Cornyn	Lugar	

NOT VOTING—1

Isakson

The motion was agreed to.

Mr. BAUCUS. I move to reconsider the vote.

Mr. LEVIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

ENZI MOTION TO COMMIT

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to the motion to commit offered by the Senator from Wyoming, Mr. ENZI.

The Senator from Wyoming.

Mr. ENZI. Mr. President, this is not a killer amendment. This just kills a bad part of the bill.

The reconciliation bill makes a bad employment situation even worse. It imposes $52 billion in new taxes on employers who cannot afford to provide health insurance to their workers. The

new employer tax will result in lower wages and lost jobs.

According to CBO:

Requiring employers to offer health insurance—or pay a fee if they do not—is likely to reduce employment.

Low-income workers are particularly hard hit by the employer mandate in the reconciliation bill. CBO says an employer mandate ''could reduce the hiring of low-wage workers'' and would ''increase incentives for firms to replace full-time workers with more part-time or temporary workers.''

The Nation's unemployment rate is 9.7 percent, and in many States the unemployment rate is well into the teens. We should be doing everything possible to create new jobs, but the employer mandate in the reconciliation bill does the opposite.

The job-killing taxes in the bill will slash wages and cut jobs.

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

Mr. ENZI. I urge my colleagues to protect Americans' jobs by supporting my motion.

The PRESIDING OFFICER (Mr. BEGICH). The Senator from Montana.

Mr. BAUCUS. Mr. President, sending the bill to committee sounds like killing the bill to me. I have never heard of a motion to commit that is not, in effect, a motion to kill the bill.

We are all in this together in America in enacting health care reform—all groups: business groups, consumers, labor, and so forth. We have consulted with business groups. They are an integral part of this. Business groups want to work with us and have worked with us to get health care reform passed.

I might also remind my colleagues there are tax credits in here for small business to the tune of—I think it is $17 billion. Firms with fewer than 50 employees are totally exempt from any penalty.

This clearly is a motion to kill the bill. Therefore, it would result in taking away all these provisions enacted.

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

Mr. BAUCUS. Mr. President, I move to table the motion to commit and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to table the motion to commit.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 58, nays 41, as follows:

[Rollcall Vote No. 67 Leg.]

YEAS—58

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

NAYS—41

Alexander	Crapo	Lugar
Barrasso	DeMint	McCain
Bennett	Ensign	McConnell
Bond	Enzi	Murkowski
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Voinovich
Corker	LeMieux	Wicker
Cornyn	Lincoln	

NOT VOTING—1

Isakson

The motion was agreed to.

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

The motion to lay on the table was agreed to.

AMENDMENT NO. 3582

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 3582 offered by the Senator from Wyoming, Mr. BARRASSO.

The Senator from Wyoming.

Mr. BARRASSO. Mr. President, my amendment protects families and protects small businesses from dramatic increases in insurance premiums. My amendment directs the Department of Health and Human Services to certify that insurance premiums will not rise faster under the new health care law than they would have if the law had not been passed. If they find that premiums are higher, then the new law would sunset.

This month in Pennsylvania, the President said the Senate bill would reduce most people's premiums. I say to my friends on the other side of the aisle, if you believe the President and you believe that this bill lowers premiums, prove it. Vote for this amendment.

This is a reasonable, straightforward amendment. It holds the President and it holds the Members of Congress accountable to the American people for promises made.

Thank you, Mr. President.

Mr. BAUCUS. Mr. President, all things being equal, I choose to believe the President. Second, I choose to believe the Congressional Budget Office. The Congressional Budget Office has concluded that premiums under this legislation will, all things equal, be reduced for big business as much as 3 percent. Small businesses will see a decrease of 11 percent if you factor in the small business tax credits for coverage. Individuals who receive tax credits in the exchange will find a 57-percent reduction in premiums; again, all things being equal.

Will someone find an increase in premium? Somebody might buy a very expensive health insurance policy. Maybe that person's premiums might go up.

Obviously, this is designed to kill the bill, and I strongly urge my colleagues not to support it. It prevents passage of the bill. It undermines the bill. It repeals the bill, in effect, that has already been signed by the President.

So I move that this amendment be tabled, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Delaware (Mr. KAUFMAN) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 57, nays 41, as follows:

[Rollcall Vote No. 68 Leg.]

YEAS—57

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

NAYS—41

Alexander	Cornyn	Lugar
Barrasso	Crapo	McCain
Bayh	DeMint	McConnell
Bennett	Ensign	Murkowski
Bond	Enzi	Risch
Brown (MA)	Graham	Roberts
Brownback	Grassley	Sessions
Bunning	Gregg	Shelby
Burr	Hatch	Snowe
Chambliss	Hutchison	Thune
Coburn	Inhofe	Vitter
Cochran	Johanns	Voinovich
Collins	Kyl	Wicker
Corker	LeMieux	

NOT VOTING—2

Isakson Kaufman

The motion was agreed to.

Mr. BAUCUS. I move to reconsider the vote.

Mr. LEAHY. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3564

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3564, offered by the Senator from Iowa, Mr. GRASSLEY.

The Senator from Iowa.

Mr. GRASSLEY. Mr. President, my amendment would require the President, the Vice President, Cabinet members, and White House staff to use exchanges created in this bill. It would also fix a loophole so that the committee and leadership staff are also required to obtain coverage in these exchanges.

Today, after seeing my amendment, the White House announced that President Obama will voluntarily participate in the health insurance exchange that starts in 2014.

This is a little presumptuous since he has another election before 2014, but it is still effectively an endorsement of my amendment to make sure that political leaders live under the laws they pass for everyone else. But the principle should not be voluntary for political leaders. Congress and President Clinton confirmed that in 1995 by enacting the Congressional Accountability Act that Senator LIEBERMAN and I sponsored. It is a matter of not having a double standard.

I urge my colleagues to support my amendment and make sure we are living under the same laws.

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

The Senator from Montana.

Mr. BAUCUS. Mr. President, I could be mistaken, but it is my understanding that the underlying amendment, which also includes Members of Congress in the exchange, is language that was drafted on a bipartisan basis in the HELP Committee. I don't see Senator DODD here. It is an amendment Senator COBURN worked on and was agreed to in the HELP Committee. It covered Members of Congress and who all should be included.

Frankly, I don't think it is wise at this point to try to negotiate who should additionally be covered in the exchanges and who should not. It was agreed to before. I say to my good friend from Iowa—he has been my very good friend—I don't think it is intended to embarrass the President and the executive branch people, but I think it is inappropriate.

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

Mr. BAUCUS. I say to my friend, he can be happy when Northern Iowa beats Michigan State this Friday. It will make him happy.

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

Mr. BAUCUS. I make a point of order that the pending amendment violates section 313(b)(1)(C) of the Congressional Budget Act of 1974.

Mr. GRASSLEY. Mr. President, pursuant to section 904(c) of the Congressional Budget Act of 1974, I move to waive section 313 of the Budget Act for the consideration of the pending amendment.

Mr. BAUCUS. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The yeas and nays resulted—yeas 43, nays 56, as follows:

[Rollcall Vote No. 69 Leg.]

YEAS—43

Alexander	Crapo	McCain
Barrasso	DeMint	McConnell
Bayh	Ensign	Murkowski
Bennett	Enzi	Nelson (NE)
Bond	Graham	Risch
Brown (MA)	Grassley	Roberts
Brownback	Gregg	Sessions
Bunning	Hatch	Shelby
Burr	Hutchison	Snowe
Chambliss	Inhofe	Thune
Coburn	Johanns	Vitter
Cochran	Kyl	Voinovich
Collins	LeMieux	Wicker
Corker	Lincoln	
Cornyn	Lugar	

NAYS—56

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

NOT VOTING—1

Isakson

The PRESIDING OFFICER. On this vote, the yeas are 43, the nays are 56. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained, and the amendment falls.

ALEXANDER MOTION TO COMMIT

The PRESIDING OFFICER. Under the previous order, we will have 2 minutes of debate equally divided prior to a vote on the motion to commit offered by the Senator from Tennessee, Mr. ALEXANDER.

The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, this is an effort to stop the Federal Government from overcharging 19 million college students to help pay for the health care bill. It would reduce from 6.8 percent to 5.3 percent the interest on their loans. It would save $1,700 to $1,800 on the average of a $25,000 loan over 10 years.

Why are we talking student loans during a health care bill? Because we can't trust the other side with the Yellow Pages. If they find it in there, they think the government ought to be doing it. They have taken over the Federal student loan program, and they are running up the debt $½ trillion to do it. They are firing 31,000 people by July 1. They are going to borrow money at 2.8 percent and loan it to students at 6.8 percent and use the rest to help pay for health care and for the government. CBO has said this is $8.7 billion of overcharging students to pay for health care. So a ''yes'' means don't overcharge.

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

Mr. ALEXANDER. A ''no'' means savings to students.

Mr. HARKIN. The last time we took up higher education, in 2007, we lowered interest rates on student loans and crafted the interest-based repayment program. In this bill, we lower that down even more—from 15 percent to 10 percent—and we make a historic investment in Pell grants.

I would agree, I am all for lowering interest rates. I would just note that my friend from Tennessee didn't take to the floor to complain when Sallie Mae was charging over 20 percent interest on its loans to students. I didn't see that.

This amendment is not about lowering interest rates. What it is about is continuing a $61 billion subsidy to the big banks in this country. We take that money and give it to students in Pell grants.

Mr. President, I move to table the motion to commit, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on the motion.

The clerk will call the roll.

The bill clerk called the roll.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 58, nays 41, as follows:

[Rollcall Vote No. 70 Leg.]

YEAS—58

Akaka	Dorgan	Leahy
Baucus	Durbin	Levin
Bayh	Feingold	Lieberman
Begich	Feinstein	Lincoln
Bennet	Franken	McCaskill
Bingaman	Gillibrand	Menendez
Boxer	Hagan	Merkley
Brown (OH)	Harkin	Mikulski
Burris	Inouye	Murray
Byrd	Johnson	Nelson (FL)
Cantwell	Kaufman	Pryor
Cardin	Kerry	Reed
Carper	Klobuchar	Reid
Casey	Kohl	Rockefeller
Conrad	Landrieu	Sanders
Dodd	Lautenberg	Schumer

Shaheen	Udall (CO)	Whitehouse
Specter	Udall (NM)	Wyden
Stabenow	Warner	
Tester	Webb	

NAYS—41

Alexander	Crapo	McCain
Barrasso	DeMint	McConnell
Bennett	Ensign	Murkowski
Bond	Enzi	Nelson (NE)
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Voinovich
Corker	LeMieux	Wicker
Cornyn	Lugar	

NOT VOTING—1

Isakson

The motion was agreed to.

AMENDMENT NO. 3586

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes equally divided prior to a vote in relation to amendment No. 3586 offered by the Senator from Florida, Mr. LEMIEUX.

The Senator from Florida is recognized.

Mr. LEMIEUX. Mr. President, I have heard my friends on the other side of the aisle talk about 30 million new people in America having health care. What they are not talking about is 16 million of those folks are going into Medicaid. Medicaid is a program that doesn't work. Forty percent of physicians according to MedPac no longer will see Medicaid patients. Pharmacies will not fill prescriptions. You cannot find a specialist.

I have also heard our friends on the other side of the aisle come to the Senate floor and say the people of America should have the same great health care that we have in this body. The corollary should be true as well. We should have the same health care that we are willing to put 16 million new Americans in and 50 million Americans in total. We should all be on Medicaid.

My amendment says 535 Members of Congress, as well as the Vice President of the United States, will go into Medicaid. If it is good enough for them, it should be good enough for us. We talk the talk around here a lot, now let's see if we will walk the walk.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I don't think this is really a serious amendment that requires all Members of Congress to withdraw from their Federal health insurance plan, and it requires all Members of Congress to be in Medicaid. Medicaid is a safety net for vulnerable Americans. It should not be the subject for political gamesmanship like this amendment. It is a slap in the face of vulnerable, poor Americans.

Ironically, this killer amendment will have the effect of reducing payments to States which are in the underlying bill. It would take that away. I don't think that is the intent of the author of the amendment.

Mr. President, I make a point of order the pending amendment violates section 313(b)(1)(C) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Florida.

Mr. LEMIEUX. Pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(G)(3) of the statutory pay-as-you-go act of 2010, I move to waive all applicable sections of those acts for purposes of my amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The bill clerk called the roll.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The yeas and nays resulted—yeas 40, nays 59, as follows:

[Rollcall Vote No. 71 Leg.]

YEAS—40

Alexander	Crapo	McCain
Barrasso	DeMint	McConnell
Bennett	Ensign	Murkowski
Bond	Enzi	Risch
Brown (MA)	Graham	Roberts
Brownback	Grassley	Sessions
Bunning	Gregg	Shelby
Burr	Hatch	Snowe
Chambliss	Hutchison	Thune
Coburn	Inhofe	Vitter
Cochran	Johanns	Voinovich
Collins	Kyl	Wicker
Corker	LeMieux	
Cornyn	Lugar	

NAYS—59

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

NOT VOTING—1

Isakson

The PRESIDING OFFICER. On this vote, the yeas are 40, the nays are 59. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is not agreed to.

The point of order is sustained, and the amendment falls.

HATCH MOTION TO COMMIT

Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to the motion to commit offered by the Senator from Utah, Mr. HATCH.

Mr. HATCH. Mr. President, I urge my colleagues to support my motion to commit.

Simply put, this motion protects the 11 million Medicare beneficiaries, both seniors and the disabled, currently participating in the Medicare Advantage program.

If the HHS actuary certifies that the Medicare Advantage cuts included in the health reform law would result in 1 million Medicare Advantage beneficiaries losing current health benefits, those Medicare Advantage cuts would not go into effect.

Medicare Advantage makes a tremendous difference in the lives of beneficiaries. They have told me over and over again how important it is for them to have lower deductibles, premiums, and copayments.

And what a difference it makes to have dental and vision benefits.

The Medicare Advantage cuts in the health reform law would take away those benefits. For that reason, I strongly oppose these cuts and urge my colleagues to support my motion to commit and do the right thing for Medicare beneficiaries, seniors and disabled individuals, across America.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, as a motion to commit, this clearly is designed to kill the bill. All motions to commit have that intent and effect. Let's remind ourselves, the underlying bill protects all Medicare beneficiaries. All statutory benefits are guaranteed in the underlying legislation. Second, the underlying bill reforms Medicare Advantage which rewards high performance Medicare Advantage programs, those providing value, whereas under current law that is not the case. In addition, if this amendment passes, fee-for-service Medicare beneficiaries would have to pay a $90-a-year penalty to pay for the excess subsidy of Medicare Advantage plans. For lots of reasons, this motion should not prevail.

I move to table the motion to commit and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to table the motion to commit.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 56, nays 42, as follows:

[Rollcall Vote No. 72 Leg.]

YEAS—56

Akaka	Cantwell	Feinstein
Baucus	Cardin	Franken
Bayh	Carper	Gillibrand
Begich	Casey	Hagan
Bennet	Conrad	Harkin
Bingaman	Dodd	Inouye
Boxer	Dorgan	Johnson
Brown (OH)	Durbin	Kaufman
Burris	Feingold	Kerry

Klobuchar	Merkley	Shaheen
Kohl	Mikulski	Specter
Landrieu	Murray	Stabenow
Lautenberg	Nelson (FL)	Tester
Leahy	Pryor	Udall (CO)
Levin	Reed	Udall (NM)
Lieberman	Reid	Warner
Lincoln	Rockefeller	Whitehouse
McCaskill	Sanders	Wyden
Menendez	Schumer	

NAYS—42

Alexander	Crapo	McCain
Barrasso	DeMint	McConnell
Bennett	Ensign	Murkowski
Bond	Enzi	Nelson (NE)
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Voinovich
Corker	LeMieux	Webb
Cornyn	Lugar	Wicker

NOT VOTING—2

Byrd	Isakson

The motion was agreed to.

AMENDMENT NO. 3556

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3556, offered by the Senator from Oklahoma, Mr. COBURN.

The Senator from Oklahoma.

Mr. COBURN. Mr. President, this amendment saves $6.5 billion over the next 10 years for what it does on fraudulent Medicaid prescriptions—$6.5 billion—$650 million a year on fraudulent prescriptions. It also creates a prohibition so that erectile dysfunction drugs are not paid for by the American taxpayers to convicted rapists, those convicted of sexual assault, and pedophiles in this country.

You can say a lot of things about a lot of amendments. This is not a game amendment; it actually saves money. All the States are struggling with Medicaid. This is a way to spread $650 million a year to the States.

I reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, this legislation is about filling the doughnut hole for seniors. It is about providing health care for working families, for children. It is about reducing our national debt. It is a serious bill. It deserves serious debate.

The amendment offered by the Senator from Oklahoma makes a mockery of this Senate, the debate, and the American people. It is not a serious amendment. It is a crass political stunt aimed at making 30-second commercials, not public policy.

I urge my colleagues to oppose the amendment.

I move to table the amendment, and ask for the yeas and nays.

Mr. COBURN. Mr. President, do I have time remaining?

The PRESIDING OFFICER. The Senator from Oklahoma still has time.

The Senator from Oklahoma.

Mr. COBURN. I would make the following point: The vast majority of Americans do not want their taxpayer dollars paying for this kind of drug for those kind of people.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I move to table the amendment, and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 57, nays 42, as follows:

[Rollcall Vote No. 73 Leg.]

YEAS—57

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

NAYS—42

Alexander	Cornyn	Lugar
Barrasso	Crapo	McCain
Bayh	DeMint	McConnell
Bennett	Ensign	Murkowski
Bond	Enzi	Nelson (NE)
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Voinovich
Corker	LeMieux	Wicker

NOT VOTING—1

Isakson

The motion was agreed to.

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

The motion to lay on the table was agreed to.

AMENDMENT NO. 3608

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 3608 offered by the Senator from Texas, Mrs. HUTCHISON.

Mrs. HUTCHISON. Mr. President, we are hearing from State leaders all over our country begging Congress to abandon this bill that is an unconstitutional preemption of States rights, State innovation, and State prerogatives. Thirteen States have already filed suit against this bill.

My amendment would restore the 10th amendment rights reserved to the States by allowing State legislatures to pass legislation to allow them to opt out of this bill, opt out of the job-killing taxes, opt out of the cuts to Medicare, opt out of the unfunded Medicaid mandates, when our States are hurting already. They are not balancing their budgets right now. This is going to make it worse.

This is an easy ''yes'' vote, and I hope our colleagues will help our States to opt out of this bill if they choose.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, this is another in a long series of killer amendments. Clearly, allowing States to opt out of any or all provisions of the underlying health care reform bill would have that result. States could decide not to abide by health care market reforms, preexisting conditions, provisions against rescissions, et cetera. States could decide not to provide health care coverage to their citizens. One State versus the national program. States could decide they are not going to pay the fees, enact the fees that are required on State pharmaceuticals or insurance industries. States could make all kinds of decisions which basically would have the effect of killing this bill.

So I urge my colleagues to not support the amendment of the Senator from Texas.

I move to table the amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 58, nays 41, as follows:

[Rollcall Vote No. 74 Leg.]

YEAS—58

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

NAYS—41

Alexander	Bunning	Corker
Barrasso	Burr	Cornyn
Bennett	Chambliss	Crapo
Bond	Coburn	DeMint
Brown (MA)	Cochran	Ensign
Brownback	Collins	Enzi

Graham	LeMieux	Sessions
Grassley	Lugar	Shelby
Gregg	McCain	Snowe
Hatch	McConnell	Thune
Hutchison	Murkowski	Vitter
Inhofe	Nelson (NE)	Voinovich
Johanns	Risch	Wicker
Kyl	Roberts	

NOT VOTING—1

Isakson

The motion was agreed to.

Mr. INOUYE. I move to reconsider the vote.

Mrs. MURRAY. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3638

The PRESIDING OFFICER. There will now be 2 minutes of debate prior to a vote in relation to amendment No. 3638, offered by the Senator from Maine, Ms. COLLINS.

The Senator from Maine.

Ms. COLLINS. Mr. President, just last week we passed the HIRE Act, which included a tax credit offered by Senator SCHUMER and Senator HATCH to encourage companies to hire unemployed workers. It makes no sense for any of us to have voted for that bill and then not to support the amendment that I have offered.

The amendment I am offering would waive the onerous fines that are in this bill for small businesses that hire unemployed workers. If you voted for the HIRE Act giving a tax credit, why in the world would you support a policy of imposing penalties on businesses that hire unemployed workers?

Mr. President, I urge support of the amendment.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, this amendment basically has the intent of creating a group of second-class employees. It is very similar to the issue of subminimum wage. It makes all the sense in the world to distinguish the two, between the HIRE Act and this amendment.

The HIRE Act gave incentives for firms to hire new employees. This amendment creates a group of second-class employees. It says you can hire employees so long as they do not have health insurance. I think that is wrong. I do not think we should have a second class of employees, which is the effect of the amendment. I urge it be defeated.

I move to table the amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 58, nays 41, as follows:

[Rollcall Vote No. 75 Leg.]

YEAS—58

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

NAYS—41

Alexander	Crapo	McCain
Barrasso	DeMint	McConnell
Bennett	Ensign	Murkowski
Bond	Enzi	Nelson (NE)
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Voinovich
Corker	LeMieux	Wicker
Cornyn	Lugar	

NOT VOTING—1

Isakson

The motion was agreed to.

Mrs. MURRAY. I move to reconsider the vote.

Mr. LEVIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3639

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3639, offered by the Senator from South Dakota, Mr. THUNE.

Mr. THUNE. Mr. President, this amendment gets at the issue of the student loan program and what this bill would propose to do to that program.

Under this bill, students in this country would have one option to get a student loan—the Federal Government. Today, there are 2,000 lenders across this country that make student loans. A recent article in the Wall Street Journal pointed out that the shift to government lending would mean lending would now be operated by the Department of Education, which is ''distinguished in its Soviet-style customer service.''

There are 30,000 to 35,000 jobs in this country that are associated with the student loan program. At a time of record-high unemployment levels, we need to ensure that moving student lending to the Department of Education does not place more Americans on unemployment. As our economy recovers, we should be focused on ways to increase jobs in the private sector, not ending those positions in favor of adding more government bureaucrats in Washington.

This amendment would require the Secretary of Education to certify that no State would experience a net job loss as a result of the Federal Family Education Student Loan Program being terminated.

I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

Mrs. MURRAY. I move to table.

The PRESIDING OFFICER. A motion to table is not in order.

There is not a sufficient second at this time.

The Senator from Iowa.

Mr. HARKIN. Mr. President, this amendment is not about protecting jobs, because the bill already does that. We carve out a role for nonprofit lenders to service loans. We provided $50 million in this bill to incentivize companies—private companies, too—to keep jobs in the same towns and cities where they are now. Private lenders will continue to service the $450 billion in outstanding private loan volume.

Let me say this also about Sallie Mae. They took a couple thousand jobs out of this country. Guess what. They are bringing them back because they get to service the loans. Under Treasury rules, in order for them to service the loans, it has to be done in this country. So Sallie Mae is bringing jobs back to America.

This amendment is not about protecting jobs. It is about killing the bill and leaving the subsidies to the big banks, where they are today.

I move to table the amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 55, nays 43, as follows:

[Rollcall Vote No. 76 Leg.]

YEAS—55

Akaka	Gillibrand	Murray
Baucus	Hagan	Pryor
Begich	Harkin	Reed
Bennet	Inouye	Reid
Bingaman	Johnson	Rockefeller
Boxer	Kaufman	Sanders
Brown (OH)	Kerry	Schumer
Burris	Klobuchar	Shaheen
Cantwell	Kohl	Specter
Cardin	Landrieu	Stabenow
Carper	Lautenberg	Tester
Casey	Leahy	Udall (CO)
Conrad	Levin	Udall (NM)
Dodd	Lieberman	Warner
Dorgan	Lincoln	Webb
Durbin	McCaskill	Whitehouse
Feingold	Menendez	Wyden
Feinstein	Merkley	
Franken	Mikulski	

NAYS—43

Alexander	Crapo	McConnell
Barrasso	DeMint	Murkowski
Bayh	Ensign	Nelson (NE)
Bennett	Enzi	Nelson (FL)
Bond	Graham	Risch
Brown (MA)	Grassley	Roberts
Brownback	Gregg	Sessions
Bunning	Hatch	Shelby
Burr	Hutchison	Snowe
Chambliss	Inhofe	Thune
Coburn	Johanns	Vitter
Cochran	Kyl	Voinovich
Collins	LeMieux	Wicker
Corker	Lugar	
Cornyn	McCain	

NOT VOTING—2

Byrd	Isakson

The motion was agreed to.

AMENDMENT NO. 3640

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 3640, offered by the Senator from South Dakota, Mr. THUNE.

Mr. THUNE. Mr. President, this amendment would strike the CLASS Act from the bill. The CLASS Act, as we all know, is a new entitlement program. We have two entitlement programs that are already destined to be bankrupt that have unfunded liabilities in the neighborhood of $60 trillion. It does not make a lot of sense to add a third one.

Here is what everybody said about this. One of our Democratic colleagues has called the CLASS Act ''a Ponzi scheme of the first order, the kind of thing that Bernie Madoff would be proud of.''

Even the Washington Post described it as a ''gimmick . . . designed to pretend that health care is fully paid for.''

The administration's Chief Actuary said ''there is a significant risk of failure, there is a significant risk that the problem of adverse selection would make the CLASS program unsustainable,'' and the CBO said the additional deficit increases would amount to ''the order of tens of billions of dollars for each 10-year period'' after 2029.

We know what this is. This is a gimmick. It is a budgetary gimmick used to make this bill look like it is paid for when it is not. We ought to strike it from the bill, and I hope my colleagues will support this amendment.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, the CLASS Act is a voluntary, self-funded insurance program, with enrollment for people who are presently employed. There are no taxpayer dollars involved whatsoever.

The statement that the Senator referred to was made before we made sure it was paid for. It is all paid for. In fact, the Senator from New Hampshire in our committee offered an amendment that made sure it was fully funded for 75 years. The Congressional Budget Office has certified this will be solvent for 75 years. Plus, it will save taxpayers money.

By letting people put some money aside, so if they become disabled they can stay at home rather than going to a nursing home, we save Medicaid dollars. This saves taxpayer dollars from paying more into Medicaid in the future.

Mr. President, I raise a point of order that the Thune amendment violates section 310(D)(2) of the Congressional Budget Act.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(G)(3) of the statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the motion. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The yeas and nays resulted—yeas 43, nays 55, as follows:

[Rollcall Vote No. 77 Leg.]

YEAS—43

Alexander	Crapo	McCain
Barrasso	DeMint	McConnell
Bayh	Ensign	Murkowski
Bennett	Enzi	Nelson (NE)
Bond	Graham	Risch
Brown (MA)	Grassley	Roberts
Brownback	Gregg	Sessions
Bunning	Hatch	Shelby
Burr	Hutchison	Snowe
Chambliss	Inhofe	Thune
Coburn	Johanns	Vitter
Cochran	Kyl	Voinovich
Collins	LeMieux	Wicker
Corker	Lieberman	
Cornyn	Lugar	

NAYS—55

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

NOT VOTING—2

Byrd	Isakson

The PRESIDING OFFICER. On this vote, the yeas are 43, the nays are 55. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is not agreed to. The point of order is sustained, and the amendment falls.

CORNYN MOTION TO COMMIT

Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to the motion to commit offered by the Senator from Texas, Mr. CORNYN.

The Senator from Texas.

Mr. CORNYN. Mr. President, mine is a motion to commit the reconciliation bill back to the Finance Committee to report the bill back without the brandnew, whopping 3.8 percent tax on investment and savings. This is a $123 billion mistake. It will discourage savings and investment and decrease the standard of living for millions of Americans. Simply put, increasing taxes on investment income and savings income is a job killer. It is just one of many job-killing provisions of this bill, $100 billion of new taxes and fees on health care consumers, an employer mandate that will kill jobs.

My motion will also make sure the bill does not break another one of the President's promises when he pledged that everyone in America will pay lower taxes than they would under the rates Bill Clinton had in the 1990s.

I ask my colleagues for their support.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, this is an honest, straightforward amendment which is concerned about people making more than $200,000. The effect of some amendments prior to this moment have been trying to protect people making less than $200,000. This amendment is the exact opposite; it is only concerned about people making more than $200,000 in income.

The bill itself also provides that people whose investment income is above $200,000 should contribute to the Medicare trust fund. Currently, they do not. Only taxes on wages contribute to the Medicare trust fund. The thought is that people with unearned income should also contribute. This tax only applies to those who make above $200,000. There is a passthrough exemption, subchapter S. Other passthroughs are exempted. Retirement income is exempted. It doesn't make sense that people making over $200,000 should be exempt.

I move to table the motion to commit and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to table the motion to commit.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 52, nays 46, as follows:

[Rollcall Vote No. 78 Leg.]

YEAS—52

Akaka	Gillibrand	Murray
Baucus	Hagan	Reed
Begich	Harkin	Reid
Bennet	Inouye	Rockefeller
Bingaman	Johnson	Sanders
Boxer	Kaufman	Schumer
Brown (OH)	Kerry	Shaheen
Burris	Klobuchar	Specter
Cardin	Kohl	Stabenow
Carper	Landrieu	Tester
Casey	Lautenberg	Udall (CO)
Conrad	Leahy	Udall (NM)
Dodd	Levin	Warner
Dorgan	Lieberman	Webb
Durbin	McCaskill	Whitehouse
Feingold	Menendez	Wyden
Feinstein	Merkley	
Franken	Mikulski	

NAYS—46

Alexander	Crapo	McConnell
Barrasso	DeMint	Murkowski
Bayh	Ensign	Nelson (NE)
Bennett	Enzi	Nelson (FL)
Bond	Graham	Pryor
Brown (MA)	Grassley	Risch
Brownback	Gregg	Roberts
Bunning	Hatch	Sessions
Burr	Hutchison	Shelby
Cantwell	Inhofe	Snowe
Chambliss	Johanns	Thune
Coburn	Kyl	Vitter
Cochran	LeMieux	Voinovich
Collins	Lincoln	Wicker
Corker	Lugar	
Cornyn	McCain	

NOT VOTING—2

Byrd Isakson

The motion was agreed to.

Mr. DURBIN. I move to reconsider the vote.

Mr. REID. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3579

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 3579, offered by the Senator from Kansas, Mr. ROBERTS.

The Senator from Kansas.

Mr. ROBERTS. Mr. President, included in the new taxes in this health reform is a tax hike of $20 billion on medical devices. The nonpartisan Congressional Budget Office and Joint Committee on Taxation both confirmed these excise taxes will not—will not—be borne by the medical device industry but, instead, are passed on to patients in the form of higher prices and higher insurance premiums.

Who are these folks who will bear the burden of this new tax? People with disabilities, diabetics, amputees, people with cancer, just to name some of the people—and more—who will see their costs go up because of this tax. We do not want to do this. Why should we want to do this on those who are most vulnerable?

This amendment would prevent this new tax from raising the already high costs for this group and a tax that will stifle the Medicaid device technology and innovation of this country.

I urge my colleagues to support this amendment. It is offset by an amendment similar to that offered by Senator SCHUMER in the Finance Committee so it must be bipartisan.

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

The Senator from Montana.

Mr. BAUCUS. Mr. President, how have Kansas and Kansas State done lately?

This is a very simple amendment. This health care bill is premised on the assumption that all groups should participate in finding the correct health care solution for our health care system. That includes hospitals, pharmaceuticals, and it also includes device manufacturers. This amendment would exclude one section: device manufacturers.

How is it paid for? It is paid for by reducing the number of people who would otherwise get tax credits to help pay for their health insurance. I do not think that is what we want to do. We do not want to reduce the number of people who have health insurance. This amendment would reduce coverage for people who need help buying insurance.

So I move to table this amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 56, nays 42, as follows:

[Rollcall Vote No. 79 Leg.]

YEAS—56

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

NAYS—42

Alexander	Cornyn	Lugar
Barrasso	Crapo	McCain
Bayh	DeMint	McConnell
Bennett	Ensign	Murkowski
Bond	Enzi	Nelson (NE)
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Voinovich
Corker	LeMieux	Wicker

NOT VOTING—2

Byrd Isakson

The motion was agreed to.

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

The motion to lay on the table was agreed to.

AMENDMENT NO. 3588

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3588 offered by the Senator from Oklahoma, Mr. INHOFE.

The Senator from Oklahoma.

Mr. INHOFE. Mr. President, we just heard from Senator ROBERTS about the medical devices. I think he pointed out very clearly that there is kind of another hidden tax in this legislation of some $20 billion on medical devices. I think it is important to listen to what Senator ROBERTS said, that it was not—it is not the device companies that will be paying this; it will be the individuals who would be paying it.

Now, the difference between my amendment and Senator ROBERTS' amendment is that mine excludes those devices for children and those with disabilities. For example, some of our troops coming home have lost limbs, and they have prosthetic devices. This is for them. This is for the 8-year-old whose heart quit beating in the middle of the night and they put a pacemaker in and it saved his life. It is for incubators and this type of thing. It is the same thing. It is the same offset as Senator ROBERTS and Senator SCHUMER had, and I would ask that you seriously consider this amendment. This is for the children and those with disabilities.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, two subjects. First, I wish to correct the record. I mistakenly stated that the Kansas Wildcats were not in the Sweet 16. That was an error. The Kansas State Wildcats are very much in the Sweet 16, and my apologies to coach Frank Martin of the Wildcats. I wish them very well in the tournament.

Mr. ROBERTS. Will the chairman yield?

Mr. BAUCUS. Well, I don't have much time, but I will do my very best.

Mr. ROBERTS. I am just so sorry that Montana lost in the first round.

Mr. BAUCUS. I would say to my good friend, he isn't nearly as sorry as I am.

Basically, this is like the last amendment—two flaws. It exempts a certain group from the shared responsibility in helping to finance health care reform. The second flaw is that it reduces coverage by changing the income threshold. This is not a way to do business.

I move to table the amendment and ask for the yeas and nays.

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

The question is on agreeing to the motion.

The clerk will call the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 57, nays 41, as follows:

[Rollcall Vote No. 80 Leg.]

YEAS—57

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

NAYS—41

Alexander	Crapo	McCain
Barrasso	DeMint	McConnell
Bennett	Ensign	Murkowski
Bond	Enzi	Nelson (NE)
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Voinovich
Corker	LeMieux	Wicker
Cornyn	Lugar	

NOT VOTING—2

Byrd	Isakson

The motion was agreed to.

AMENDMENT NO. 3644

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3644, offered by the Senator from Utah, Mr. HATCH.

The Senator from Utah.

Mr. HATCH. Mr. President, there is a tax hike of $20 billion on medical devices in this bill. These taxes are passed on to patients in the form of higher prices and higher insurance premiums.

My amendment would prevent this new tax from raising costs or hurting access for American soldiers and veterans by exempting medical devices used by the TRICARE Program and the Veterans Health Program.

We need to protect our wounded warriors who rely on these medical devices for recovery and to live a normal life.

I reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, this amendment is very similar to the past two amendments we voted on. It seeks to exempt a sympathetic group of individuals from the excise tax on medical device manufacturers. The amendment is misplaced. We already exempt retail purchases of medical devices, such as Band-Aids, glasses—all those kinds of items. The tax only applies to large manufacturers. The government negotiates with the large manufacturers. The government is large enough to exact a better price. It does not pass that on to individuals, not on our military, not on our vets who already receive prescribed health care coverage.

Second, this amendment is paid for by increasing the number of uninsured. I do not think we want to increase the number of uninsured. We want to decrease the number of uninsured.

I reserve the remainder of my 15 seconds so the Senator from Utah can finish.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I feel deeply about this. I do not think we should leave these wounded warriors without access to the best medical devices, and I do not think we should be assessing them extra costs. This is a simple amendment. This is one we all ought to vote for.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, very simply, this will not be passed on. The government is a large payer. They will be able to negotiate for better prices.

I move to table the amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 54, nays 44, as follows:

[Rollcall Vote No. 81 Leg.]

YEAS—54

Akaka	Feinstein	Merkley
Baucus	Franken	Mikulski
Bayh	Gillibrand	Murray
Begich	Harkin	Nelson (FL)
Bennet	Inouye	Pryor
Bingaman	Johnson	Reed
Boxer	Kaufman	Reid
Brown (OH)	Kerry	Rockefeller
Burris	Klobuchar	Sanders
Cantwell	Kohl	Schumer
Cardin	Landrieu	Shaheen
Carper	Lautenberg	Specter
Casey	Leahy	Stabenow
Conrad	Levin	Udall (CO)
Dodd	Lieberman	Udall (NM)
Dorgan	Lincoln	Warner
Durbin	McCaskill	Whitehouse
Feingold	Menendez	Wyden

NAYS—44

Alexander	DeMint	McConnell
Barrasso	Ensign	Murkowski
Bennett	Enzi	Nelson (NE)
Bond	Graham	Risch
Brown (MA)	Grassley	Roberts
Brownback	Gregg	Sessions
Bunning	Hagan	Shelby
Burr	Hatch	Snowe
Chambliss	Hutchison	Tester
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Voinovich
Corker	LeMieux	Webb
Cornyn	Lugar	Wicker
Crapo	McCain	

NOT VOTING—2

Byrd	Isakson

The motion was agreed to.

Mr. DURBIN. Mr. President, I move to reconsider the vote.

Mrs. MURRAY. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3651

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3651, offered by the Senator from New Hampshire, Mr. GREGG.

The Senator from New Hampshire.

Mr. GREGG. Mr. President, this amendment addresses what is a core problem we have with our health care system, which is the fact that every year we cut our doctors' pay—those doctors who deliver Medicare services. This year, it will be cut 21 percent. This amendment restores that pay so that those cuts don't occur for a period of 3 years. This is known as the doctors fix.

It should have been in the bill to begin with. The reason it wasn't in the bill was because the other side wanted to not put it in the bill because of its cost, because it scores at $280 billion over 10 years. The other side didn't want to absorb that score because it would have thrown the entire bill out of whack relative to the budget.

We have come up with a way to address this doctor problem that pays for it for 3 years. Let's do it. Let's take care of these doctors who are delivering these services so they can continue to deliver services to Medicare recipients.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, the Senator from New Hampshire and I kid each other about this. The fact is, this is another killer amendment, and it is apparent it is designed to kill this bill. Why do I say that? Because on October 21 of last year, the sponsor of this amendment, and every other Senator on the other side of the aisle, voted against invoking cloture on a bill to accomplish the very same thing they profess to desire at this point.

Also, we have been advised by the Congressional Budget Office that it is not paid for. According to CBO—they recently sent us a note—the Gregg amendment would increase the deficit by $65 billion over the next 5 years.

We will solve the SGR problem at the appropriate time. This body will then decide at that time the degree to which we want to pay for the SGR. This is not the time or the place. This is a killer amendment.

According to CBO, it increases the deficit by $65 billion over the next 5 years; therefore, I raise a point of order that the Gregg amendment violates section 310(d)(2) of the Congressional Budget Act.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. GREGG. Mr. President, parliamentary inquiry: This amendment pays for the doctors fix for 3 years, does it not?

The PRESIDING OFFICER. The Chair is unaware.

Mr. GREGG. I withdraw the inquiry.

Pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(G)(3) of the Statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The yeas and nays resulted—yeas 42, nays 56, as follows:

[Rollcall Vote No. 82 Leg.]

YEAS—42

Alexander	Crapo	Lugar
Barrasso	DeMint	McCain
Bennett	Ensign	McConnell
Bond	Enzi	Murkowski
Brown (MA)	Graham	Nelson (NE)
Brownback	Grassley	Risch
Bunning	Gregg	Roberts
Burr	Hatch	Sessions
Chambliss	Hutchison	Shelby
Coburn	Inhofe	Snowe
Cochran	Johanns	Thune
Collins	Kyl	Vitter
Corker	LeMieux	Voinovich
Cornyn	Lincoln	Wicker

NAYS—56

Akaka	Franken	Murray
Baucus	Gillibrand	Nelson (FL)
Bayh	Hagan	Pryor
Begich	Harkin	Reed
Bennet	Inouye	Reid
Bingaman	Johnson	Rockefeller
Boxer	Kaufman	Sanders
Brown (OH)	Kerry	Schumer
Burris	Klobuchar	Shaheen
Cantwell	Kohl	Specter
Cardin	Landrieu	Stabenow
Carper	Lautenberg	Tester
Casey	Leahy	Udall (CO)
Conrad	Levin	Udall (NM)
Dodd	Lieberman	Warner
Dorgan	McCaskill	Webb
Durbin	Menendez	Whitehouse
Feingold	Merkley	Wyden
Feinstein	Mikulski	

NOT VOTING—2

Byrd Isakson

The PRESIDING OFFICER. On this vote, the yeas are 42; the nays are 56. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained, and the amendment falls.

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

The motion to lay on the table was agreed to.

AMENDMENT NO. 3652

The PRESIDING OFFICER. There will now be 2 minutes, equally divided, prior to a vote in relation to the amendment No. 3652, offered by the Senator from North Carolina, Mr. BURR.

Who yields time?

Mr. BURR. Mr. President, my amendment is quite simple. In the rush to finish this bill, there were some errors. One of the errors was clarifying the status of some veterans programs, specifically the TRICARE program, the VA spina bifida program—that is the children of Agent Orange exposure from Vietnam—and the last one is the CHAMPVA program.

What this amendment simply does is set the minimum essential coverage as met on these programs, so the veterans' families, the children of veterans, are not at risk of determining that their insurance does not meet the minimum essential coverage, therefore, exposing them to fines.

Some might suggest it does not need to be fixed. The House went back very quickly and fixed TRICARE but not CHAMPVA or spina bifida. It is my belief we should act on that on the appropriate mechanism, which is this fix-it bill.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WEBB. Mr. President, I would suggest to my colleague from North Carolina and my colleagues on the other side of the aisle that if we want to fix this problem, we can fix it right now and we should fix it right now.

We should not allow things to be tied up in the separate melodrama of the moment. I introduced a bill on Monday which passed the House unanimously on Saturday to fix the TRICARE part of this. The chairman of the Veterans' Committee introduced a bill today to fix the spina bifida problem.

I ask unanimous consent that the Finance Committee be discharged from further consideration of S. 3148, a bill to amend the Internal Revenue Code to provide for the treatment of Department of Defense health coverage as minimal essential coverage, sponsored by myself; further, that the Senate proceed to its immediate consideration en bloc, along with the bill introduced earlier today by Senator AKAKA, S. 3162, a bill to clarify the health care provided by the Secretary of Veterans Affairs that constitutes minimum essential coverage; that all Democratic Senators be added as cosponsors to this measure; that the bills be read a third time and passed en bloc, and the motions to reconsider be laid upon the table en bloc, with no intervening action or debate.

The PRESIDING OFFICER. Is there objection? The Senator from Oklahoma.

Mr. COBURN. Reserving the right to object.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. We got this 1½ minutes ago to see the language. You have an amendment on the floor that actually accomplishes everything you want to do. Why are we doing this? Because you do not want to mess up a package that is clean. It has every application, the Burr amendment, to this.

With that, and the fact that this is exactly the kind of shenanigans the American people do not want, I object.

Mr. WEBB. Let the American people understand, the Republicans objected to a matter that could have been fixed by law tomorrow.

The PRESIDING OFFICER. Objection is heard.

The Senator from Hawaii.

Mr. AKAKA. Mr. President, I move that we table the Burr amendment, and I ask for the yeas and nays.

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

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 54, nays 44, as follows:

[Rollcall Vote No. 83 Leg.]

YEAS—54

Akaka	Feinstein	Mikulski
Baucus	Franken	Murray
Bayh	Gillibrand	Nelson (FL)
Begich	Harkin	Reed
Bennet	Inouye	Reid
Bingaman	Johnson	Rockefeller
Boxer	Kaufman	Sanders
Brown (OH)	Kerry	Schumer
Burris	Klobuchar	Shaheen
Cantwell	Kohl	Specter
Cardin	Landrieu	Stabenow
Carper	Lautenberg	Tester
Casey	Leahy	Udall (CO)
Conrad	Levin	Udall (NM)
Dodd	Lieberman	Warner
Dorgan	McCaskill	Webb
Durbin	Menendez	Whitehouse
Feingold	Merkley	Wyden

NAYS—44

Alexander	Chambliss	Ensign
Barrasso	Coburn	Enzi
Bennett	Cochran	Graham
Bond	Collins	Grassley
Brown (MA)	Corker	Gregg
Brownback	Cornyn	Hagan
Bunning	Crapo	Hatch
Burr	DeMint	Hutchison

Inhofe	McConnell	Shelby
Johanns	Murkowski	Snowe
Kyl	Nelson (NE)	Thune
LeMieux	Pryor	Vitter
Lincoln	Risch	Voinovich
Lugar	Roberts	Wicker
McCain	Sessions	

NOT VOTING—2

Byrd	Isakson

The motion was agreed to.

Mr. DURBIN. I move to reconsider the vote.

Mrs. MURRAY. I move to reconsider and to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3553

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3553 offered by the Senator from Louisiana, Mr. VITTER.

The Senator from Louisiana.

Mr. VITTER. Mr. President, this amendment is very straightforward. It would repeal the ObamaCare bill. That bill is fatally flawed in terms of its core, and we do need to repeal and replace it with a very different, more targeted, focused, step-by-step approach. What is that core? It is more than $½ trillion in Medicare cuts on our seniors, which is wrong; over $½ trillion of tax increases, including on middle-class families, which is wrong; increasing health care costs rather than doing the opposite, decreasing them. That is what the CBO says, nonpartisan. That will result in increased individual health care premiums, 10 to 13 percent, and government getting even more involved in our lives, including over 16,000 new IRS agents.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I give a prize to the Senator from Louisiana. This is very transparent. It is very straightforward. It is totally honest. It is not dressed up. It is not camouflaged. It is straight repeal of health care reform.

Therefore, I move to table the amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Georgia (Mr. ISAKSON) and the Senator from Missouri (Mr. BOND).

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

The result was announced—yeas 58, nays 39, as follows:

[Rollcall Vote No. 84 Leg.]

YEAS—58

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

NAYS—39

Alexander	Crapo	Lugar
Barrasso	DeMint	McCain
Bennett	Ensign	McConnell
Brown (MA)	Enzi	Murkowski
Brownback	Graham	Risch
Bunning	Grassley	Roberts
Burr	Gregg	Sessions
Chambliss	Hatch	Shelby
Coburn	Hutchison	Snowe
Cochran	Inhofe	Thune
Collins	Johanns	Vitter
Corker	Kyl	Voinovich
Cornyn	LeMieux	Wicker

NOT VOTING—3

Bond	Byrd	Isakson

The motion was agreed to.

Mrs. MURRAY. I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3577

The PRESIDING OFFICER. There are 2 minutes now evenly divided before a vote with respect to the Roberts amendment.

The Senator from Kansas.

Mr. ROBERTS. Mr. President, this amendment protects the rural health care delivery system by exempting critical access hospitals from dangerous payment cuts by the Independent Payment Advisory Board. This board is an unelected and unaccountable body, nefarious to be sure, with unprecedented power to set payment rates and make other Medicare policy changes.

While most hospitals are exempt from the board's cuts by virtue of the special deals they cut with the administration—for shame—critical access hospitals, which are among the most vulnerable in the country, are not exempt.

I do not know why critical access hospitals were let out of this exemption—perhaps a drafting error; I do not know—but I can think of no other more deserving providers than critical access hospitals throughout our rural areas—in Montana and in Kansas—to be spared from the Independent Payment Advisory Board's cuts. Save the rural health care delivery system.

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

The Senator from Montana.

Mr. BAUCUS. Mr. President, I agree—Kansas, Montana, anywhere—critical access hospitals should be treated the same way as other hospitals. And when we get to that point, I say to my good friend from Kansas, I will work with him, and I know he will with me, so we can exempt critical access hospitals from this commission.

However, the Parliamentarian tells us it is not permissible to amend programs subject to fast-track rules such as this commission in a reconciliation bill. Critical access hospitals are not in. It is a technical error, oversight—there are all kinds of reasons why it should be in, but they are not, and I cannot, at this point, agree with my friend to take them out now. I will at a later date, but we cannot now.

Mr. ROBERTS. Surely, you are not going to raise a point of order?

Mr. BAUCUS. Mr. President, surely I have to do the right thing. The right thing is to raise a point of order. I raise a point of order that the Roberts amendment violates section 313(b)(1)(D) of the Congressional Budget Act.

Mr. ROBERTS. Mr. President, I take it the chairman has raised the point of order, so we are at regular order.

Mr. BAUCUS. We are, and the Senator can make his motion.

Mr. ROBERTS. I thank the Senator. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(g)(3) of the statutory Pay-As-You-Go-Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment in saving rural hospitals, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Maryland (Ms. MIKULSKI) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND) and the Senator from Georgia (Mr. ISAKSON).

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

The yeas and nays resulted—yeas 42, nays 54, as follows:

[Rollcall Vote No. 85 Leg.]

YEAS—42

Alexander	DeMint	McCain
Barrasso	Ensign	McConnell
Bennett	Enzi	Murkowski
Brown (MA)	Graham	Nelson (NE)
Brownback	Grassley	Risch
Bunning	Gregg	Roberts
Burr	Hatch	Sessions
Chambliss	Hutchison	Shelby
Coburn	Inhofe	Snowe
Cochran	Johanns	Thune
Collins	Kyl	Vitter
Corker	LeMieux	Voinovich
Cornyn	Lincoln	Webb
Crapo	Lugar	Wicker

NAYS—54

Akaka	Feinstein	Merkley
Baucus	Franken	Murray
Bayh	Gillibrand	Nelson (FL)
Begich	Hagan	Pryor
Bennet	Harkin	Reed
Bingaman	Inouye	Reid
Boxer	Johnson	Rockefeller
Brown (OH)	Kaufman	Sanders
Burris	Kerry	Schumer
Cantwell	Klobuchar	Shaheen
Cardin	Kohl	Specter
Carper	Landrieu	Stabenow
Casey	Lautenberg	Tester
Conrad	Leahy	Udall (CO)
Dodd	Levin	Udall (NM)
Dorgan	Lieberman	Warner
Durbin	McCaskill	Whitehouse
Feingold	Menendez	Wyden

NOT VOTING—4

Bond	Isakson
Byrd	Mikulski

The PRESIDING OFFICER (Mr. BROWN of Ohio). On this vote, the yeas are 42, the nays are 54. Three-fifths of the Senators being duly chosen and sworn not having voted in the affirmative, the motion is not agreed to. The point of order is sustained, and the amendment falls.

Mr. REID. Mr. President, I move to reconsider the vote.

Mr. PRYOR. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

ROBERTS MOTION TO COMMIT

The PRESIDING OFFICER. There is now 2 minutes equally divided before the vote with respect to the Roberts motion to commit.

The junior Senator from Kansas.

Mr. ROBERTS. Thank you, Mr. President.

This motion commits the bill back to the Finance Committee with instructions to repeal ''the four rationers'' of health care reform. These four horsemen of the rationing apocalypse are the Patient Center Outcomes Research Institute, already conducting research that will be used to deny coverage and ration care; the CMS Innovation Center, which will grant new powers to CMS—that should be a pleasant thought by any beleaguered hospital administrator—the U.S. Preventive Services Task Force, which is given new powers—that is the outfit that said women should not have mammograms until age 50—wonderful—and the Independent Payment Advisory Board, vested with extraordinary power to set Medicare payment rates and make policy decisions.

These rationers comprise the infrastructure for the ''Brave New World'' of big government intrusion into health care decisions of all Americans, and they must be repealed.

Start over. Put patient care first. Get them back in the corral. Support the amendment.

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

The Senator from Montana.

Mr. BAUCUS. Mr. President, saying it doesn't make it so. It is not at all as it has been described.

We very much in this country have to work to control health care costs. Doctors and hospitals—especially doctors—want to practice evidence-based medicine, even more than they do now. They want the evidence. They want the information. They want to know which procedures and medicine, et cetera, work better than others. These commissions will help them get that information. Then, they make the decisions alone, independently, with their patients as to what to do. But they want more evidence so they can make more evidence-based decisions.

Second, I am not going to sugarcoat it. This independent advisory board is very important to help improve quality of care and to control costs. It does have some teeth in it. But I say to my colleagues, if we really want to do something about health care costs in this country, this is a start. CBO says this does score positively. I, therefore, move to table the motion, and I ask for the yeas and nays.

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

The question is on agreeing to the motion to table the motion to commit.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Maryland (Ms. MIKULSKI) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND) and the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 59, nays 37, as follows:

[Rollcall Vote No. 86 Leg.]

YEAS—59

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

NAYS—37

Alexander	DeMint	McCain
Barrasso	Ensign	McConnell
Bennett	Enzi	Murkowski
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Thune
Coburn	Inhofe	Vitter
Cochran	Johanns	Voinovich
Corker	Kyl	Wicker
Cornyn	LeMieux	
Crapo	Lugar	

NOT VOTING—4

Bond	Isakson
Byrd	Mikulski

The motion was agreed to.

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

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. REID. Mr. President, we have finished the first tranche of amendments and motions, some 23 in number, all of which were amendments pending at the end of the 20 hours. I think it is time we pause for a minute and find out where we are and where we need to go.

First of all, I congratulate the entire Senate. I think the decorum of the Senate has been maintained in the highest standards. The debate has been good. I especially appreciate the work of the staff, the professionals they always are.

We have handled, as I indicated, 23 amendments and motions. Not a single one has been adopted. All of the amendments and motions have been offered by the minority, which is their right. The average, according to CRS, number of amendments offered during this same type of proceeding is 21. We are two over that now.

I want, of course, to congratulate my friend, Senator GREGG, who has managed these budget-type proceedings on many occasions and is always a gentleman, easy to work with. There could have been a lot of controversy. There has been none. There has been no reading of amendments. There has been agreement that time would be allowed to speak on behalf of amendments.

I think, though—I am speaking to my chairs: HARKIN, BAUCUS, DODD, CONRAD—they agree unanimously we need to just continue. The House of Representatives worked all weekend moving this issue along, and I think we need to move this along and find out if they have to take any action on this tomorrow, which is today.

I say to my colleague, my counterpart, the Republican leader, through the Chair that I think we would like to know what the plans are. We are not going to offer any amendments. We would like to know if there is some indication from the Republican side as to how many more amendments we are going to deal with this morning.

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. MCCONNELL. Mr. President, I say to my friend the majority leader, I agree, I think the process has been well handled today. The top number of amendments that have been offered on past reconciliation bills is 53. We have offered 23.

We have had a number of discussions off the floor, I say for the benefit of everyone in the Chamber, about some process to complete this bill and to complete the next bill that will be brought up by the majority after we finish this bill. I think there is a chance we might be able to reach some agreement on the disposition of this bill and that bill. I think we should

continue to discuss it. I will be happy to continue those discussions with the majority leader. In the meantime, it strikes me we can either continue voting tonight or we could set a reasonable time in the morning after everybody has had a chance to get some sleep, continue voting and discussing and see if we can't wrap up both this measure and the next one in the not too distant future.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. REID. Mr. President, my focus is on this legislation, and I know there are other things we have to deal with before we leave, but I am not concerned about those at this stage. I want to finish this legislation, and I want to do that as quickly as we can.

So I would ask that we just proceed. I hope there aren't that many more amendments, but we are here for the duration.

I would note—and I am certainly in no way trying to denigrate those amendments that have been offered, but we have to understand that not a single one has been adopted. I don't know what we are trying to accomplish. We have listened intently. Most of the comments from our side have been from the chairman of the Finance Committee because most of these issues deal with the jurisdiction he has. But it is very clear there is no attempt to improve the bill. There is an attempt to destroy this bill.

We already have a law in place. It is the bill that we passed on Christmas Eve 2009. That is the law of this land. This is a matter to improve that, and I have to suggest that we are going to continue down this road. I am not sure it is a good picture for the American people, to have all these amendments and not a single one of them having enough votes to pass, but that judgment is not mine. We are here to try to move this along.

The House of Representatives is waiting for us to act, as we speak. I think they have proven they are willing to work hard, as indicated this past weekend and over the last several weeks. So let's continue forward in the same spirit we have gotten this far. But I would hope that my friends understand I think it would be to the benefit of most everyone if we could get out of here at a decent hour today. If it is not, if we are going to keep going, that is the way it is. I am an old marathoner, and getting older every day.

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. MCCONNELL. I would just add that there are some obvious disadvantages to the minority to be in a reconciliation contest, but one of the advantages is that we have had more amendment votes today than we had in the entire month of December on the previous health care bill. So the majority leader may not think we are serious about changing the bill, but we would like to change the bill. And with a little help from our friends on the other side, we could improve this bill significantly.

But rather than subject all of our Members to listening to the majority leader and myself go back and forth, I would simply suggest it might be a better use of his and my time for us to continue the discussions we have been having off the floor, continue to offer the amendments, and see if we can reach an accommodation that satisfies both sides. Maybe the best way to do that would be for Senator REID and myself to continue our discussions while we will keep voting, if that is what the majority would like.

The PRESIDING OFFICER. The junior Senator from Kentucky is recognized.

AMENDMENT NO. 3681

Mr. BUNNING. Mr. President, I would like to call up Bunning amendment No. 3681.

The PRESIDING OFFICER. The clerk will report the amendment.

The bill clerk read as follows:

The Senator from Kentucky [Mr. BUNNING] proposes an amendment numbered 3681.

Mr. BUNNING. Mr. President, I ask unanimous consent to dispense with the reading of the amendment.

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

The amendment is as follows:

(Purpose: To allow individuals to elect to opt out of the Medicare part A benefits)

At the end of subtitle B of title I, add the following:

SEC. ___. ALLOWING INDIVIDUALS TO ELECT TO OPT OUT OF THE MEDICARE PART A BENEFIT.

Notwithstanding any other provision of law, in the case of an individual who elects to opt out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.

The PRESIDING OFFICER. The Senator has 1 minute.

Mr. BUNNING. Mr. President, I rise to offer a very important amendment to many of our seniors. My amendment would allow individuals to voluntarily opt out of Medicare Part A benefits. Right now, if you don't want to have Medicare Part A, you have to forego Social Security checks and you also have to repay any Medicare benefits that have been paid on your behalf. I don't think that is fair.

If a senior doesn't want Part A, they shouldn't be forced to take it. My amendment says that anyone who opts out of Part A will not have to give up their Social Security benefits and would not have to repay Medicare payments that have already been made on their behalf. This amendment does not allow anyone to opt out of paying their Medicare taxes. Instead, it just allows them to not take Medicare benefits without being penalized.

I think this is a fairness issue, and I hope Members can support it.

The PRESIDING OFFICER. The time has expired.

The senior Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, since 1965, Medicare has provided security and health to millions of seniors. Along with Social Security, it is one of the two most successful and best social programs this country has adopted. Now, after 45 years of success, what does this amendment seek to do? It seeks to undermine the foundation of our social insurance program.

It is a two-tiered system. The wealthy can take care of themselves. Then, when they leave Medicare, it leaves a second-class seniors health care system remaining in Medicare. It is unthinkable, frankly, that we would have a two-tiered system for our seniors under Medicare. I therefore move to table the Bunning amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND) and the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 61, nays 36, as follows:

[Rollcall Vote No. 87 Leg.]

YEAS—61

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

NAYS—36

Alexander	Crapo	LeMieux
Barrasso	DeMint	Lugar
Bennett	Ensign	McCain
Brown (MA)	Enzi	McConnell
Brownback	Graham	Murkowski
Bunning	Grassley	Risch
Burr	Gregg	Roberts
Chambliss	Hatch	Sessions
Coburn	Hutchison	Shelby
Cochran	Inhofe	Thune
Corker	Johanns	Vitter
Cornyn	Kyl	Wicker

NOT VOTING—3

Bond	Byrd	Isakson

The motion was agreed to.

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

AMENDMENT NO. 3699

Mr. GRASSLEY. I send an amendment to the desk and ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Iowa [Mr. GRASSLEY], proposes an amendment numbered 3699.

Mr. GRASSLEY. I ask unanimous consent that reading of the amendment be dispensed with.

Mr. BAUCUS. Mr. President, I object. I object.

The PRESIDING OFFICER. The Senator from Montana objects.

The assistant legislative clerk continued with the reading of the amendment.

Mr. BAUCUS. Mr. President, I ask unanimous consent that further reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To provide a temporary extension of certain programs)

At the end of the bill, insert:

TITLE III—TEMPORARY EXTENSION OF CERTAIN PROGRAMS

SEC. 300. SHORT TITLE.

This title may be cited as the ''Continuing Extension Act of 2010''.

SEC. 301. EXTENSION OF UNEMPLOYMENT INSURANCE PROVISIONS.

(a) IN GENERAL.—(1) Section 4007 of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended—

(A) by striking ''April 5, 2010'' each place it appears and inserting ''May 5, 2010'';

(B) in the heading for subsection (b)(2), by striking ''APRIL 5, 2010'' and inserting ''MAY 5, 2010''; and

(C) in subsection (b)(3), by striking ''September 4, 2010'' and inserting ''October 2, 2010''.

(2) Section 2002(e) 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), is amended—

(A) in paragraph (1)(B), by striking ''April 5, 2010'' and inserting ''May 5, 2010'';

(B) in the heading for paragraph (2), by striking ''APRIL 5, 2010'' and inserting ''MAY 5, 2010''; and

(C) in paragraph (3), by striking ''October 5, 2010'' and inserting ''November 5, 2010''.

(3) Section 2005 of the Assistance for Unemployed Workers and Struggling Families Act, as contained in Public Law 111–5 (26 U.S.C. 3304 note; 123 Stat. 444), is amended—

(A) by striking ''April 5, 2010'' each place it appears and inserting ''May 5, 2010''; and

(B) in subsection (c), by striking ''September 4, 2010'' and inserting ''October 2, 2010''.

(4) Section 5 of the Unemployment Compensation Extension Act of 2008 (Public Law 110–449; 26 U.S.C. 3304 note) is amended by striking ''September 4, 2010'' and inserting ''October 2, 2010''.

(b) FUNDING.—Section 4004(e)(1) of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended—

(1) in subparagraph (C), by striking ''and'' at the end;

(2) by inserting after subparagraph (D) the following new subparagraph:

''(E) the amendments made by section 2(a)(1) of the Continuing Extension Act of 2010; and''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the amendments made by section 2 of the Temporary Extension Act of 2010 (Public Law 111–144).

SEC. 302. EXTENSION AND IMPROVEMENT OF PREMIUM ASSISTANCE FOR COBRA BENEFITS.

Subsection (a)(3)(A) of section 3001 of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5), as amended by section 3(a) of the Temporary Extension Act of 2010 (Public Law 111–144), is amended by striking ''March 31, 2010'' and inserting ''April 30, 2010''.

SEC. 303. INCREASE IN THE MEDICARE PHYSICIAN PAYMENT UPDATE.

Paragraph (10) of section 1848(d) of the Social Security Act, as added by section 1011(a) of the Department of Defense Appropriations Act, 2010 (Public Law 111–118) and as amended by section 5 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended—

(1) in subparagraph (A), by striking ''March 31, 2010'' and inserting ''April 30, 2010''; and

(2) in subparagraph (B), by striking ''April 1, 2010'' and inserting ''May 1, 2010''.

SEC. 304. EHR CLARIFICATION.

(a) QUALIFICATION FOR CLINIC-BASED PHYSICIANS.—

(1) MEDICARE.—Section 1848(o)(1)(C)(ii) of the Social Security Act (42 U.S.C. 1395w–4(o)(1)(C)(ii)) is amended by striking ''setting (whether inpatient or outpatient)'' and inserting ''inpatient or emergency room setting''.

(2) MEDICAID.—Section 1903(t)(3)(D) of the Social Security Act (42 U.S.C. 1396b(t)(3)(D)) is amended by striking ''setting (whether inpatient or outpatient)'' and inserting ''inpatient or emergency room setting''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be effective as if included in the enactment of the HITECH Act (included in the American Recovery and Reinvestment Act of 2009 (Public Law 111–5)).

(c) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary of Health and Human Services may implement the amendments made by this section by program instruction or otherwise.

SEC. 305. ELIMINATION OF A SWEETHEART DEAL THAT INCREASES MEDICARE REIMBURSEMENT JUST FOR FRONTIER STATES.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, section 10324 of such Act (and the amendments made by such section) is repealed.

SEC. 306. EXTENSION OF USE OF 2009 POVERTY GUIDELINES.

Section 1012 of the Department of Defense Appropriations Act, 2010 (Public Law 111–118), as amended by section 7 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended by striking ''March 31, 2010'' and inserting ''April 30, 2010''.

SEC. 307. EXTENSION OF NATIONAL FLOOD INSURANCE PROGRAM.

(a) EXTENSION.—Section 129 of the Continuing Appropriations Resolution, 2010 (Public Law 111–68), as amended by section 8 of Public Law 111–144, is amended by striking ''by substituting'' and all that follows through the period at the end and inserting ''by substituting April 30, 2010, for the date specified in each such section.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be considered to have taken effect on February 28, 2010.

SEC. 308. SATELLITE TELEVISION EXTENSION.

(a) AMENDMENTS TO SECTION 119 OF TITLE 17, UNITED STATES CODE.—

(1) IN GENERAL.—Section 119 of title 17, United States Code, is amended—

(A) in subsection (c)(1)(E), by striking ''March 28, 2010'' and inserting ''April 30, 2010''; and

(B) in subsection (e), by striking ''March 28, 2010'' and inserting ''April 30, 2010''.

(2) TERMINATION OF LICENSE.—Section 1003(a)(2)(A) of Public Law 111–118 is amended by striking ''March 28, 2010'', and inserting ''April 30, 2010''.

(b) AMENDMENTS TO COMMUNICATIONS ACT OF 1934.—Section 325(b) of the Communications Act of 1934 (47 U.S.C. 325(b)) is amended—

(1) in paragraph (2)(C), by striking ''March 28, 2010'' and inserting ''April 30, 2010''; and

(2) in paragraph (3)(C), by striking ''March 29, 2010'' each place it appears in clauses (ii) and (iii) and inserting ''May 1, 2010''.

SEC. 309. COMPENSATION AND RATIFICATION OF AUTHORITY RELATED TO LAPSE IN HIGHWAY PROGRAMS.

(a) COMPENSATION FOR FEDERAL EMPLOYEES.—Any Federal employees furloughed as a result of the lapse in expenditure authority from the Highway Trust Fund after 11:59 p.m. on February 28, 2010, through March 2, 2010, shall be compensated for the period of that lapse at their standard rates of compensation, as determined under policies established by the Secretary of Transportation.

(b) RATIFICATION OF ESSENTIAL ACTIONS.—All actions taken by Federal employees, contractors, and grantees for the purposes of maintaining the essential level of Government operations, services, and activities to protect life and property and to bring about orderly termination of Government functions during the lapse in expenditure authority from the Highway Trust Fund after 11:59 p.m. on February 28, 2010, through March 2, 2010, are hereby ratified and approved if otherwise in accord with the provisions of the Continuing Appropriations Resolution, 2010 (division B of Public Law 111–68).

(c) FUNDING.—Funds used by the Secretary to compensate employees described in subsection (a) shall be derived from funds previously authorized out of the Highway Trust Fund and made available or limited to the Department of Transportation by the Consolidated Appropriations Act, 2010 (Public Law 111–117) and shall be subject to the obligation limitations established in such Act.

(d) EXPENDITURES FROM HIGHWAY TRUST FUND.—To permit expenditures from the Highway Trust Fund to effectuate the purposes of this section, this section shall be deemed to be a section of the Continuing Appropriations Resolution, 2010 (division B of Public Law 111–68), as in effect on the date of the enactment of the last amendment to such Resolution.

SEC. 310. USE OF STIMULUS FUNDS TO OFFSET SPENDING.

The unobligated balance of each amount appropriated or made available under the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) (other than under title X of division A of such Act) is rescinded pro rata such that the aggregate amount of such rescissions equals $9,200,000,000 in order to offset the net increase in spending resulting from the provisions of, and amendments made by, sections 2 through 10. The Director of the Office of Management and Budget shall report to each congressional committee the amounts so rescinded within the jurisdiction of such committee.

SEC. 311. ELIMINATION OF ADVANCE REFUNDABILITY OF EARNED INCOME CREDIT.

(a) IN GENERAL.—Section 3507, subsection (g) of section 32, and paragraph (7) of section 6051(a) are repealed.

(b) CONFORMING AMENDMENTS.—

(1) Section 6012(a) is amended by striking paragraph (8) and by redesignating paragraph (9) as paragraph (8).

(2) Section 6302 is amended by striking subsection (i).

(c) EFFECTIVE DATE.—The repeals and amendments made by this section shall apply to taxable years beginning after December 31, 2010.

The PRESIDING OFFICER. The Senator from Iowa is recognized for 1 minute.

Mr. GRASSLEY. This amendment is based largely on the extenders package that passed the House last week. It includes a 30-day extension for unemployment insurance, COBRA coverage, and the SGR Medicare physicians payment fix. It includes provisions on Federal poverty guidelines, national flood insurance, satellite television and compensation for highway programs.

There is one very important difference between my amendment and the House bill. My amendment is fully offset. We can do this without adding to the deficit. I urge its passage and reserve the remainder of my time.

The PRESIDING OFFICER. The senior Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, there is discussion in progress on how to deal with extenders that is ongoing with the majority leader and minority leader. In fact, the minority leader referred to it when he spoke just about a half hour ago. I think it is best to continue that process. More important, I think, this amendment is a killer amendment designed to send the reconciliation bill back to the House and let it go all over again. It is paid for by repealing some stimulus dollars. It is paid for by cutting back on the fundability of the EITC—clearly nonstarters. I might say, too, there are other pay-fors in here that are not going to fly, frankly.

I raise a point of order the Grassley amendment violates section 313(b)(1)(C) of the Congressional Budget Act.

Mr. GRASSLEY. Do I have time left?

The PRESIDING OFFICER. The Senator from Iowa has 20 seconds.

Mr. GRASSLEY. Yes? Mr. President, let's wake up. This has to be passed. It has to be passed before the end. One of the problems we always have is that it is not offset. It was included in the Baucus-Grassley bill way back in February. The leader had the chutzpah to dump his own chairman aside and go ahead with a partisan bill. Then the other side complained about the Bunning filibuster, and we have an opportunity now to avoid all that. We ought to avoid it and move on.

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

Mr. BAUCUS. I raise the point of order that the Grassley amendment violates section 313(b)(1)(C) of the Congressional Budget Act.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(G)(3) of the statutory pay-as-you-go act of 2010, I move to waive all applicable provisions of those acts and applicable budget resolutions for purposes of my amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second. The question is on agreeing to the motion. The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from New Jersey (Mr. LAUTENBERG) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND) and the Senator from Georgia (Mr. ISAKSON).

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

The yeas and nays resulted—yeas 40, nays 56, as follows:

[Rollcall Vote No. 88 Leg.]

YEAS—40

Alexander	DeMint	McConnell
Barrasso	Ensign	Murkowski
Bennett	Enzi	Nelson (NE)
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Voinovich
Corker	LeMieux	Wicker
Cornyn	Lugar	
Crapo	McCain	

NAYS—56

Akaka	Franken	Murray
Baucus	Gillibrand	Nelson (FL)
Bayh	Hagan	Pryor
Begich	Harkin	Reed
Bennet	Inouye	Reid
Bingaman	Johnson	Rockefeller
Boxer	Kaufman	Sanders
Brown (OH)	Kerry	Schumer
Burris	Klobuchar	Shaheen
Cantwell	Kohl	Specter
Cardin	Landrieu	Stabenow
Carper	Leahy	Tester
Casey	Levin	Udall (CO)
Conrad	Lieberman	Udall (NM)
Dodd	Lincoln	Warner
Dorgan	McCaskill	Webb
Durbin	Menendez	Whitehouse
Feingold	Merkley	Wyden
Feinstein	Mikulski	

NOT VOTING—4

Bond	Isakson
Byrd	Lautenberg

The PRESIDING OFFICER. On this vote, the yeas are 40, the nays are 56. Three-fifths of the Senators duly chosen and sworn having not voted in the affirmative, the motion is not agreed to, the point of order is sustained, and the amendment falls.

Mr. REID. Mr. President, I move to reconsider the vote and lay that motion upon the table.

The motion to lay upon the table was agreed to.

The PRESIDING OFFICER. The junior Senator from Utah is recognized.

AMENDMENT NO. 3568

Mr. BENNETT. I call up my amendment No. 3568.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from Utah [Mr. BENNETT], for himself, Mr. WICKER, Mr. BROWNBACK, Mr. HATCH, Mr. ROBERTS, Mr. INHOFE, and Mr. CORNYN, proposes an amendment numbered 3568.

Mr. BENNETT. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To protect the democratic process and the right of the people of the District of Columbia to define marriage)

At the end of subtitle B of title I, add the following:

SEC. _____. RIGHT OF THE PEOPLE OF THE DISTRICT OF COLUMBIA TO DEFINE MARRIAGE.

(a) FINDINGS.—Congress finds that—

(1) a broad coalition of residents of the District of Columbia petitioned for an initiative in accordance with the District of Columbia Home Rule Act to establish that ''only marriage between a man and a woman is valid or recognized in the District of Columbia'';

(2) this petition anticipated the Council of the District of Columbia's passage of an Act legalizing same-sex marriage;

(3) the unelected District of Columbia Board of Elections and Ethics and the unelected District of Columbia Superior Court thwarted the residents' initiative effort to define marriage democratically, holding that the initiative amounted to discrimination prohibited by the District of Columbia Human Rights Act; and

(4) the definition of marriage affects every person and should be debated openly and democratically.

(b) REFERENDUM OR INITIATIVE REQUIREMENT.—Notwithstanding any other provision of law, including the District of Columbia Human Rights Act, the government of the District of Columbia shall immediately suspend the issuance of marriage licenses to any couple of the same sex until the people of the District of Columbia have the opportunity to hold a referendum or initiative on the question of whether the District of Columbia should issue same-sex marriage licenses.

Mr. BENNETT. Mr. President, with eight other cosponsors, we have offered a bill that would allow the people of the District of Columbia to exercise the same right that has been exercised by 31 States with respect to the issue of whether there would be gay marriage in their jurisdiction.

This bill does not take any position with respect to gay marriage, simply allows the District to hold a referendum. The Home Rule Charter, which is a constitution for the District, guarantees the people the right to challenge acts passed by the District Council by referendum, and the District Council has repeatedly ignored that right. It is in an effort to restore that that we offer this amendment.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, no matter where you are on the issue of marriage, no matter where you are on the issue of DC home rule, we ought to be able to agree that neither issue has anything to do with this bill, neither one. Therefore, I raise a point of order that the amendment is not germane and thus violates section 305(b)(2) of the Congressional Budget Act.

Mr. BENNETT. Pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(g)(3) of the statutory Pay-as-you-go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The question is on agreeing to the motion.

The yeas and nays have been ordered.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from New Jersey (Mr. LAUTENBERG) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND), the Senator from Georgia (Mr. ISAKSON), and the Senator from Ohio (Mr. VOINOVICH).

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

The yeas and nays resulted—yeas 36, nays 59, as follows:

[Rollcall Vote No. 89 Leg.]

YEAS—36

Alexander	Crapo	LeMieux
Barrasso	DeMint	Lugar
Bennett	Ensign	McCain
Brown (MA)	Enzi	McConnell
Brownback	Graham	Murkowski
Bunning	Grassley	Risch
Burr	Gregg	Roberts
Chambliss	Hatch	Sessions
Coburn	Hutchison	Shelby
Cochran	Inhofe	Thune
Corker	Johanns	Vitter
Cornyn	Kyl	Wicker

NAYS—59

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

NOT VOTING—5

Bond	Isakson	Voinovich
Byrd	Lautenberg	

The PRESIDING OFFICER. On this vote, the yeas 36, the nays are 59. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected. The point of order is sustained, and the amendment falls.

The senior Senator from New Hampshire is recognized.

Mr. GREGG. Mr. President, just so people know, on our side the order we are going to proceed on is that the next amendment will be by the Senator from Idaho, followed by the Senator from Texas, followed by the Senator from Louisiana, then the Senator from South Carolina, and then the Senator from Oklahoma. That is the next group of five amendments.

The PRESIDING OFFICER. The junior Senator from Idaho is recognized.

Mr. RISCH. Oh, thank you so much, Mr. President.

AMENDMENT NO. 3645

I call up amendment No. 3645 and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Idaho [Mr. RISCH], for himself, and Mr. CRAPO, proposes an amendment numbered 3645.

Mr. RISCH. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To repeal the limitation on itemized medical expense deductions)

At the end of subtitle E of title I, insert the following:

SECTION ___. REPEAL OF LIMITATION ON ITEMIZED DEDUCTIONS FOR MEDICAL EXPENSES.

(a) IN GENERAL.—Section 9013 of the Patient Protection and Affordable Care Act is hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such section are amended to read as such provisions would read if such section had never been enacted.

(b) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by striking ''8 percent'' and inserting ''5 percent''.

(c) APPLICATION OF PROVISION.—The amendment made by subsection (b) shall apply as if included in the Patient Protection and Affordable Care Act.

The PRESIDING OFFICER. The Senator from Idaho is recognized for 1 minute.

Mr. RISCH. Thank you, Mr. President.

Fellow Senators, I cannot imagine anyone wanting to vote against this amendment. Let me tell you what we have here. It is very simple. Apparently, you made an error when you drafted the original bill because what you did was you levied a tax on people who make less than $200,000 a year. Very simply, what this amendment does is it corrects that.

Right now, under the bill the President signed on Monday, it raised the threshold to 10 percent from 7.5 percent at which you can deduct medical expenses. That tax falls on the most vulnerable people in America—mostly the elderly, mostly very low income. And it raises taxes on 14.7 million people who make less than $200,000 a year. The President of the United States said—he told us, he committed—he would not raise taxes on people who make less than $200,000 a year. I am sure he was just confused when he signed the bill on Monday.

Let's adopt this amendment and get the bill corrected.

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

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

The Senator from Montana.

Mr. BAUCUS. Mr. President, the goal of health care reform is to increase coverage so more people have health insurance. That is the goal of health care reform. What does this amendment do? It goes in the opposite direction. Compared with the bill that was just signed by the President, this amendment will cause many more people to lose health insurance. Why? Because it lowers the income threshold from 8 percent down to 5 percent. That is going to mean fewer Americans get tax credits to pay for health insurance. That means fewer Americans are going to have health insurance compared with current law. That is the main reason we should vote against this amendment, because it expands the number of people who are uninsured rather than expand the number of people who would be insured.

The provision the Senator talks about, frankly, was changed under current law because with health insurance people have less need for that deduction and less need for catastrophic coverage because health insurance will not pay for it.

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

Mr. BAUCUS. Mr. President, I move to table the Risch amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from New Jersey (Mr. LAUTENBERG) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND), the Senator from Georgia (Mr. ISAKSON), and the Senator from Ohio (Mr. VOINOVICH).

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

The result was announced—yeas 55, nays 40, as follows:

[Rollcall Vote No. 90 Leg.]

YEAS—55

Akaka	Feinstein	Merkley
Baucus	Franken	Mikulski
Begich	Gillibrand	Murray
Bennet	Hagan	Nelson (NE)
Bingaman	Harkin	Nelson (FL)
Boxer	Inouye	Pryor
Brown (OH)	Johnson	Reed
Burris	Kaufman	Reid
Cantwell	Kerry	Rockefeller
Cardin	Klobuchar	Sanders
Carper	Kohl	Schumer
Casey	Landrieu	Shaheen
Conrad	Leahy	Specter
Dodd	Levin	Stabenow
Dorgan	Lieberman	Tester
Durbin	McCaskill	
Feingold	Menendez	

Udall (CO)	Warner	Whitehouse
Udall (NM)	Webb	Wyden

NAYS—40

Alexander	Crapo	Lugar
Barrasso	DeMint	McCain
Bayh	Ensign	McConnell
Bennett	Enzi	Murkowski
Brown (MA)	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Johanns	Vitter
Collins	Kyl	Wicker
Corker	LeMieux	
Cornyn	Lincoln	

NOT VOTING—5

Bond	Isakson	Voinovich
Byrd	Lautenberg	

The motion was agreed to.

The PRESIDING OFFICER. The senior Senator from Texas.

AMENDMENT NO. 3635

Mrs. HUTCHISON. Mr. President, I call up amendment No. 3635 and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Texas [Mrs. HUTCHISON] proposes an amendment numbered 3635.

Mrs. HUTCHISON. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To repeal the sunset on marriage penalty relief and to make the election to deduct State and local sales taxes permanent)

At the end of subtitle F of title I, add the following:

SEC. 15___. PERMANENT TAX RELIEF PROVISIONS.

(a) REPEAL OF SUNSET ON MARRIAGE PENALTY RELIEF.—Title IX of the Economic Growth and Tax Relief Reconciliation Act of 2001 (relating to sunset of provisions of such Act) shall not apply to sections 301, 302, and 303(a) of such Act (relating to marriage penalty relief).

(b) PERMANENT EXTENSION OF ELECTION TO DEDUCT STATE AND LOCAL SALES TAXES.—Subparagraph (I) of section 164(b)(5) of the Internal Revenue Code of 1986 is amended by striking '', and before January 1, 2010''.

(c) RESCISSION OF STIMULUS FUNDS.—Any amounts appropriated or made available and remaining unobligated under division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115) (other than under title X of such division A), are hereby rescinded.

The PRESIDING OFFICER. The Senator from Texas is recognized for 1 minute.

Mrs. HUTCHISON. Mr. President, this is a very simple amendment. It would just make relief from the marriage penalty and the sales tax deduction permanent. If we don't act, people across our country are going to start getting the marriage penalty tax once again. This was corrected under previous tax law, but that is going out of existence at the end of this year. Sales tax deduction is something that affects eight States that do not have a State income tax. It just gives people everywhere in America, if they have either an income tax or a sales tax, the ability to choose what they deduct from their Federal income taxes.

We need to make this law permanent, and I hope everyone will support this amendment.

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

The Senator from Montana.

Mr. BAUCUS. Mr. President, I would remind my colleagues that the Hutchison amendment uses as its offset rolling back the Recovery Act; that is, rolling back stimulus funds. That is taking stimulus funds to permanently pay for the marriage penalty relief as well as sales tax relief.

With unemployment as high as it is, hovering around 10 percent, it makes no sense to cut back stimulus dollars. Stimulus dollars are a proven job creator. All mainstream economists and the CBO tell us that.

I think we should continue to create jobs by using the stimulus dollars. I, therefore, urge my colleagues to not support the Hutchison amendment.

In addition to that, there are funds not within the jurisdiction of reconciled committees. For that reason, I raise a point of order that the Hutchison amendment violates section 313(B)1(C) of the Congressional Budget Act.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(G)(3) of the Statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from New Jersey (Mr. LAUTENBERG) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND), the Senator from Georgia (Mr. ISAKSON), and the Senator from Ohio (Mr. VOINOVICH).

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

The yeas and nays resulted—yeas 40, nays 55, as follows:

[Rollcall Vote No. 91 Leg.]

YEAS—40

Alexander	Coburn	Grassley
Barrasso	Cochran	Hatch
Bayh	Collins	Hutchison
Bennett	Corker	Inhofe
Brown (MA)	Cornyn	Johanns
Brownback	Crapo	Kyl
Bunning	DeMint	LeMieux
Burr	Ensign	Lugar
Cantwell	Enzi	McCain
Chambliss	Graham	McConnell
Murkowski	Sessions	Vitter
Nelson (NE)	Shelby	Wicker
Risch	Snowe	
Roberts	Thune	

NAYS—55

Akaka	Gregg	Nelson (FL)
Baucus	Hagan	Pryor
Begich	Harkin	Reed
Bennet	Inouye	Reid
Bingaman	Johnson	Rockefeller
Boxer	Kaufman	Sanders
Brown (OH)	Kerry	Schumer
Burris	Klobuchar	Shaheen
Cardin	Kohl	Specter
Carper	Landrieu	Stabenow
Casey	Leahy	Tester
Conrad	Levin	Udall (CO)
Dodd	Lieberman	Udall (NM)
Dorgan	Lincoln	Warner
Durbin	McCaskill	Webb
Feingold	Menendez	Whitehouse
Feinstein	Merkley	Wyden
Franken	Mikulski	
Gillibrand	Murray	

NOT VOTING—5

Bond	Isakson	Voinovich
Byrd	Lautenberg	

The PRESIDING OFFICER. On this vote, the yeas are 40 and the nays are 55. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected. The point of order is sustained, and the amendment falls.

The Senator from Louisiana.

AMENDMENT NO. 3668

Mr. VITTER. Mr. President, I call up amendment No. 3668 and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Louisiana [Mr. VITTER] proposes an amendment numbered 3668.

Mr. VITTER. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To increase women's access to breast cancer screenings)

At the end of subtitle F of title I, add the following:

SEC. 15___. REFUNDS OF FEDERAL MOTOR FUEL EXCISE TAXES FOR FUEL USED IN MOBILE MAMMOGRAPHY VEHICLES.

(a) REFUNDS.—Section 6427 of the Internal Revenue Code of 1986 (relating to fuels not used for taxable purposes) is amended by inserting after subsection (f) the following new subsection:

''(g) FUELS USED IN MOBILE MAMMOGRAPHY VEHICLES.—Except as provided in subsection (k), if any fuel on which tax was imposed by section 4041 or 4081 is used in any highway vehicle designed exclusively to provide mobile mammography services to patients within such vehicle, the Secretary shall pay (without interest) to the ultimate purchaser of such fuel an amount equal to the aggregate amount of the tax imposed on such fuel.''.

(b) EXEMPTION FROM RETAIL TAX.—Section 4041 of such Code is amended by adding at the end the following new subsection:

''(n) FUELS USED IN MOBILE MAMMOGRAPHY VEHICLES.—No tax shall be imposed under this section on any liquid sold for use in, or used in, any highway vehicle designed exclusively to provide mobile mammography services to patients within such vehicle.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of the enactment of this Act.

Mr. VITTER. Mr. President, a short time ago the distinguished majority leader urged there to be amendments to improve the bill, not to do any harm to the broader ObamaCare bill. This is exactly such an amendment.

This amendment would pass my Mobile Mammography Act, S. 2051. This amendment would allow mobile mammography units to purchase fuel without the Federal excise tax. This is exactly similar to an existing exemption for blood centers. These units are very important to give access to women for breast cancer screening. And this only scores $1 million, so there is no significant budget impact. This does improve the bill. This does nothing to the underlying ObamaCare bill.

This reconciliation bill is already going back to the House, so I urge a bipartisan vote in support of this good idea.

I reserve the remainder of my time.

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

Mr. VITTER. Mr. President, I ask unanimous consent to have printed in the RECORD two letters relating to my amendment.

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

LSU HEALTH SCIENCES CENTER,
October 23, 2009.

Re Mobile Mammography Promotion Act

HON. DAVID VITTER: I am writing in support of the Mobile Mammography Act which will eliminate the Federal Excise tax on fuel for mobile mammography vehicles. At the LSU Health Sciences Center in Shreveport, Feist-Weiller Cancer Center, this year we have put our mobile mammography vehicle into service. We perform free mammograms for the uninsured and underinsured in North Louisiana. As you know this is an expensive operation and fuel costs can be significant. Any savings in fuel cost will allow us to reach more patients in our service area.

Mobile Mammography is especially important in Louisiana, which according to 2005 SEER statistics has the highest breast cancer mortality of all the states. The rural areas in Louisiana are particularly underserved as 40% of the parishes in North Louisiana have no mammography facilities; and those parishes with mammography are often unaffordable to our lower income patients.

On behalf of the women in Louisiana. I applaud your efforts and support for a vital resource—mobile mammography.

Sincerely,

JERRY W. MCLARTY, PH.D.,
Professor of Medicine, Director, Cancer Prevention & Control.

MOBILE HEALTH CLINICS NETWORK,
October 29, 2009.

Hon. DAVID VITTER,
U.S. Senate, Hart Senate Office Building, Washington, DC.

DEAR SENATOR VITTER: We are writing to support for your proposed amendment to the IRS Code of 1986 to allow refunds of Federal motor fuel excise taxes on fuels used in Mobile Mammography vehicles.

Most of the nearly 200 Mobile Mammography programs throughout the U.S. are nonprofits organizations; many provide screenings for medically underserved women. In the past year, non-profits have been struggling due to the economic downturn, resulting in a decrease in donor dollars. Because of the downturn, there are also more and more Americans that need to access the services we provide, and it is very difficult to predict when the benevolence of Americans who can give will be restored to previous levels. Thus, every cost savings that we can realize makes a difference in our ability to continue the vital health services that we offer. The change that you propose to the tax code may be the difference between continued operations and closing services for some programs, and with Mobile Healthcare, our continuation gives us the opportunity to further impact lives, and in some cases, saving lives of Americans across the nation. We encourage the passage of this important amendment, cited as the ''Mobile Mammography Promotion Act of 2009''.

It is our sincere hope that the impact from this change will be great enough to encourage you and your colleagues in the Senate and the House to consider expanding the application of the amendment to include all Mobile Healthcare programs. There are approximately 2,000 Mobile Health programs operating in the U.S., serving millions of women, men, and children—many of whom have no other access to affordable preventive and primary care, mammography screenings, and oral healthcare. It is widely recognized that Mobile Healthcare programs yield improved health outcomes for the underserved and save the healthcare system billions of dollars.

Mobile Health Clinics Network (MHCN) is a nationwide, membership-based association of Mobile Health programs primarily operated by non-profit entities such as community health clinics, hospitals, and university schools of medicine, nursing and dentistry. MHCN completed its Fifth Annual Mobile Health Clinics Forum this past April, and we are pleased to send you (under separate mail) a copy of the official Program Binder. It will certainly offer you a view toward the breadth and scope of Mobile Healthcare programs that now operate in the U.S. and internationally.

On behalf of Mobile Mammography and Mobile Health clinics across the nation, we thank you for your efforts toward introducing the IRS amendment and for your continued attention to making positive impacts that will support continued operation of these unique healthcare delivery systems. Early detection is the most effective method to preventing and treating disease, and for Americans who rely on Mobile Health services for these critical interventions, this tax change could ensure many more years of access to a healthcare system that provides potentially life-saving services.

SINCERELY,

ANTHONY VAVASIS, MD,
Advisory Board Chair, Mobile Health Clinics Network, Clinical Director, Health Outreach to Teens Program, New York, NY.

DARIEN DELORENZO,
CEO & Executive Director, Mobile Health Clinics Network.

MHCN ADVISORY BOARD MEMBERS

Melissa Lofton, Administrative Manager, Mobile Mammograph, Breast Diagnostic Clinic, M.D. Anderson Cancer Center, Houston, TX, Mammography Co-Chair, 2010 MHCN Annual Forum.

Candy Simbalenko, RN, BS, Manager, Breast Health Programs, St. Joseph's Medical Center, Stockton, CA.

James Comeaux, LCSW, Chief Operating Officer, St. Charles Community Health Center, Luling, LA.

Jennifer Bennet, Executive Director, The Family Van, Harvard Medical School, Boston, MA.

Tina Hembree, MPH, Program Manager, Cancer Detection & Early Prevention, Norton Healthcare, Cancer Institute, Louisville, KY, Chair, MHCN Mammography SIG.

Shirley Hampton, RN, Development Director, Nevada Health Centers, Inc., Carson City, NV.

Karen McInerney, RTRM, Director, Breast Imaging Services, Swedish Medical Center, Seattle, WA.

Leah Berger, MPH, Director, Community Health Programs, Planning & Development, Office of Community Affairs & Health Policy, Tulane University School of Medicine, New Orleans, LA.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I strongly support—I think every Member in this Chamber does—prevention and treatment of breast cancer and women's health generally. And the bill the President signed Tuesday makes great strides to that end. For example, it prohibits gender rating and eliminates the ability of insurers to limit coverage based on preexisting conditions. In addition to the preventive services available to everyone in the exchange, the health reform bill ensures that women have access to the unique preventive services they need, such as wellness exams.

I might also add that the amendment further drains dollars from the highway trust fund. We don't want to go in that direction. Therefore, Mr. President, I move to table the amendment, and I ask for the yeas and nays.

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

The question is on the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from New Jersey (Mr. LAUTENBERG) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND), the Senator from Georgia (Mr. ISAKSON), and the Senator from Ohio (Mr. VOINOVICH).

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

The result was announced—yeas 56, nays 39, as follows:

[Rollcall Vote No. 92 Leg.]

YEAS—56

Akaka	Franken	Murray
Baucus	Gillibrand	Nelson (FL)
Bayh	Hagan	Pryor
Begich	Harkin	Reed
Bennet	Inouye	Reid
Bingaman	Johnson	Rockefeller
Boxer	Kaufman	Sanders
Brown (OH)	Kerry	Schumer
Burris	Klobuchar	Shaheen
Cantwell	Kohl	Specter
Cardin	Landrieu	Stabenow
Carper	Leahy	Tester
Casey	Levin	Udall (CO)
Conrad	Lieberman	Udall (NM)
Dodd	Lincoln	Warner
Dorgan	McCaskill	Webb
Durbin	Menendez	Whitehouse
Feingold	Merkley	Wyden
Feinstein	Mikulski	

NAYS—39

Alexander	Crapo	Lugar
Barrasso	DeMint	McCain
Bennett	Ensign	McConnell
Brown (MA)	Enzi	Murkowski
Brownback	Graham	Nelson (NE)
Bunning	Grassley	Risch
Burr	Gregg	Roberts
Chambliss	Hatch	Sessions
Coburn	Hutchison	Shelby
Cochran	Inhofe	Snowe
Collins	Johanns	Thune
Corker	Kyl	Vitter
Cornyn	LeMieux	Wicker

NOT VOTING—5

Bond	Isakson	Voinovich
Byrd	Lautenberg	

The motion was agreed to.

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

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, it goes without saying we all appreciate everyone's cooperation, having the Senate work so well, yesterday and today. Therefore, after having had long discussions with my friend, the distinguished Senator from Kentucky, I ask unanimous consent that we are going to adjourn in a few minutes; that we will convene at 9:45 a.m. this morning, resume the bill, consider amendments up to 2 p.m., we will dispose of points of order that have been determined—and one is still under review—by 2 p.m. There will be no further amendments after 2 p.m., and the third reading will occur after points of order are disposed of after 2 p.m.

I ask that in the form of a unanimous consent agreement.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. WHITEHOUSE. 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

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

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

TRIBUTE TO ROSE GORDON

Mr. REID. Mr. President, I rise today to honor Ms. Rose Gordon of Reno, NV. Ms. Gordon is a dedicated social worker and public servant who has devoted much of her life to serving the people of Nevada, especially those who are traditionally underrepresented. Her commitment toassisting Nevadans is shown both by her work as a Washoe County social worker and by her involvement in numerous community organizations.

As a social worker, Ms. Gordon has been known for her endless motivation and the sense of self empowerment she gives to members of her community. For 15 years Ms. Gordon has partnered with local school districts to identify potential high school drop-outs and has worked with them and their families to encourage the student to complete high school and receive their diploma. For her efforts to assist children and families, Rose has been honored by the mayor of Reno.

Ms. Gordon has also worked diligently in the pursuit of civil rights for all individuals. Rose has previously held the positions of president of her local NAACP chapter and vice president of the NAACP Tri-State Conference of Idaho, Nevada, and Utah, and continues to serve as an adviser to the NAACP youth council. She is a member of the People of Color Caucus which focuses on the unequal distribution of wealth and knowledge to underserved populations. Through her participation and leadership in these organizations, Rose has been able to assist many members of her community and help ensure equal opportunities for Nevadans.

Ms. Gordon's selfless dedication to assisting individuals who are often forgotten shows that she is a truly great American. She is a leader in the Reno community and an example of how one person with a sense of duty can positively affect many around them.

I am honored today to recognize Ms. Rose Gordon and thank her for her commitment and for the work she has done to serve the people of Reno, NV.

TRIBUTE TO JUDY TREICHEL

Mr. REID. Mr. President, I rise today to honor the work of Judy Treichel, a true and dedicated public servant. Over two decades ago, the Federal Government decided to dump the country's nuclear waste in the Nevada desert, ignoring the opposition of most Nevadans and their leaders and widespread concern that the project was not scientifically sound. Judy recognized that the government's actions were unjust and decided to help lead the opposition to the Yucca Mountain project. So, she founded a nonprofit organization, the Nevada Nuclear Waste Task Force, and dedicated her career to making sure that the people of Nevada and across the country have access to accurate information on the proposed dump at Yucca Mountain and that they are given the opportunity to be heard.

Since 1987, Judy has attended thousands of meetings, hearings, conferences, and classroom discussions related to nuclear waste and Yucca Mountain. As executive director of the task force, she served as the principal liaison between the public interest community and the relevant Federal Government agencies. She brought a public voice to government hearings, technical meetings, and national conferences, and she provided information to grassroots organizations and individuals on the very technical and complicated issues surrounding Yucca Mountain, which concerned and affected their communities. That is how Judy became one of the leading voices in Nevada on the proposed nuclear waste dump.

I have been honored to work with Judy Treichel over the past 23 years, and I can say from experience, that the people of Nevada have been lucky to have such a dedicated and capable woman fighting on their behalf. That is why I was proud to send Judy a note recently letting her know that, with her help, we have won the fight against Yucca Mountain.

PATIENT PROTECTION AND AFFORDABLE CARE ACT

Mr. LEVIN. Mr. President, I am pleased that the President signed into law today the Patient Protection and Affordable Care Act. This bill included a provision that would extend Medicare wage index reclassifications for hospitals across more than half of the United States, including several in my home State.

The Medicare Modernization Act of 2003 included section 508 which reclassified many hospitals' Medicare wage index to appropriately reflect the wage index of their area. This provision ensures that hospitals are able to compete fairly in that area's labor market. Since the MMA was enacted, section 508 has been extended numerous times. Many hospitals, including some in Michigan, were left out of these subsequent extensions. Consequently, those hospitals, originally included in section 508, required technical corrections so they could continue to be reclassified along with the other original hospitals included in section 508. This is something that we have done in previous years and is nothing new. These technical fixes just ensure that the original intent of section 508 is maintained.

Mr. LEAHY. Mr. President, earlier this week, we saw what I have called the dawn of a new day of hope for tens of millions of Americans who have fallen through the cracks—or who worry with good reason that they may fall through the cracks—of our broken health insurance system. The signing into law of comprehensive health insurance reform by President Barack Obama ranks with the creation of Social Security and Medicare as a defining moment and legislative achievement.

Congress and Presidents from both parties tried to reform the health insurance system for decades. Through an arduous process over the last year, America rose to meet one of its foremost challenges. This effort prevailed through the grueling gauntlet of obstructionism erected by defenders of

the status quo. It took a year of debate, the work of numerous committees and both chambers of Congress to enact health insurance reform and to begin to get a handle on costs by having Americans covered by health insurance.

Now that comprehensive health insurance reform is the law of the land, the Senate is already working on improvements to this legislation. These include making coverage more affordable and creating a more equitable distribution of Medicaid reimbursements to States like Vermont that acted early and correctly on reform.

Some are still in denial, and continue to resist the path to reform. Some in the Senate resist improvements to the aspects of the new law that they had previously criticized. They appear intent on voting against improvements and, in effect, in favor of the aspects of the law they had said raised concerns. Some opponents of reform continue to distort what this reform really means, and continue their misleading arguments and spurious attacks. Some appear to see political gain in trying to attack health care reform with lawsuits. This is an effort to have judges override the legislative decisions of Congress, the elected representatives of the American people. This is an effort to repeal through the courts what they cannot do in Congress. Regardless, health insurance reform is the law of the land.

Every member of Congress takes an oath of office. Ours is to ''support and defend the Constitution of the United States.'' I take this oath very seriously and always have. We took it seriously during the many months of open and public debate of the Patient Protection and Affordable Care Act last year. During Senate debate last December, as chairman of the Senate Judiciary Committee, I responded to arguments about the constitutionality of the bill's requirement that individuals purchase health insurance. During that debate, the Senate rejected a purported constitutional point of order raised by Republicans claiming that the individual responsibility requirement was unconstitutional. The Senate's judgment and mine were that the act was constitutional.

This week the President signed the measure into law. This President has studied the Constitution. He has served in the Senate. He has taught classes on constitutional law. The oath he took when he became President of the United States of America is provided in the Constitution. He swore that he would to the best of his ability ''preserve, protect and defend the Constitution of the United States.'' I know President Obama and know that he takes his oath seriously. I know that when he signed the Patient Protection and Affordable Care Act into law, he understood it to be consistent with the Constitution.

Despite the overheated rhetoric from opponents, the authority of Congress to act is well-established by the text and the spirit of the Constitution, by prior acts of Congress like Social Security and Medicare, by longstanding precedent established by our courts, and by the history of American democracy. These were arguments considered and rejected in congressional committees. They were arguments expressly considered by the Senate. Indeed the findings adopted and contained in the law itself are that the individual responsibility requirement is commercial and economic in nature, has a substantial effect on interstate commerce and is ''essential to creating effective health insurance markets.'' That is the congressional judgment.

Ironically, the so-called individual mandate has long been a Republican proposal. The individual mandate was supported by the senior Senator from Arizona, Mr. MCCAIN, when they opposed health care reform efforts during the Clinton administration. It was a part of the health care reform effort in Massachusetts supported by former Governor Mitt Romney, a Republican.

This individual mandate did not originate with President Obama. In fact, when President Obama was a candidate, as a matter of policy he did not support the individual mandate requirement as part of his initial comprehensive health reform proposal. It was one of the hundreds of Republican health care reform ideas he came to support and that were included in the law as the bill was drafted, developed, debated and passed. Now that the law is enacted, some Republicans have changed their tune in order to undercut these reforms by suggesting that it is unconstitutional.

Although the legislative record supports the constitutionality of the individual mandate, and expert after expert maintain that there is no question about congressional authority, I, again, recall what I set forth last December when the Senate considered this issue, made its findings and reached its determination.

The Constitution of the United States begins with a preamble that sets forth the purposes for which ''We the People of the United States'' ordained and established it. Among the six purposes set forth by the Founders was that the Constitution was established to ''promote the general Welfare.'' It is hard to imagine an issue more fundamental to the general welfare of all Americans than their health.

The authority and responsibility for taking actions to further this purpose is vested in Congress by article I of the Constitution. In particular article I, section 8, sets forth several of the core powers of Congress, including the ''general welfare clause,'' the ''commerce clause'' and the ''necessary and proper clause.'' These clauses form the basis for Congress's power, and include authority to reform health care by containing spiraling costs and ensuring its availability for all Americans.

Any serious questions about congressional power to take comprehensive action to build and secure the social safety net have been settled over the past century. According to article I, section 8: ''The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defense and general Welfare of the United States.'' This clause has been the basis for actions by Congress to provide for Americans' social and economic security by passing Social Security, Medicare and Medicaid. Those landmark laws provide the well-established foundation on which Congress builds with the Patient Protection and Affordable Care Act.

As noted by Tom Schaller, enforcing the individual mandate requirement by a tax penalty is far from unprecedented, despite the claims of critics. Individuals pay for Social Security and Medicare, for example, by payroll taxes collected under the Federal Insurance Contributions Act, FICA. These FICA payments are typically collected as deductions and noted on Americans' paychecks every month. As Professor Schaller recently wrote: ''These are the two biggest government-sponsored insurance programs administered by the [Federal Government], and two of the largest line items in the federal budget. These paycheck deductions are not optional, and for all but the self-employed they are taken out immediately.'' The individual mandate requirement in the Patient Protection and Affordable Care Act is hardly revolutionary when viewed against the background of Social Security and Medicare that have long required individual payments.

Congress has woven America's social safety net over the last three score and 12 years. Congress's authority to use its judgment to promote the general welfare cannot now be in doubt. America and all Americans are the better for it. Growing old no longer means growing poor. Being older or poor no longer means being without medical care. These developments are all due to congressional action.

The Supreme Court settled the debate on the constitutionality of Social Security more than 70 years ago in three 1937 decisions. In one of those decisions, Helvering v. Davis, Justice Cardozo wrote that the discretion to determine whether a matter impacts the general welfare ''is not confided in the courts'' but falls ''within the wide range of discretion permitted to the Congress.'' Turning then to the ''nation-wide calamity that began in 1929'' of unemployment spreading from state to state throughout the Nation, leaving older Americans without jobs and security, Justice Cardozo wrote of the Social Security Act: ''The hope behind this statute is to save men and women from the rigors of the poor house as well as from the haunting fear that such a lot awaits them when journey's end is near.''

The Supreme Court reached its decisions upholding Social Security after the first Justice Roberts—Justice

Owen Roberts in the exercise of good judgment and judicial restraint began voting to uphold the key New Deal legislation. He was not alone. It was Chief Justice Hughes who wrote the Supreme Court's opinion in West Coast Hotel v. Parrish upholding minimum wage requirements as reasonable regulation. The Supreme Court also upheld a Federal farm bankruptcy law, railroad labor legislation, a regulatory tax on firearms and the Wagner Act on labor relations in National Labor Relations Board v. Jones & Laughlin Steel Corporation. The Supreme Court abandoned its judicially-created veto over congressional action with which it disagreed on policy grounds and rightfully deferred to Congress's constitutional authority.

These Supreme Court decisions and the principles underlying them are not in question. As Dean Erwin Chemerinsky of the University of California Irvine School of Law wrote in an op-ed in the Los Angeles Times: ''Congress has broad power to tax and spend for the general welfare. In the last 70 years, no federal taxing or spending program has been declared to exceed the scope of Congress' power. The ability in particular of Congress to tax people to spend money for health coverage has been long established with programs such as Medicare and Medicaid.'' I included this article in the CONGRESSIONAL RECORD in December.

The opponents of health insurance reform are now going so far as to call into question the constitutionality of America's established social safety net. They would leave American workers without the protections their lifetime of hard work have earned them. They would turn back the clock to the hardships of the Great Depression, and thrust modern American back into the conditions of Dickens' novels. That path should be rejected again now, just as it was when another inspiring President led the effort to confront the economic challenges facing Americans 70 years ago. To strike down principles that have been settled for nearly three-quarters of a century would be wrong and damaging to the Nation, and would stand the Constitution on its head.

For the past year we debated whether or not to pass health insurance reform. Before passing the law, we debated whether to control costs by having all Americans be covered by health insurance. We considered untold numbers of amendments in committees and before the Senate. That is what Congress is supposed to do. We consider legislation, debate it, vote on it and act in our best collective judgment to promote the general welfare. Some Senators agreed and some disagreed, but it was a matter decided by the full Senate. In fact, due to Republican obstruction, it took an extraordinary majority of 60 Senators, not a simple majority of 51, for the Senate's will to be done.

The fact that Senate Republicans disagree with the majority's effort to help hardworking Americans obtain access to affordable health care does not make it unconstitutional. Nor does the fact that some partisans seek to make political gains by attacking the health care reform we have passed. As Justice Cardozo wrote in upholding Social Security: ''[W]hether wisdom or unwisdom resides in the scheme of benefits set forth . . . it is not for us to say. The answer to such inquiries must come from Congress, not the courts.'' I agree. Justice Cardozo understood the separation of powers enshrined in the Constitution and the Supreme Court's precedent.

As Chief Justice Marshall wrote in his landmark decision in McCulloch v. Maryland: ''Let the end be legitimate, let it be within the scope of the Constitution, and all means which are appropriate, which are plainly adopted to that end, which are not prohibited, but consistent with the letter and spirit of the Constitution, are constitutional.'' In 1803, our greatest Chief Justice, John Marshall, upheld the constitutionality of the Judiciary Act in Stuart v. Laird, and noted that ''there are no words in the Constitution to prohibit or restrain the exercise of legislation power.'' That is true here, where Congress acted to provide for the general welfare of all Americans.

I believe that Congress was right when it decided that the problems of the lack of availability and affordability of health care and of health insurance and the rising health care costs that burden the American people, is a problem, ''plainly national in area and dimensions,'' as Justice Cardozo wrote of the widespread crisis of unemployment and insecurity during the Great Depression. I believe that it was right for Congress to determine that it is in the general welfare of the Nation to ensure that all Americans have access to affordable quality health care. But whether other Senators agree or disagree with me, none should argue that we should turn back to clock to the Great Depression when conservative activist judges prevented Congress from exercising its powers to make that determination.

In seeking to discredit health insurance reform, the other side relies on a resurrection of long-discredited legal doctrines used by courts a century ago to tie Congress's hands by substituting their own views of property to strike down laws such as those guaranteeing a minimum wage and outlawing child labor. They have to rely on such cases of unbridled conservative judicial activism as Lochner v. New York, Shechter Poultry Corporation v. United States, Reagan v. Farmers Loan and Trust and the infamous Dred Scott case. Those dark days are long gone and better left behind. The Constitution, Supreme Court precedent, our history and congressional action all stand on the side of Congress's authority to enact health insurance reform legislation.

Under article I, section 8, Congress has the power ''to regulate Commerce with foreign Nations, and among the several States.'' Since at least the time of the Great Depression and the New Deal, Congress has been understood and acknowledged by the Supreme Court to have power pursuant to the commerce clause to regulate matters with a substantial effect on interstate commerce. The Supreme Court has long since upheld laws like the Fair Labor Standards Act against commerce clause challenges, ruling that Congress had the authority to outlaw child labor. The days when women and children could not be protected, when the public could not be protected from sick chickens infecting them, when farmers could not be protected and when any regulation that did not guarantee profits to corporations would be voided by the judiciary are long past. The reach of Congress' commerce clause authority has been long established and well settled.

Even recent decisions by a Supreme Court dominated by Republican-appointed justices have affirmed this rule of law. In 2005, the Supreme Court ruled in Gonzales v. Raich that Congress had the power under the commerce clause to prohibit the use of medical marijuana even though it was grown and consumed at home, because of its impact on the national market for marijuana. Surely if that law passes constitutional muster, Congress' actions to regulate the health care market that makes up one-sixth of the American economy meets the test of substantially affecting commerce. Conservatives cannot have it both ways. Nor can they ignore the settled meaning of the Constitution as well as the authority of the American people's elected representatives in Congress.

The regulation of health insurance clearly meets the test from Raich, since the activities ''taken in the aggregate, substantially affect interstate commerce.'' In fact, when the Senate considered the health insurance reform bill in December, it adopted a set of findings related to the impact of the individual mandate on interstate commerce. Among those findings, now the law, were that ''health insurance and health care services are a significant part of the national economy,'' that the individual ''requirement regulates activity that is commercial and economic in nature: economic and financial decisions about how and when health care is paid for, and when health insurance is purchased'' and that the ''requirement is essential to creating effective health insurance markets.''

These findings demonstrate that Congress took into account the significant cumulative economic effects on the Nation of the rising costs of health care, with those costs making up a large percentage of our economy and with American businesses struggling to provide benefits to their employees. As set forth in a paper by Georgetown University and the O'Neill Institute for National and Global Health Law, which I discussed in December, the requirement for individuals to purchase health

insurance would address the problem of free riders, millions of Americans who refuse to buy health insurance and then rely on expensive emergency health care when faced with medical problems. This shifts the costs of their health care to people who do have insurance, which in turn has a significant effect on the costs of insurance premiums for covered Americans and on the economy as a whole. A requirement that all Americans have health insurance—like requirements to pay FICA—is within congressional power if Congress determines it to be essential to controlling spiraling health care costs. In passing health care reform, Congress determined that requiring that all Americans to have health insurance coverage, and preventing some from depending on expensive emergency services in place of regular health care, can and will help reduce the cost of health insurance premiums for those who already have insurance.

Addressing these problems is at the core of Congress's powers under the commerce clause. In fact, the Supreme Court expressly addressed this issue 65 years ago, ruling in 1944 that insurance was interstate commerce and subject to Federal regulation. Congress responded to this decision in 1945 with the McCarran-Ferguson Act, which gave insurance companies an exemption from antitrust laws unless Federal regulation was made explicit under Federal law. It is the immunity from Federal antitrust law enacted in McCarran-Ferguson that I have been working to overcome with the Health Insurance Industry Antitrust Enforcement Act of 2009. My proposal would repeal health insurance companies' antiquated exemption from the antitrust laws. These are the pro-competition rules that apply to virtually all other businesses, to help promote vibrant markets and consumer choice. Competition and choice help lower costs, expand access and improve quality.

I launched this effort last fall, built a hearing record to examine its merits and worked to build bipartisan support. House leaders late last year added it to their plan. And last month it became the first stand-alone part of the health reform package to pass on its own, in a strong bipartisan vote of 406 to 19 in the House. To me this is the latest proof that, appearances aside, there is much common ground in the health reform plan—more than partisan opponents or the insurance industry would have the public believe.

Why would this exemption have been necessary if insurance was not interstate commerce? I strongly believe that the exemption in McCarran-Ferguson is wrongheaded. But would anyone seriously contend that it is unconstitutional? Of course not.

Now that we have enacted the Patient Protection and Affordable Care Act, I hope we will soon turn to this reform by taking up and passing the House-passed bill. We should end the health insurance exemption from our precompetitive Federal antitrust laws without delay.

The Constitution contains in article I, section 8, the necessary and proper clause. That, too, provides a basis for congressional action. This clause gives Congress the power ''to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers and all other Powers vested by his Constitution in the United States.'' The Supreme Court settled the meaning of the necessary and proper clause 190 years ago in Justice Marshall's landmark decision in McCullough v. Maryland, during the dispute over the National Bank. Justice Marshall's wrote that ''the clause is placed among the powers of Congress, not among the limitations on those powers.'' The necessary and proper clause goes hand in hand with the commerce clause to ensure congressional authority to regulate activity with a significant economic impact.

Congress has enacted and the President has signed into law the Patient Protection and Affordable Care Act. This landmark legislation addresses our health care crisis and helps provide health care insurance for millions of Americans previously uninsured and seeks to encourage lower costs for Americans who are insured. We have acted to ensure that Americans not risk bankruptcy and disaster with every illness. Americans who work hard their entire lives should not be robbed of their family's security because health care is too expensive. Americans should not lose their life savings because they have the misfortune of losing a job or getting sick. That is not America.

One of the great American successes of the last century was the establishment of a social safety net of which all Americans can be grateful and proud. Through Social Security, Medicare and Medicaid, Congress established some of the cornerstones of American economic security. Comprehensive health insurance reform has now joined them. Congress has acted within its constitutional authority to legislate for the general welfare of all Americans. No conservative activist court, on any level, should overstep the judiciary's role by seeking to turn back the clock and deny a century of progress.

WORLD TUBERCULOSIS DAY

Mr. BROWN of Ohio. Mr. President, I wish today to recognize World Tuberculosis Day.

It is a day that allows us to take stock of how far we have come, and how far we have to go, in the fight against this deadly disease. Claiming about 1.8 million lives each year, TB is a vicious killer that must be stopped in order to protect the global public health.

Today we recognize not only that we must do more, but that, with the technology, medical expertise, and a worldwide commitment, we can do more.

We have waged an aggressive campaign to eliminate TB in the U.S. However, progress toward TB elimination has slackened.

Anywhere from 9 to 14 million Americans are infected with latent TB. Without treatment, about 5 to 10 percent of them will develop active TB. As the global pandemic of drug resistant TB spreads, the disease poses an imminent public health threat to the United States.

According to the World Health Organization, 5 percent of all new TB cases are drug resistant, with estimates of up to 28 percent in some parts of Russia. Of these cases, it is estimated that only 7 percent are being treated.

Over the past decade, the U.S. has had more than 83 cases of an extremely drug resistant strain of TB, known as XDR-TB, which is very difficult and expensive to treat. Because XDR-TB recognizes no borders, these cases will continue to rise unless we adopt control measures on a global scale.

As it stands, drug resistant and extremely drug resistant forms of TB are not easily transmittable; however, should an easily transmittable strain arise, we face the real possibility of a deadly pandemic in our country and across the globe.

TB control is not just an imperative for the developing world; it is an imperative for every nation on this planet.

Our current drugs, diagnostics, and vaccines are out of date and increasingly inadequate to control the spread of TB. The TB vaccine, for instance, provides some protection to children, but provides little to no help to prevent TB in adults.

In addition, the most commonly used TB diagnostic in the world, sputum microscopy, is more than 100 years old and lacks sensitivity to detect TB in most HIV/AIDS patients and in children.

Finally, the course of treatment available today is simply too long, resulting in skipped doses and the development of resistant strains.

New TB drug regimens are long overdue, and Congress must act to help accelerate the development, approval, and delivery of new TB medicines around the globe. We must bring our methods of prevention and treatment into the 21st century so we can fight the new age of the TB epidemic.

Congress has made significant strides toward this goal. The enactment of the Lantos-Hyde Act and the Comprehensive TB Elimination Act reaffirmed our commitment to research, treatment, and prevention.

These laws put the U.S. on the path to successfully treating 4.5 million TB patients and 90,000 new multidrug resistant TB cases by 2013. However, Congress and this administration must not underfund the commitment we made with this legislation.

World Tuberculosis Day provides an opportunity to reflect on the progress made to eradicate TB, acknowledge the

millions of lives this disease takes as it orphans children and destabilizes communities throughout the world, and recommit to fighting TB with the sense of urgency and level of resources this global public health battle requires.

OBJECTION TO JUDICIARY COMMITTEE HEARING

Mr. LEAHY. Mr. President, today the Judiciary Committee was scheduled to welcome two of President Obama's nominees to fill vacancies on the Federal bench in California: Professor Goodwin Liu, nominated to fill a vacancy on the Ninth Circuit, and Magistrate Judge Kimberly Mueller, nominated to a judgeship in the Eastern District of California. However, we will not be able to hear from those nominees today because Senate Republicans have anonymously objected to the hearing. They have continued their ill-advised protest of meaningful health reform legislation by exploiting parliamentary tactics and Senate Rules, to the detriment of the American people and, in today's instance, at the expense of American justice.

I have previously accommodated requests from Judiciary Committee Republicans to delay the committee's hearing to consider Professor Liu's nomination. I had intended to hold this hearing 2 weeks ago but, at the request of Republicans, delayed it until today. We had agreed, instead, to proceed to a hearing for Judge Robert Chatigny, a nominee to the Second Circuit court of appeals, on March 10. Republicans then reversed themselves and asked for additional delay in connection with that March 10 hearing. I, again, accommodated them. Earlier this week I sought to move this afternoon's hearing to the morning, into the 2-hour window of time after the Senate convened, that would not be subject to this arcane objection. Republicans asked that we keep it scheduled for this afternoon because it worked better for the schedules of the Republican members of the committee, and they had planned to participate this afternoon. Now, having objected to holding the hearing this morning, they object to it not being held this afternoon. They pulled the plug on our hearing and put up roadblocks to the committee's process for working to fill judicial vacancies.

It is particularly troubling that Republicans will not allow the committee to hear from Professor Goodwin Liu, a widely respected constitutional law scholar who they targeted for criticism and opposition the moment he was nominated. The day Professor Liu was nominated, committee Republicans declared themselves ''disappointed'' by the President's nomination of Professor Liu and claimed that Professor Liu was ''far outside the mainstream of American jurisprudence.'' Their opposition was instantaneous and the drumbeat has continued. Rather than give Professor Liu a chance to answer their questions and respond to their attacks, Republicans have now prevented Professor Liu from appearing, from answering their questions, and from addressing their concerns. They are being unfair. They are seeking to render him mute by their obstruction while they continue their attacks.

Goodwin Liu, the son of Taiwanese immigrants, has a great American story and sterling credentials. He did not learn English until kindergarten, yet rose to graduate from Stanford University and Yale Law School and become a Rhodes scholar. After law school, Professor Liu clerked for DC Circuit Judge David Tatel and Supreme Court Justice Ruth Bader Ginsburg. He has a brilliant legal mind and is admired by legal thinkers and academic scholars from across the political spectrum. As conceded by a Fox News commentator, Professor Liu's qualifications for the appellate bench are ''unassailable.''

Professor Liu would also bring much-needed diversity to the Federal bench. There are currently no active Asian-American Federal appeals court judges in the country. Judge Denny Chin of New York has been nominated to the Second Circuit, but Senate Republicans have stalled his nomination for over 3 months, despite his unanimous approval by the Senate Judiciary Committee.

Senate Republicans have not given Professor Liu fair consideration. Like their practice of pocket-filibustering more than 60 of President Clinton's judicial nominees in the 1990s, the decision by Republicans to block the hearing today gives Professor Liu no chance to respond to the attacks that they began weeks ago.

Republicans' filibusters and stalling tactics have been evident since President Obama took office. Senate Republicans threatened to filibuster President Obama's judicial nominations before the President had made a single one. They insisted on filibustering the nomination of Judge David Hamilton of Indiana, a well-respected mainstream district court judge who had the support of Indiana Senator DICK LUGAR, the senior Republican in the Senate. They forced the Senate to invoke cloture, a time consuming process, by refusing for months to agree to debate and vote on the nomination of Justice Barbara Keenan of Virginia to the Fourth Circuit. She was then confirmed by a vote of 99 to zero.

The Republicans tactics of obstruction have led to 22 judicial nominations stalled on the Senate's Executive Calendar and only 18 circuit and district court nominations confirmed. That lack of progress stands in stark contrast to this date in 2002, when a Democratic Senate majority had proceeded to confirm 42 of President Bush's judicial nominations. Republicans obstruct virtually every judicial nominee. Even though 15 of the 18 Federal circuit and district court judges confirmed have been without opposition, they have delayed and stalled for weeks and months as Republicans drag out the process and stall Senate consideration by withholding their consent.

During President Bush's first 2 years the Senate confirmed 100 of his judicial nominees. Republican obstruction has us on pace to confirm fewer than 30 Federal circuit and district court nominees before this Congress adjourns. Their approach has led to skyrocketing judicial vacancies, again, like the pocket filibusters they employed during the Clinton Presidency that led to a vacancy crisis in the 1990s. They do a disservice to the American people seeking justice in our overburdened Federal courts. We have to do far more to address the growing crisis of unfilled judicial vacancies, which now top 100. We owe it to the American people to do better.

Sadly, actions like today's objections from Senate Republicans to the consideration of two nominations to fill vacancies on overburdened courts will be viewed as little more than what they are: petty, partisan politics with no regard for the priorities of the American people. I urge them to reconsider and allow this hearing to proceed.

JUSTICE FOR JAMIE LEIGH JONES

Mr. LEAHY. Mr. President, yesterday, I was pleased to learn that a brave young woman, Ms. Jamie Leigh Jones, will finally have her day in court. Ms. Jones testified before the Senate Judiciary Committee last year about how the Supreme Court's interpretation of the Federal Arbitration Act has hampered American employees from having their civil rights protected. Ms. Jones was a compelling witness; her case deserves the attention of every Senator.

When she was just 20 years old and was working overseas for the military contractor, KBR, Ms. Jones was sexually assaulted by her coworkers. She filed suit in Federal court alleging sexual harassment, hostile work environment claims under title VII of the Civil Rights Act of 1964, and several state law tort claims including assault and battery. Both KBR and its former parent company, Halliburton, argued that her claims were subject to forced arbitration under a clause that Ms. Jones was required to sign as a condition of her employment. The district court agreed with the company in part. It dismissed her Federal civil rights claims because it found that they were subject to forced arbitration under her contract. But the court held that Ms. Jones could proceed to trial on some of her tort claims, albeit only after her civil rights claims had been decided in arbitration. Halliburton and KBR appealed to the Fifth Circuit court of appeals, arguing that under her employment contract and the Federal Arbitration Act, all of Ms. Jones's claims were subject to forced arbitration, including her assault and battery claims arising out of her alleged rape. The Fifth Circuit affirmed the district court's decision, and once again the companies appealed.

In the interim, Congress enacted an amendment to the Department of Defense Appropriations Act of 2010, Public Law 111–118. That amendment was sponsored by Senator FRANKEN and supported by Senators from both parties. It prohibited the U.S. Government from entering into contracts with and paying Federal tax dollars to corporations who force their employees to arbitrate their civil rights or tort claims related to sexual assault and harassment or take any action to enforce such forced arbitration clauses. I am pleased that the companies cited this law, which I was happy to support, as a reason for dropping their appeal.

As we examined in our October hearing, however, millions of hard working Americans like Ms. Jones are being denied their civil and constitutional rights and being forced into arbitration merely by accepting a job offer that contains an arbitration clause as a condition of employment. There is no rule of law in arbitration. There are no juries or independent judges in the arbitration industry. There is no transparency or accountability. And unfortunately, there is often no justice.

After more than 5 years of hard won challenges, Ms. Jones will finally be able to seek justice in a courtroom. But this small victory should not have been such a struggle. I will continue to work to ensure that Americans have a meaningful choice about whether or not to enter a predispute arbitration agreement—no American should be forced to forfeit their access to the courts in order to get a job or a product or a service. Arbitration clauses like the one in Ms. Jones's contract strip Americans of the civil rights protections many of us in Congress have fought for so long to enshrine in our law.

Legislation such as Senator FEINGOLD's Arbitration Fairness Act, S. 931, which would make mandatory predispute arbitration clauses in employment, consumer, franchise, or civil rights disputes unenforceable, would correct these practices and restore fairness to the marketplace for jobs and other goods and services. Jamie Leigh Jones's struggle also highlights the importance of the Civilian Extraterritorial Jurisdiction Act of 2010, S. 2979, which I recently introduced. My legislation would fix outdated criminal laws by establishing that all U.S. government employees and contractors who commit crimes while working abroad can be charged and tried in the United States under American law. We must continue to protect victims like Ms. Jones and others who have their civil rights violated. I look forward to the day when justice is the norm, rather than the exception, in all cases like this.

ADDITIONAL STATEMENTS

TRIBUTE TO DOROTHY HEIGHT

● Mr. BURRIS. Mr. President, today I celebrate the 98th birthday of a true civil rights pioneer and social activist: Dorothy Height.

She began her career in the 1930s, as a teacher in Brooklyn, NY. Shortly after it was founded, she became active in the United Christian Youth Movement.

It was this cause that would first carry her to national leadership, though she was quite a young woman at the time.

In 1938, Dorothy was selected by First Lady Eleanor Roosevelt to help plan a World Youth Conference, and later served as a delegate to the World Conference on Life and Work of the Churches.

The same year, she was hired by the YWCA, and quickly began to rise through the ranks of the national organization.

And it was also around this time that she caught the attention of Mary McLeod Bethune, founder and president of the National Council of Negro Women, or NCNW, who recruited young Dorothy to join the fight for women's rights.

She remained deeply involved in the YWCA, and also attained high leadership positions in the Delta Sigma Theta Sorority, the United Civil Rights Leadership, and a number of other organizations.

She helped to guide these pivotal groups through the stormy waters of the civil rights movement, looking always to the future, and maintaining a steadfast dedication to cause and principle.

But it was Dorothy's distinguished leadership of the NCNW that would come to define her career.

In 1957, Dorothy Height was elected fourth national president of NCNW—a position she would hold continuously until 1998.

For more than four decades, she was at the helm of the preeminent leadership council for African-American women.

Thanks to her unrivaled expertise, transcendent vision, and lifelong dedication to this cause and this great organization, when she retired in 1998, she lived in a country that was far more free, more fair, and more equal than the one she knew as a child.

For her extraordinary work, in 2004 this Congress bestowed upon her its highest civilian honor, the Congressional Gold Medal. President Bush presented her with this award on her 92nd birthday.

And so today, as Dorothy turns 98, I ask my colleagues to join with me in honoring the immeasurable contributions she has made to this country. I ask them to reflect upon the leadership she has rendered, the causes she has championed, and the countless lives she has touched.

Without Dorothy Height, America might be a very different place. I thank her immensely for the difference she has made, and for the lifetime of hard work she has devoted to her fellow citizens.

I wish her a wonderful birthday and many happy returns.●

CEDAR FALLS HISTORIC RECOGNITION

● Mr. HARKIN. Mr. President, one of the greatest challenges we face not just in Iowa but all across America is preserving the character and vitality of our small towns. This is about economics, but it is also about our culture and identity. After all, you won't find the heart and soul of Iowa at Wal-Mart or Home Depot out in the strip malls. No, the heart and soul of Iowa is in our family farms and on Main Streets in small communities all across my State. That is why we need to be as generous as possible—and as creative as possible—in keeping our downtowns not just alive but thriving.

As a member of the Senate Appropriations Committee, I am involved in funding many hundreds of programs every year. But the Main Street Iowa program, which provides challenge grants to revitalize downtown buildings across my State, is in a class by itself. It is smart. It is effective. And it touches communities and people in very concrete ways.

For example, the citizens of Cedar Falls, IA, and their Main Street program are making efforts to improve their downtown and spur investment in the area. The Blackhawk Hotel received a Main Street Challenge Grant in 2003 to renovate its historic downtown location. The Blackhawk Hotel, listed in the National Register of Historic Places, is the oldest continuously operating hotel site in Iowa. More recently, another Challenge Grant was awarded for the Bruhn Building to help complete a forward-thinking project that will transform the designated area into a gathering space, entrance, outdoor dining room, and vertical garden on Main Street.

Thanks to these and other projects undertaken by the Cedar Falls community and business leaders, the city was recognized last month by the National Trust for Historic Preservation as one of its ''2010 Dozen Distinctive Designations.'' According to the National Trust, this distinction recognizes ''cities and towns that offer an authentic visitor experience by combining dynamic downtowns, cultural diversity, attractive architecture, cultural landscapes and a strong commitment to historic preservation, sustainability and revitalization.'' I would like to commend the excellent work of all those involved in these economic development efforts in Cedar Falls.

State and Federal programs can provide limited funding and technical assistance to progressive cities like Cedar Falls. But, as we have seen here,

success ultimately comes from local leadership, local teamwork, and homegrown ideas and solutions. When people see one of the anchors of Main Street being renovated or expanded, this can change the whole psychology of a town or community. It offers hope. It serves as a catalyst for a far-reaching ripple effect of positive changes. Cedar Falls is a shining example of the great things that are possible. So I am pleased to congratulate the Main Street program and the citizens of Cedar Falls for formulating a strategy that has reinvigorated its downtown and won accolades from an esteemed national organization like the National Trust. Their vision for a revitalized Cedar Falls is setting a terrific example for other small towns across America.●

RECOGNIZING THE KIRKWOOD HIGH SCHOOL SYMPHONIC ORCHESTRA

● Mrs. MCCASKILL. Mr. President, today I congratulate a special group of students from my home state of Missouri. The Kirkwood High School Symphonic Orchestra has earned the honor of performing in New York City at the 2010 Instrumental Music Festival at Carnegie Hall, which is being held from March 26 through March 29. The Kirkwood High School Symphonic Orchestra is one of three instrumental groups throughout the Nation to be honored with this remarkable opportunity. These students have my admiration and my sincere congratulations. I know they will be great ambassadors for all students in Missouri.

It is clear that this notable achievement is a direct result of the students' discipline and dedication to their musical talent. Under the direction of orchestral program director Patrick Jackson, these young musicians are locally renowned and have earned national acclaim for their work. Particularly noteworthy was their performance at the 2008 Heritage Music Festival in New York City. That performance, which received perfect marks from the judging panel, was so stirring that more than one judge was moved to tears. It is a fitting advance in the storied history the students of the Kirkwood High School Symphonic Orchestra are writing that they would be invited to play in the world-famous Carnegie Hall.

As you can imagine, becoming a member of this elite ensemble is not easy. Members of the Kirkwood High School Symphonic Orchestral Program make a 9-year commitment that begins in 4th grade and continues through the students' senior year in high school. Mr. Jackson has directed the symphonic orchestra for two decades. During that time, participation has grown from 19 students to more than 300. As a testament to Mr. Jackson's commitment to his students, he has been honored by former students in Who's Who Among American High School High School Teachers 17 times.

Moreover, the resounding support for the symphonic orchestra from the communities of Kirkwood and Saint Louis has been inspiring. In order to make the trip, the students reached their fundraising goal of $72,000 with the help of local radio, TV stations, and newspapers promoting their yearlong ''Road to Carnegie Hall.'' Inspired by these young musicians, members of our own Saint Louis Orchestra were moved to volunteer their time and expertise with the students in advance of their performance.

Mr. President, I understand how difficult being a kid in this day and age can be. All too often, we read and hear negative stories about America's children that seem to suggest a generation in crisis. These Kirkwood students make it clear that this is not so. I am proud to shine a light on this group of young people who strive for greatness and embrace the fact that the greatest heights can be achieved through hard work and discipline.

On behalf of myself and the people of Missouri, I congratulate the Kirkwood High School Symphonic Orchestra and wish them the best of luck during their time at Carnegie Hall.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mrs. Neiman, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

MESSAGES FROM THE HOUSE

At 12:39 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bills and joint resolution, in which it requests the concurrence of the Senate:

H.R. 3976. An act to extend certain expiring provisions providing enhanced protections for servicemembers relating to mortgages and mortgage foreclosures.

H.R. 4592. An act to provide for the establishment of a pilot program to encourage the employment of veterans in energy-related positions.

H.R. 4915. An act to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement programs, and for other purposes.

H.J. Res. 80. A joint resolution recognizing and honoring the Blinded Veterans Association on its 65th anniversary of representing blinded veterans.

At 1:26 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has agreed to the following concurrent resolution, in which it requests the concurrence of the Senate:

H. Con. Res. 257. Concurrent resolution providing for a conditional adjournment of the House of Representatives and a conditional recess or adjournment of the Senate.

MEASURES REFERRED

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

H.R. 3976. An act to extend certain expiring provisions providing enhanced protections for servicemembers relating to mortgages and mortgage foreclosure; to the Committee on Veterans' Affairs.

H.R. 4592. An act to provide for the establishment of a pilot program to encourage the employment of veterans in energy-related positions; to the Committee on Veterans' Affairs.

MEASURES PLACED ON THE CALENDAR

The following bill was read the second time, and placed on the calendar:

S. 3158. A bill to require Congress to lead by example and freeze its own pay and fully offset the cost of the extension of unemployment benefits and other Federal aid.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC–5189. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2010–0270); to the Committee on the Judiciary.

EC–5190. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2010–0269); to the Committee on the Judiciary.

EC–5191. A communication from the Department of State, transmitting, pursuant to law, a report relative to Israel's Qualitative Military Edge (OSS Control No. 2009–2028); to the Committee on the Judiciary.

EC–5192. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2009–1672); to the Committee on the Judiciary.

EC–5193. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2009–1629); to the Committee on the Judiciary.

EC–5194. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2009–1624); to the Committee on the Judiciary.

EC–5195. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2010–0188); to the Committee on the Judiciary.

EC–5196. A communication from the Department of State, transmitting, pursuant to

law, a report relative to the transfer of detainees (OSS Control No. 2009–1670); to the Committee on the Judiciary.

EC–5197. A communication from the Director of Defense Procurement and Acquisition Policy, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Defense Federal Acquisition Regulation Supplement; Acquisitions in Support of Operations in Iraq or Afghanistan'' (DFARS Case 2008–D002) received in the Office of the President of the Senate on March 22, 2010; to the Committee on Armed Services.

EC–5198. A communication from the Director of Defense Procurement and Acquisition Policy, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Defense Federal Acquisition Regulation Supplement; Export—Controlled Items'' (DFARS Case 2004–AF13) received in the Office of the President of the Senate on March 22, 2010; to the Committee on Armed Services.

EC–5199. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Changes in Flood Elevation Determinations'' ((44 CFR Part 65)(Docket No. FEMA–2010–0003)) received in the Office of the President of the Senate on March 23, 2010; to the Committee on Banking, Housing, and Urban Affairs.

EC–5200. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Suspension of Community Eligibility'' ((44 CFR Part 64)(Docket No. FEMA–2008–0020)) received in the Office of the President of the Senate on March 23, 2010; to the Committee on Banking, Housing, and Urban Affairs.

EC–5201. A communication from the Chairman and President of the Export-Import Bank, transmitting, pursuant to law, a report relative to transactions involving U.S. exports to Turkey; to the Committee on Banking, Housing, and Urban Affairs.

EC–5202. A communication from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting, pursuant to law, the report of a rule entitled ''Energy Conservation Program for Consumer Products: Classifying Products as Covered Products'' (RIN1904–AB52) received in the Office of the President of the Senate on March 23, 2010; to the Committee on Energy and Natural Resources.

EC–5203. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Determination of Housing Cost Amounts Eligible for Exclusion or Deduction for 2010'' (Notice No. 2010–27) received in the Office of the President of the Senate on March 22, 2010; to the Committee on Finance.

EC–5204. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Tier II Issue—Non-Performing Loans Directive Directive No. 1'' (LMSB–4–0110–003) received in the Office of the President of the Senate on March 22, 2010; to the Committee on Finance.

EC–5205. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''2010 Census Count'' (Notice No. 2010–21) received in the Office of the President of the Senate on March 22, 2010; to the Committee on Finance.

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. ROCKEFELLER for the Committee on Commerce, Science, and Transportation.

*Michael F. Tillman, of California, to be a Member of the Marine Mammal Commission for a term expiring May 13, 2011.

*Daryl J. Boness, of Maine, to be a Member of the Marine Mammal Commission for a term expiring May 13, 2010.

*Daryl J. Boness, of Maine, to be a Member of the Marine Mammal Commission for a term expiring May 13, 2013.

*Earl F. Weener, of Oregon, to be a Member of the National Transportation Safety Board for the remainder of the term expiring December 31, 2010.

*Jeffrey R. Moreland, of Texas, to be a Director of the Amtrak Board of Directors for a term of five years.

*Larry Robinson, of Florida, to be Assistant Secretary of Commerce for Oceans and Atmosphere.

*Coast Guard nomination of Vice Adm. Robert J. Papp, Jr., to be Admiral.

*Coast Guard nomination of Rear Adm. Sally Brice-O'Hara, to be Vice Admiral.

*Coast Guard nomination of Rear Adm. Manson K. Brown, to be Vice Admiral.

*Coast Guard nomination of Rear Adm. Robert C. Parker, to be Vice Admiral.

Mr. ROCKEFELLER. Mr. President, for the Committee on Commerce, Science, and Transportation I report favorably the following nomination lists which were printed in the RECORDs on the dates indicated, and ask unanimous consent, to save the expense of reprinting on the Executive Calendar that these nominations lie at the Secretary's desk for the information of Senators.

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

*Coast Guard nominations beginning with Joann F. Burdian and ending with Dawn N. Prebula, which nominations were received by the Senate and appeared in the Congressional Record on February 24, 2010.

*Coast Guard nominations beginning with Karen R. Anderson and ending with Steven M. Long, which nominations were received by the Senate and appeared in the Congressional Record on March 10, 2010.

*National Oceanic and Atmospheric Administration nominations beginning with Scott J. Price and ending with Sarah K. Mrozek, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

*National Oceanic and Atmospheric Administration nominations beginning with Heather L. Moe and ending with Kurt S. Karpov, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. SPECTER (for himself and Mr. CASEY):

S. 3159. A bill to amend Public Law 101–377 to revise the boundaries of the Gettysburg National Military Park to include the Gettysburg Train Station, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. FEINGOLD (for himself and Mr. SPECTER):

S. 3160. A bill to provide information, resources, recommendations, and funding to help State and local law enforcement enact crime prevention and intervention strategies supported by rigorous evidence; to the Committee on the Judiciary.

By Mrs. SHAHEEN:

S. 3161. A bill to establish penalties for servicers that fail to timely evaluate the applications of homeowners under home loan modification programs; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. AKAKA (for himself, Mr. BAUCUS, Mr. BAYH, Mr. BEGICH, Mr. BENNET, Mr. BINGAMAN, Mrs. BOXER, Mr. BROWN of Ohio, Mr. BURRIS, Mr. BYRD, Ms. CANTWELL, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. CONRAD, Mr. DODD, Mr. DORGAN, Mr. DURBIN, Mr. FEINGOLD, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLIBRAND, Mrs. HAGAN, Mr. HARKIN, Mr. INOUYE, Mr. JOHNSON, Mr. KAUFMAN, Mr. KERRY, Ms. KLOBUCHAR, Mr. KOHL, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Mrs. MCCASKILL, Mr. MENENDEZ, Mr. MERKLEY, Ms. MIKULSKI, Mrs. MURRAY, Mr. NELSON of Florida, Mr. NELSON of Nebraska, Mr. PRYOR, Mr. REED, Mr. REID, Mr. ROCKEFELLER, Mr. SANDERS, Mr. SCHUMER, Mrs. SHAHEEN, Mr. SPECTER, Ms. STABENOW, Mr. TESTER, Mr. UDALL of Colorado, Mr. UDALL of New Mexico, Mr. WARNER, Mr. WEBB, Mr. WHITEHOUSE, and Mr. WYDEN):

S. 3162. A bill to clarify the health care provided by the Secretary of Veterans Affairs that constitutes minimum essential coverage; to the Committee on Veterans' Affairs.

By Mr. TESTER:

S. 3163. A bill to amend the Federal Meat Inspection Act to require tracing of meat and meat food products that are adulterated or contaminated by enteric foodborne pathogens to the source of the adulteration or contamination; to the Committee on Agriculture, Nutrition, and Forestry.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

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

S. Res. 468. A resolution honoring the Blackstone Valley Tourism Council on the celebration of its 25th anniversary; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 405

At the request of Mr. LEAHY, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 405, a bill to amend the Internal Revenue Code of 1986 to provide that a deduction equal to fair market value shall be allowed for charitable contributions of literary, musical, artistic, or scholarly compositions created by the donor.

S. 654

At the request of Mr. BUNNING, the names of the Senator from Illinois (Mr. BURRIS) and the Senator from Idaho (Mr. RISCH) were added as cosponsors of S. 654, a bill to amend title XIX of the Social Security Act to cover physician services delivered by podiatric physicians to ensure access by Medicaid beneficiaries to appropriate quality foot and ankle care.

S. 1055

At the request of Mrs. BOXER, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 1055, a bill to grant the congressional gold medal, collectively, to the 100th Infantry Battalion and the 442nd Regimental Combat Team, United States Army, in recognition of their dedicated service during World War II.

S. 2129

At the request of Ms. COLLINS, the name of the Senator from Maryland (Mr. CARDIN) was added as a cosponsor of S. 2129, a bill to authorize the Administrator of General Services to convey a parcel of real property in the District of Columbia to provide for the establishment of a National Women's History Museum.

S. 2821

At the request of Mr. BROWN of Ohio, the name of the Senator from West Virginia (Mr. BYRD) was added as a cosponsor of S. 2821, a bill to require a review of existing trade agreements and renegotiation of existing trade agreements based on the review, to establish terms for future trade agreements, to express the sense of the Congress that the role of Congress in making trade policy should be strengthened, and for other purposes.

S. 3102

At the request of Mr. MERKLEY, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 3102, a bill to amend the miscellaneous rural development provisions of the Farm Security and Rural Investment Act of 2002 to authorize the Secretary of Agriculture to make loans to certain entities that will use the funds to make loans to consumers to implement energy efficiency measures involving structural improvements and investments in cost—effective, commercial off-the-shelf technologies to reduce home energy use.

S. 3111

At the request of Mr. LEAHY, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 3111, a bill to establish the Commission on Freedom of Information Act Processing Delays.

S. 3123

At the request of Mr. LEAHY, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 3123, a bill to amend the Richard B. Russell National School Lunch Act to require the Secretary of Agriculture to carry out a program to assist eligible schools and nonprofit entities through grants and technical assistance to implement farm to school programs that improve access to local foods in eligible schools.

S. 3148

At the request of Mr. WEBB, the names of the Senator from Florida (Mr. NELSON), the Senator from Wisconsin (Mr. FEINGOLD), the Senator from Indiana (Mr. BAYH), the Senator from California (Mrs. BOXER), the Senator from Washington (Mrs. MURRAY), the Senator from Hawaii (Mr. AKAKA), the Senator from Montana (Mr. BAUCUS), the Senator from Alaska (Mr. BEGICH), the Senator from Colorado (Mr. BENNET), the Senator from New Mexico (Mr. BINGAMAN), the Senator from Ohio (Mr. BROWN), the Senator from Illinois (Mr. BURRIS), the Senator from West Virginia (Mr. BYRD), the Senator from Washington (Ms. CANTWELL), the Senator from Delaware (Mr. CARPER), the Senator from Pennsylvania (Mr. CASEY), the Senator from North Dakota (Mr. CONRAD), the Senator from Connecticut (Mr. DODD), the Senator from North Dakota (Mr. DORGAN), the Senator from California (Mrs. FEINSTEIN), the Senator from Minnesota (Mr. FRANKEN), the Senator from North Carolina (Mrs. HAGAN), the Senator from Iowa (Mr. HARKIN), the Senator from Hawaii (Mr. INOUYE), the Senator from Delaware (Mr. KAUFMAN), the Senator from Massachusetts (Mr. KERRY), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Wisconsin (Mr. KOHL), the Senator from New Jersey (Mr. LAUTENBERG), the Senator from Vermont (Mr. LEAHY), the Senator from Michigan (Mr. LEVIN), the Senator from Connecticut (Mr. LIEBERMAN), the Senator from Arkansas (Mrs. LINCOLN), the Senator from Missouri (Mrs. MCCASKILL), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Oregon (Mr. MERKLEY), the Senator from Maryland (Ms. MIKULSKI), the Senator from Arkansas (Mr. PRYOR), the Senator from Rhode Island (Mr. REED), the Senator from Nevada (Mr. REID), the Senator from West Virginia (Mr. ROCKEFELLER), the Senator from Vermont (Mr. SANDERS), the Senator from New Hampshire (Mrs. SHAHEEN), the Senator from Pennsylvania (Mr. SPECTER), the Senator from Michigan (Ms. STABENOW), the Senator from New Mexico (Mr. UDALL), the Senator from Rhode Island (Mr. WHITEHOUSE) and the Senator from Oregon (Mr. WYDEN) were added as cosponsors of S. 3148, a bill to amend the Internal Revenue Code of 1986 to provide for the treatment of Department of Defense health coverage as minimal essential coverage.

S. 3152

At the request of Mr. DEMINT, the names of the Senator from Oklahoma (Mr. COBURN), the Senator from Texas (Mr. CORNYN) and the Senator from Arizona (Mr. KYL) were added as cosponsors of S. 3152, a bill to repeal the Patient Protection and Affordable Care Act.

S. RES. 411

At the request of Mrs. LINCOLN, the names of the Senator from Indiana (Mr. LUGAR), the Senator from Georgia (Mr. ISAKSON), the Senator from North Carolina (Mrs. HAGAN) and the Senator from Mississippi (Mr. COCHRAN) were added as cosponsors of S. Res. 411, a resolution recognizing the importance and sustainability of the United States hardwoods industry and urging that United States hardwoods and the products derived from United States hardwoods be given full consideration in any program to promote construction of environmentally preferable commercial, public, or private buildings.

AMENDMENT NO. 3579

At the request of Mr. ROBERTS, the names of the Senator from Idaho (Mr. CRAPO) and the Senator from South Dakota (Mr. THUNE) were added as cosponsors of amendment No. 3579 proposed to H.R. 4872, an Act to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13).

AMENDMENT NO. 3582

At the request of Mr. BARRASSO, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of amendment No. 3582 proposed to H.R. 4872, an Act to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13).

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SPECTER (for himself and Mr. CASEY):

S. 3159. A bill to amend Public Law 10–377 to revise the boundaries of the Gettysburg National Military Park to include the Gettysburg Train Station, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. SPECTER. Mr. President, I have sought recognition to introduce legislation to incorporate two historically significant properties into the boundary of Gettysburg National Military Park. This expansion effort is consistent with Gettysburg National Military Park's 1999 General Management Plan, the goals of the National Park Service and is supported by the Gettysburg Borough Council.

The bill I have introduced will expand the boundary of the park to include the Gettysburg Railroad Station, also known as the Lincoln Train Station, located in downtown Gettysburg, PA. This train station was built in 1858 and is listed in the National Register of Historic Places. The station served as a hospital during the Battle of Gettysburg and was the departure point for thousands of soldiers who were wounded or killed in battle. The Lincoln Train Station is perhaps most historically significant as the site at which President Abraham Lincoln arrived on November 18, 1863, 1 day before he delivered the Gettysburg Address.

Currently, the station is operated by the National Trust for Historic Gettysburg and is open to the public throughout the year. Additionally, the station

served as the home of the Pennsylvania Abraham Lincoln Bicentennial Commission, which promoted events to commemorate the 200th anniversary year of Lincoln's birth in 2009. I am informed that the borough of Gettysburg had planned for the Lincoln Train Station to be used as an information and orientation center for visitors. Toward that goal, the borough in 2006 completed a rehabilitation of the station funded thought a State grant but has been unable to operate the visitor center due to a lack of funds. Accordingly, I understand that the Gettysburg Borough Council voted in 2008 to transfer the station to the National Park Service.

The legislation I introduced also expands the boundary of Gettysburg National Military Park to include 45 acres of land at the southern end of Gettysburg battlefield. I am informed by National Park officials that there were cavalry skirmishes in this area during the Battle of Gettysburg in July of 1863. Moreover, I am advised that this property is environmentally significant as the home to wetlands and wildlife habitat related to the Plum Run stream that traverses the park. This 45-acre property is adjacent to current park land and was generously donated in April of 2009. Therefore, no federal land acquisition funding will be necessary to obtain this property.

This legislation will help preserve properties and land that are historically and environmentally significant and critically important to telling the story of the Battle of Gettysburg. The Civil War was a defining moment for our Nation and we ought to take steps necessary to preserve historical assets for the benefit of current and future generations.

I urge my colleagues to support this bill.

By Mr. FEINGOLD (for himself and Mr. SPECTER):

S. 3160. A bill to provide information, resources, recommendations, and funding to help State and local law enforcement enact crime prevention and intervention strategies supported by rigorous evidence; to the Committee on the Judiciary.

Mr. FEINGOLD. Mr. President, today I am pleased to introduce the PRECAUTION Act—the Prevention Resources for Eliminating Criminal Activity Using Tailored Interventions in Our Neighborhoods Act. It is a long name, but it stands for an important principle—that it is better to invest in precautionary measures now than it is to pay the costs of crime—both in dollars and lives—later on. I am pleased that the Senator from Pennsylvania, Senator SPECTER, will again join me as an original cosponsor of this legislation.

The Federal Government has three important roles to play in fighting crime. First, the Federal Government should develop and disseminate knowledge to state and local officials regarding the newest and most effective law enforcement techniques and strategies. Second, the Federal Government should provide financial support for innovations that our State and local partners cannot afford to fund on their own. With that funding, it should also provide guidance, training, and technical assistance to implement those innovations. Third, the Federal Government can help to create and maintain effective partnerships among agencies at all levels of government, partnerships that are crafted to address specific law enforcement challenges.

The PRECAUTION Act is designed to support all three of these important roles. It creates a national commission to wade through the sea of information on crime prevention and intervention strategies currently available to identify those programs that are most ready for replication around the country. Over-taxed law enforcement officials need a simple, accessible resource to turn to that recommends a few, top-tier crime prevention and intervention programs. They need a resource that will single out those existing programs that are truly ''evidence-based'' programs that are proven by scientifically reliable evidence to be effective. The commission created by the PRECAUTION Act will provide just such a report—written in plain language and focused on pragmatic implementation issues—approximately a year and a half after the bill is enacted.

In the course of holding hearings and writing this first report, the commission will also identify some types of prevention and intervention strategies that are promising but need further research and development before they are ready for further implementation. The National Institute of Justice then will administer a grant program that will fund pilot projects in these identified areas. The commission will follow closely the progress of these pilot projects, and at the end of the three-year grant program, it will publish a second report, providing a detailed discussion of each pilot project and its effectiveness. This second report will include detailed implementation information and will discuss both the successes and failures of the projects funded by the grants.

There is particular urgency for this bill as State and Federal budget shortfalls continue and State and local law enforcement are forced to do more with fewer resources. There is no doubt that money is tight, which makes it all the more important that innovative and cost-effective law enforcement strategies that benefit both public safety and the government bottom line are being used in our communities. To help accomplish this, the Federal Government must work in concert with State and local law enforcement, with the nonprofit criminal justice community, and with other branches of State and Federal Government. While we have an obligation to provide leadership and support, we do not have the right to unilaterally take control from the State and local officials on the ground. With these partnerships in place we can invest our resources in crime-fighting measures, confident that they will work. Sometimes, small and careful advances are the ones that yield the most benefit.

The PRECAUTION Act answers a call by police chiefs and mayors from more than 50 cities around the country during a national conference hosted by the Police Executive Research Forum in 2006. According to a report on the event from the Forum, these law enforcement leaders agreed that while there is a desperate need for the law enforcement community to focus on violent crime, ''other municipal agencies and social services organizations—including schools, mental health, public health, courts, corrections, and conflict management groups—need to be brought together to partner toward the common goal of reducing violent crime.'' In the hearings held by the PRECAUTION Act commission, these voices will all be heard. In the reports filed by the commission, these perspectives will be acknowledged. In the pilot projects administered by the National Institute of Justice, these partnerships will be developed and fostered.

The Senate Judiciary Committee highlighted the need for cost saving measures when it held a hearing entitled ''Encouraging Innovative and Cost-Effective Crime Reduction Strategies.'' Chief of Police Michael Schirling of Burlington, Vermont, in response to a question I asked him in conjunction with the hearing, said of the PRECAUTION Act that it would be:

> [A] useful tool for law enforcement that could, if properly implemented, result in long-term cost savings not only for law enforcement, but also for communities as a whole. The manner in which creative initiatives would be studied to validate their effectiveness and then added to a resource library of new ideas seems like a prudent approach to spreading important concepts and ideas to improve the criminal justice system in a meaningful way.

The PRECAUTION Act, though very modest in scope, is an important supplement to the essential financial support the Federal Government provides to our State and local law enforcement partners through programs such as the Byrne Justice Assistance grants and the COPS grants. When State and local law enforcement receive Federal support for policing, they have difficult decisions to make on how to spend those Federal dollars. We all know that prevention and intervention are integral components of any comprehensive law enforcement plan. The PRECAUTION Act not only highlights the importance of these components, but will also help to single out some of the best, most effective forms of prevention and intervention programs. At the same time, it will help to develop additional, cutting-edge strategies that are supported by solid scientific evidence of their effectiveness.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 3160

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Prevention Resources for Eliminating Criminal Activity Using Tailored Interventions in Our Neighborhoods Act of 2010'' or the ''PRECAUTION Act''.

SEC. 2. PURPOSES.

The purposes of this Act are to—

(1) establish a commitment on the part of the Federal Government to provide leadership on successful crime prevention and intervention strategies;

(2) further the integration of crime prevention and intervention strategies into traditional law enforcement practices of State and local law enforcement offices around the country;

(3) develop a plain-language, implementation-focused assessment of those current crime and delinquency prevention and intervention strategies that are supported by rigorous evidence;

(4) provide additional resources to the National Institute of Justice to administer grants, contracts, and cooperative agreements for research and development for promising crime prevention and intervention strategies;

(5) develop recommendations for Federal priorities for crime and delinquency prevention and intervention research, development, and funding that may augment important Federal grant programs, including the Edward Byrne Memorial Justice Assistance Grant Program under subpart 1 of part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750 et seq.), grant programs administered by the Office of Community Oriented Policing Services of the Department of Justice, grant programs administered by the Office of Safe and Drug-Free Schools of the Department of Education, and other similar programs; and

(6) reduce the costs that rising violent crime imposes on interstate commerce.

SEC. 3. DEFINITIONS.

In this Act, the following definitions shall apply:

(1) COMMISSION.—The term ''Commission'' means the National Commission on Public Safety Through Crime Prevention established under section 4(a).

(2) RIGOROUS EVIDENCE.—The term ''rigorous evidence'' means evidence generated by scientifically valid forms of outcome evaluation, particularly randomized trials (where practicable).

(3) SUBCATEGORY.—The term ''subcategory'' means 1 of the following categories:

(A) Family and community settings (including public health-based strategies).

(B) Law enforcement settings (including probation-based strategies).

(C) School settings (including antigang and general antiviolence strategies).

(4) TOP-TIER.—The term ''top-tier'' means any strategy supported by rigorous evidence of the sizable, sustained benefits to participants in the strategy or to society.

SEC. 4. NATIONAL COMMISSION ON PUBLIC SAFETY THROUGH CRIME PREVENTION.

(a) ESTABLISHMENT.—There is established a commission to be known as the National Commission on Public Safety Through Crime Prevention.

(b) MEMBERS.—

(1) IN GENERAL.—The Commission shall be composed of 9 members, of whom—

(A) 3 shall be appointed by the President, 1 of whom shall be the Assistant Attorney General for the Office of Justice Programs or a representative of such Assistant Attorney General;

(B) 2 shall be appointed by the Speaker of the House of Representatives, unless the Speaker is of the same party as the President, in which case 1 shall be appointed by the Speaker of the House of Representatives and 1 shall be appointed by the minority leader of the House of Representatives;

(C) 1 shall be appointed by the minority leader of the House of Representatives (in addition to any appointment made under subparagraph (B));

(D) 2 shall be appointed by the majority leader of the Senate, unless the majority leader is of the same party as the President, in which case 1 shall be appointed by the majority leader of the Senate and 1 shall be appointed by the minority leader of the Senate; and

(E) 1 shall be appointed by the minority leader of the Senate (in addition to any appointment made under subparagraph (D)).

(2) PERSONS ELIGIBLE.—

(A) IN GENERAL.—Each member of the Commission shall be an individual who has knowledge or expertise in matters to be studied by the Commission.

(B) REQUIRED REPRESENTATIVES.—At least—

(i) 2 members of the Commission shall be respected social scientists with experience implementing or interpreting rigorous, outcome-based trials; and

(ii) 2 members of the Commission shall be law enforcement practitioners.

(3) CONSULTATION REQUIRED.—The President, the Speaker of the House of Representatives, the minority leader of the House of Representatives, and the majority leader and minority leader of the Senate shall consult prior to the appointment of the members of the Commission to achieve, to the maximum extent possible, fair and equitable representation of various points of view with respect to the matters to be studied by the Commission.

(4) TERM.—Each member shall be appointed for the life of the Commission.

(5) TIME FOR INITIAL APPOINTMENTS.—The appointment of the members shall be made not later than 60 days after the date of enactment of this Act.

(6) VACANCIES.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made, and shall be made not later than 60 days after the date on which the vacancy occurred.

(7) EX OFFICIO MEMBERS.—The Director of the National Institute of Justice, the Director of the Office of Juvenile Justice and Delinquency Prevention, the Director of the Community Capacity Development Office, the Director of the Bureau of Justice Statistics, the Director of the Bureau of Justice Assistance, and the Director of Community Oriented Policing Services (or a representative of each such director) shall each serve in an ex officio capacity on the Commission to provide advice and information to the Commission.

(c) OPERATION.—

(1) CHAIRPERSON.—At the initial meeting of the Commission, the members of the Commission shall elect a chairperson from among its voting members, by a vote of ⅔ of the members of the Commission. The chairperson shall retain this position for the life of the Commission. If the chairperson leaves the Commission, a new chairperson shall be selected, by a vote of ⅔ of the members of the Commission.

(2) MEETINGS.—The Commission shall meet at the call of the chairperson. The initial meeting of the Commission shall take place not later than 30 days after the date on which all the members of the Commission have been appointed.

(3) QUORUM.—A majority of the members of the Commission shall constitute a quorum to conduct business, and the Commission may establish a lesser quorum for conducting hearings scheduled by the Commission.

(4) RULES.—The Commission may establish by majority vote any other rules for the conduct of Commission business, if such rules are not inconsistent with this Act or other applicable law.

(d) PUBLIC HEARINGS.—

(1) IN GENERAL.—The Commission shall hold public hearings. The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out its duties under this section.

(2) FOCUS OF HEARINGS.—The Commission shall hold at least 3 separate public hearings, each of which shall focus on 1 of the subcategories.

(3) WITNESS EXPENSES.—Witnesses requested to appear before the Commission shall be paid the same fees as are paid to witnesses under section 1821 of title 28, United States Code. The per diem and mileage allowances for witnesses shall be paid from funds appropriated to the Commission.

(e) COMPREHENSIVE STUDY OF EVIDENCE-BASED CRIME PREVENTION AND INTERVENTION STRATEGIES.—

(1) IN GENERAL.—The Commission shall carry out a comprehensive study of the effectiveness of crime and delinquency prevention and intervention strategies, organized around the 3 subcategories.

(2) MATTERS INCLUDED.—The study under paragraph (1) shall include—

(A) a review of research on the general effectiveness of incorporating crime prevention and intervention strategies into an overall law enforcement plan;

(B) an evaluation of how to more effectively communicate the wealth of social science research to practitioners;

(C) a review of evidence regarding the effectiveness of specific crime prevention and intervention strategies, focusing on those strategies supported by rigorous evidence;

(D) an identification of—

(i) promising areas for further research and development; and

(ii) other areas representing gaps in the body of knowledge that would benefit from additional research and development;

(E) an assessment of the best practices for implementing prevention and intervention strategies;

(F) an assessment of the best practices for gathering rigorous evidence regarding the implementation of intervention and prevention strategies; and

(G) an assessment of those top-tier strategies best suited for duplication efforts in a range of settings across the country.

(3) INITIAL REPORT ON TOP-TIER CRIME PREVENTION AND INTERVENTION STRATEGIES.—

(A) DISTRIBUTION.—Not later than 18 months after the date on which all members of the Commission have been appointed, the Commission shall submit a public report on the study carried out under this subsection to—

(i) the President;

(ii) Congress;

(iii) the Attorney General;

(iv) the Chief Federal Public Defender of each district;

(v) the chief executive of each State;

(vi) the Director of the Administrative Office of the Courts of each State;

(vii) the Director of the Administrative Office of the United States Courts; and

(viii) the attorney general of each State.

(B) CONTENTS.—The report under subparagraph (A) shall include—

(i) the findings and conclusions of the Commission;

(ii) a summary of the top-tier strategies, including—

(I) a review of the rigorous evidence supporting the designation of each strategy as top-tier;

(II) a brief outline of the keys to successful implementation for each strategy; and

(III) a list of references and other information on where further information on each strategy can be found;

(iii) recommended protocols for implementing crime and delinquency prevention and intervention strategies generally;

(iv) recommended protocols for evaluating the effectiveness of crime and delinquency prevention and intervention strategies; and

(v) a summary of the materials relied upon by the Commission in preparation of the report.

(C) CONSULTATION WITH OUTSIDE AUTHORITIES.—In developing the recommended protocols for implementation and rigorous evaluation of top-tier crime and delinquency prevention and intervention strategies under this paragraph, the Commission shall consult with the Committee on Law and Justice at the National Academy of Science and with national associations representing the law enforcement and social science professions, including the National Sheriffs' Association, the Police Executive Research Forum, the International Association of Chiefs of Police, the Consortium of Social Science Associations, and the American Society of Criminology.

(f) RECOMMENDATIONS REGARDING INNOVATIVE CRIME PREVENTION AND INTERVENTION STRATEGIES.—

(1) SUBMISSION.—

(A) IN GENERAL.—Not later than 30 days after the date of the final hearing under subsection (d) relating to a subcategory, the Commission shall provide the Director of the National Institute of Justice and the Attorney General with recommendations on qualifying considerations relating to that subcategory for selecting recipients of contracts, cooperative agreements, and grants under section 5.

(B) DEADLINE.—Not later than 13 months after the date on which all members of the Commission have been appointed, the Commission shall provide all recommendations required under this subsection.

(2) MATTERS INCLUDED.—The recommendations provided under paragraph (1) shall include recommendations relating to—

(A) the types of strategies for the applicable subcategory that would best benefit from additional research and development;

(B) any geographic or demographic targets;

(C) the types of partnerships with other public or private entities that might be pertinent and prioritized; and

(D) any classes of crime and delinquency prevention and intervention strategies that should not be given priority because of a preexisting base of knowledge that would benefit less from additional research and development.

(g) FINAL REPORT ON THE RESULTS OF INNOVATIVE CRIME PREVENTION AND INTERVENTION STRATEGIES.—

(1) IN GENERAL.—Following the close of the 3-year period for the evaluation of an innovative strategy under section 5, the Commission shall collect the results of the evaluation and shall submit a public report to the President, the Attorney General, Congress, the chief executive of each State, and the attorney general of each State describing each strategy funded under section 5 and the results of the strategy. The report under this paragraph shall be submitted not later than 5 years after the date of the selection of the chairperson of the Commission.

(2) COLLECTION OF INFORMATION AND EVIDENCE REGARDING RECIPIENTS.—The collection of information and evidence by the Commission regarding each recipient of a contract, cooperative agreement, or grant under section 5 shall be carried out by—

(A) ongoing communications with the grant administrator at the National Institute of Justice and other appropriate officers at other components of the Department of Justice;

(B) visits by representatives of the Commission (including at least 1 member of the Commission) to the site where the recipient of a contract, cooperative agreement, or grant is carrying out the strategy funded under section 5, at least once in the second and once in the third year of the contract, cooperative agreement, or grant;

(C) a review of the data generated by the study monitoring the effectiveness of the strategy; and

(D) other means as necessary.

(3) MATTERS INCLUDED.—The report submitted under paragraph (1) shall include a review of each strategy carried out with a contract, cooperative agreement, or grant under section 5, detailing—

(A) the type of crime or delinquency prevention or intervention strategy;

(B) where the activities under the strategy were carried out, including geographic and demographic targets;

(C) any partnerships with public or private entities through the course of the period of the contract, cooperative agreement, or grant;

(D) the type and design of the effectiveness study conducted under section 5(b)(4) or section 5(c)(2)(C) for that strategy;

(E) the results of the effectiveness study conducted under section 5(b)(4) or section 5(c)(2)(C) for that strategy;

(F) lessons learned regarding implementation of that strategy or of the effectiveness study conducted under section 5(b)(4) or section 5(c)(2)(C), including recommendations regarding which types of environments might best be suited for successful replication; and

(G) recommendations regarding the need for further research and development of the strategy.

(h) PERSONNEL MATTERS.—

(1) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of service for the Commission.

(2) COMPENSATION OF MEMBERS.—Members of the Commission shall serve without compensation.

(3) STAFF.—

(A) IN GENERAL.—The chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(B) COMPENSATION.—The chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(4) DETAIL OF FEDERAL EMPLOYEES.—With the affirmative vote of ⅔ of the members of the Commission, any Federal Government employee, with the approval of the head of the appropriate Federal agency, may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status, benefits, or privileges.

(i) CONTRACTS FOR RESEARCH.—

(1) NATIONAL INSTITUTE OF JUSTICE.—With a ⅔ affirmative vote of the members of the Commission, the Commission may select nongovernmental researchers and experts to assist the Commission in carrying out its duties under this Act. The National Institute of Justice shall contract with the researchers and experts selected by the Commission to provide funding in exchange for their services.

(2) OTHER ORGANIZATIONS.—Nothing in this subsection shall be construed to limit the ability of the Commission to enter into contracts with other entities or organizations for research necessary to carry out the duties of the Commission under this section.

(j) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $5,000,000 to carry out this section.

(k) TERMINATION.—The Commission shall terminate on the date that is 30 days after the date on which the Commission submits the last report required by this section.

(l) EXEMPTION.—The Commission shall be exempt from the Federal Advisory Committee Act.

SEC. 5. INNOVATIVE CRIME PREVENTION AND INTERVENTION STRATEGIES.

(a) IN GENERAL.—The Attorney General may fund the implementation and evaluation of innovative crime or delinquency prevention or intervention strategies though coordinated initiatives, as described in subsection (b), through grants authorized under subsection (c), or a combination of the coordinated initiatives and grants.

(b) COORDINATED INITIATIVES.—

(1) IN GENERAL.—The Attorney General, acting through the Director of the National Institute of Justice, may coordinate efforts between the National Institute of Justice and other appropriate components of the Department of Justice to implement and rigorously evaluate innovative crime or delinquency prevention or intervention strategies.

(2) SELECTION OF STRATEGIES.—The Director of the National Institute of Justice, in consultation with the heads of other appropriate components of the Department of Justice, shall identify innovative crime or delinquency prevention or intervention strategies that would best benefit from additional funding and evaluation, taking into consideration the recommendations of the Commission under section 4(f).

(3) PROGRAM OFFICE ROLE.—The head of any appropriate component of the Department of Justice, as determined by the Attorney General, may provide incentives under a contract, cooperative agreement, or grant entered into or made by the component, including a competitive preference priority and providing additional funds, for a public or private entity to—

(A) implement a strategy identified under paragraph (2); or

(B) participate in the evaluation under paragraph (4) of the strategies identified under paragraph (2).

(4) NATIONAL INSTITUTE OF JUSTICE EVALUATION.—

(A) IN GENERAL.—The Director of the National Institute of Justice may enter into or make contracts, cooperative agreements, or

grants to conduct a rigorous study of the effectiveness of each strategy relating to which an incentive is provided under paragraph (3).

(B) AMOUNT AND DURATION.—A contract, cooperative agreement, or grant under subparagraph (A) shall be for not more than $700,000, and shall be for a period of not more than 3 years.

(C) METHODOLOGY OF STUDY.—Each study conducted under subparagraph (A) shall use a study design that is likely to produce rigorous evidence of the effectiveness of the strategy and, where feasible, measure outcomes using available administrative data, such as police arrest records, so as to minimize the costs of the study.

(c) GRANTS AUTHORIZED.—

(1) IN GENERAL.—The Director of the National Institute of Justice may make grants to public and private entities to fund the implementation and evaluation of innovative crime or delinquency prevention or intervention strategies. The purpose of grants under this subsection shall be to provide funds for all expenses related to the implementation of such a strategy and to conduct a rigorous study on the effectiveness of that strategy.

(2) GRANT DISTRIBUTION.—

(A) PERIOD.—A grant under this subsection shall be made for a period of not more than 3 years.

(B) AMOUNT.—The amount of each grant under this subsection—

(i) shall be sufficient to ensure that rigorous evaluations may be performed; and

(ii) shall not exceed $2,000,000.

(C) EVALUATION SET-ASIDE.—

(i) IN GENERAL.—A grantee shall use not less than $300,000 and not more than $700,000 of the funds from a grant under this subsection for a rigorous study of the effectiveness of the strategy during the 3-year period of the grant for that strategy.

(ii) METHODOLOGY OF STUDY.—

(I) IN GENERAL.—Each study conducted under clause (i) shall use an evaluator and a study design approved by the employee of the National Institute of Justice hired or assigned under subsection (e) and, where feasible, measure outcomes using available administrative data, such as police arrest records, so as to minimize the costs of the study.

(II) CRITERIA.—The employee of the National Institute of Justice hired or assigned under subsection (e) shall approve—

(aa) an evaluator that has successfully carried out multiple studies producing rigorous evidence of effectiveness; and

(bb) a proposed study design that is likely to produce rigorous evidence of the effectiveness of the strategy.

(III) APPROVAL.—Before a grant is awarded under this subsection, the evaluator and study design of a grantee shall be approved by the employee of the National Institute of Justice hired or assigned under subsection (e).

(D) DATE OF AWARD.—Not later than 6 months after the date of receiving recommendations relating to a subcategory from the Commission under section 4(f), the Director of the National Institute of Justice shall award all grants under this subsection relating to that subcategory.

(E) TYPE OF GRANTS.—One-third of the grants made under this subsection shall be made in each subcategory. In distributing grants, the recommendations of the Commission under section 4(f) shall be considered.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $18,000,000 to carry out subsections (b) and (c).

(e) DEDICATED STAFF.—

(1) IN GENERAL.—The Director of the National Institute of Justice shall hire or assign a full-time employee to oversee the contracts, cooperative agreements, and grants under this section.

(2) STUDY OVERSIGHT.—The employee of the National Institute of Justice hired or assigned under paragraph (1) shall be responsible for ensuring that recipients of a contract, cooperative agreement, or grant under this section adhere to the study design approved before the contract, cooperative agreement, or grant was entered into or awarded.

(3) LIAISON.—The employee of the National Institute of Justice hired or assigned under paragraph (1) may be used as a liaison between the Commission and the recipients of a contract, cooperative agreement, or grant under this section. The employee shall be responsible for ensuring timely cooperation with Commission requests.

(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $150,000 for each of fiscal years 2010 through 2014 to carry out this subsection.

(f) APPLICATIONS.—A public or private entity desiring a contract, cooperative agreement, or grant under this section shall submit an application at such time, in such manner, and accompanied by such information as the Director of the National Institute of Justice or other appropriate component of the Department of Justice may reasonably require.

(g) COOPERATION WITH THE COMMISSION.—A person entering into a contract or cooperative agreement or receiving a grant under this section shall cooperate with the Commission in providing the Commission with full information on the progress of the strategy being carried out with a contract, cooperative agreement, or grant under this section, including—

(1) hosting visits by the members of the Commission to the site where the activities under the strategy are being carried out;

(2) providing pertinent information on the logistics of establishing the strategy for which the contract, cooperative agreement, or grant under this section was received, including details on partnerships, selection of participants, and any efforts to publicize the strategy; and

(3) responding to any specific inquiries that may be made by the Commission.

SEC. 6. FUNDING.

Section 524(c) of title 28, United States Code, is amended by adding at the end the following:

''(12) For the first full fiscal year after the date of enactment of the PRECAUTION Act, and each fiscal year thereafter through the end of the fifth full fiscal year after such date of enactment, there is appropriated to the Attorney General from the Fund $4,750,000 to carry out the PRECAUTION Act.''.

By Mrs. SHAHEEN:

S. 3161. A bill to establish penalties for servicers that fail to timely evaluate the applications of homeowners under home loan modification programs; to the Committee on Banking, Housing, and Urban Affairs.

Ms. SHAHEEN. Mr. President, I rise today to introduce the Mortgage Modification Reform Act, which is designed to protect homeowners and communities from big banks who fail to modify mortgages in a timely fashion.

In the past year I have heard from hundreds of families in New Hampshire who have fallen behind on their mortgages. Often, they tell me that they can no longer afford their payments because of circumstances beyond their control. A family member has been laid off or had her hours reduced. Medical bills have started piling up. Higher interest payments kicked in at just the wrong time. And since value of the average home has declined over 15 percent in New Hampshire, they now owe more on their home than it's worth.

But these families want to make it work, so they reach out to their bank or ''mortgage servicer'' to figure out a way to make payments they can afford. Often, when a homeowner comes to a servicer, they can work together to bring the homeowner's payments down to an affordable level. When a servicer modifies a mortgage, everybody wins: the homeowner can stay in their home; the servicer avoids the costly foreclosure process; and communities are spared from the devastating effects that foreclosures have on home values and communities.

That is why these families in New Hampshire and others across the country breathed a sigh of relief when they heard that a new program, called the Home Affordable Modification Program, or HAMP, would provide powerful incentives to servicers to work with borrowers to keep them in their homes.

We were told that HAMP would help 3–4 million homeowners stay in their homes by reducing the amount a family owes each month to 31 percent of its monthly income. The big, national servicer banks who signed up for the program would avoid the foreclosure process and receive incentive payments. Most importantly, communities would have benefitted by stemming the tide of foreclosures, which have so drastically lowered home values and the equity of millions of homeowners.

But a year into the program, it is clear that many of these big banks are unwilling or uninterested in helping people in our communities. The banks routinely lose documents and ask the borrower to send them in again, delaying the process for months at a time. They don't respond to calls and voice messages that are only returned weeks or months later—if they are returned at all. And as homeowners wait for a decision, the banks charge them late fees, which puts them even further behind. When homeowners finally receive modification offers, they often come at the last minute—just days before the borrower's home is set to be auctioned.

As a result of these abuses, instead of helping the millions of homeowners that they promised would be able to stay in their homes, servicers have offered trial modifications to less than 30 percent of eligible homeowners. The banks participating in HAMP have only provided permanent relief to only 116,000 homeowners.

We know that the servicers are capable of success in this program because some servicers have been better than others. According to the latest Servicer Performance Report from the Treasury, some servicers have helped as little as 2 percent of their eligible

borrowers, while others have helped over 50 percent. And it's not surprising that some of the servicers with the worst numbers are the same big banks that were happy to be bailed out by TARP not too long ago.

It is time to tell these big banks that enough's enough. We need protections for homeowners, and we need to penalize the servicers who have failed to offer the help they promised.

That is why I am introducing legislation today, the Mortgage Modification Reform Act, to stop the big banks from abusing homeowners and to start penalizing those who do not live up to their promise to provide homeowners with the relief they need.

The Mortgage Modification Reform Act would charge banks ''late fees'' for every month that they fail to evaluate a homeowner for this program. After 3 months, if a homeowner has not received an answer on whether their mortgage will be modified, the banks' payments will be reduced 10 percent for each month that it fails to evaluate the homeowner. By reducing payments to the banks over time, the bank will be encouraged to evaluate these borrowers earlier and more frequently. This also protects the taxpayer by only rewarding those banks that respond quickly and punishing those that fail to act. Banks will have to perform to get paid, and if they don't, their compensation will stay with to the taxpayer.

This legislation would also require banks to stop the foreclosure process until it determines whether a borrower qualifies. This would also give much-needed peace of mind to homeowners who aren't sure which will come first: the modification they need, or the sale of their home.

In addition, the legislation would prevent banks from imposing fees while they wait for a decision. There is no reason that a bank should charge a homeowner for being delinquent while waiting for evaluation in the program. There is no reason for a homeowner to pay fees for an unnecessary foreclosure process. This legislation would put an end to these abusive practices.

Finally, the Mortgage Modification Reform Act provides a protection for borrowers that has been missing from day one of this program: a way for homeowners to request a review of the bank's decision. Right now, the banks make all the decisions whether a homeowner qualifies for the program or not. There is no way for the homeowner to appeal that decision. But we know that those decisions aren't always right. Many homeowners were originally told that they didn't qualify, but ask their Senator or get legal assistance to ask the servicer to take another look. Often, they did qualify for the program, but the servicer did not evaluate the borrower properly.

But not every homeowner should have to involve their Senator or a lawyer to get their bank to respond. They should be able to make their case on their own to an independent arbiter. This legislation requires the Treasury Department to create a separate, independent review process to allow homeowners who feel they have been wrongly denied the chance to stay in their home. In addition, to ensure transparency, this legislation would require the servicer to submit documentation to the Treasury for each denial that it makes.

Making this program work isn't just important for these homeowners, it's also critical to our economic recovery. With million homeowners across the nation behind on their mortgages and at risk of foreclosure, we need this program achieve its potential of stopping millions of homes from flooding the housing market and further depressing home values.

I urge my colleagues to join me to prevent banks from continuing to abuse this program, and to get it on track to provide help to the millions of homeowners who need it.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 3161

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Mortgage Modification Reform Act of 2010''.

SEC. 2. DEFINITIONS.

In this Act—

(1) the term ''covered trial loan modification'' means a trial loan modification—

(A) offered by a servicer to a homeowner under a home loan modification program; and

(B) for which the servicer has received from the homeowner the information required for a trial loan modification;

(2) the term ''home loan modification program'' means a home loan modification program put into effect by the Secretary under title I of division A of the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5211 et seq.), including the Home Affordable Modification Program;

(3) the term ''homeowner'' means an individual who applies for a home loan modification under a home loan modification program;

(4) the term ''permanent loan modification'' means any agreement reached between a homeowner and a servicer on a long-term basis, as determined by the Secretary, under a home loan modification program;

(5) the term ''qualified counselor'' means a qualified counselor described in section 255(f) of the National Housing Act (12 U.S.C. 1715z-20(f));

(6) the term ''Secretary'' means the Secretary of the Treasury;

(7) the term ''servicer'' has the same meaning as in section 129 of the Truth in Lending Act (15 U.S.C. 1639a) (relating to the duties of servicers of residential mortgages), as added by section 201(b) of the Helping Families Save Their Homes Act of 2009 (Public Law 111–22; 123 Stat. 1638);

(8) the term ''servicer incentive payment'' means a payment that is made by the Secretary to a servicer—

(A) in exchange, or as an incentive, for making a loan modification under a home loan modification program; and

(B) at the time the servicer makes an offer of a trial or permanent modification to a homeowner; and

(9) the term ''trial loan modification'' means any agreement reached between a homeowner and a servicer on a temporary basis, as determined by the Secretary, under a home loan modification program.

SEC. 3. FORECLOSURE.

A servicer may not initiate or continue a foreclosure proceeding with respect to the mortgage of a homeowner if—

(1) the homeowner submitted an application for a loan modification under a home loan modification program—

(A) before receiving a notice of foreclosure from the servicer; or

(B) not later than 30 days after the homeowner received a notice of foreclosure from the servicer; and

(2) the servicer has not made a determination, as described in section 5(a) that the homeowner does not qualify for a loan modification under a home loan modification program.

SEC. 4. PROCESS FOR REVIEW OF IMPROPER DENIALS.

(a) PROCESS FOR REVIEW.—

(1) IN GENERAL.—The Secretary shall establish a process by which a homeowner may request the Secretary to review a denial by a servicer of an application by the homeowner for a trial loan modification or permanent loan modification.

(2) QUALIFIED COUNSELORS.—The process established under paragraph (1) shall include the use of qualified counselors to report wrongful denials of trial loan modifications and permanent loan modifications.

(3) SUPPORTING DOCUMENTATION.—The Secretary shall require a servicer to submit supporting documentation with respect to any denial by the servicer of an application by a homeowner for a trial loan modification or permanent loan modification that is reviewed by the Secretary under the process established under paragraph (1).

(b) PENALTIES.—If the Secretary determines after a review under the process established under subsection (a) that a servicer has wrongly denied the application of a homeowner for a trial loan modification or a permanent loan modification, the Secretary shall impose a penalty on the servicer.

SEC. 5. PENALTIES FOR SERVICERS THAT DO NOT TIMELY EVALUATE HOMEOWNERS.

(a) TIME FOR EVALUATION OF HOMEOWNERS.—Not later than 3 months after the date on which a homeowner submits an application for a loan modification to a servicer that participates in a home loan modification program, the servicer shall—

(1) evaluate the application of the homeowner; and

(2) notify the homeowner that—

(A) the homeowner is qualified for a trial loan modification or a permanent loan modification under the home loan modification program; or

(B) the servicer has denied the application.

(b) PRIORITY FOR EVALUATING AMENDMENTS.—

(1) PRIORITY.—A servicer that participates in a home loan modification program shall evaluate the applications of homeowners for loan modifications in the order in which the servicer receives the applications.

(2) PROHIBITION.—A servicer that participates in a home loan modification program may not select the order in which the applications of homeowners are evaluated for loan modifications—

(A) on the basis of—

(i) the income of the homeowner that made the application; or

(ii) the value of the loan for which a modification is requested; or

(B) for any reason other than the time at which the servicer receives the applications.

(c) LATE FEES FOR SERVICERS.—

(1) REDUCED SERVICER INCENTIVE PAYMENTS FOR LOANS INDIVIDUAL HOMEOWNERS.—The Secretary shall reduce the amount of any servicer incentive payment with respect to the loan modification of an individual homeowner by 10 percent for each full month that—

(A) follows the date that is 3 months after the date on which the homeowner submits an application for a loan modification to the servicer; and

(B) precedes the date on which the servicer notifies the homeowner under subsection (a)(2).

(2) REDUCED PAYMENTS FOR ALL LOANS.—If the Secretary determines that, on the date that is 3 months after the date of enactment of this Act, less than 75 percent of all homeowners who applied to a servicer for loan modifications under a home loan modification program have been evaluated within 3 months of the date of the application, the Secretary shall reduce by 25 percent the amount of any servicer incentive payment the servicer would otherwise be eligible to receive under the home loan modification program.

(d) DELINQUENCY FEES CHARGED TO HOMEOWNERS.—No servicer may impose a fee on a homeowner due to delinquency during the period beginning on the date on which the homeowner submits an application to the servicer for a loan modification and ending on the date on which the homeowner receives notice under subsection (a)(2).

(e) COLLECTION AND REPORT OF DATA.—

(1) COLLECTION OF DATA.—Each servicer shall report to the Secretary, at such time and in such manner as the Secretary may determine, data relating to the processing by the servicer of applications for loan modifications.

(2) REPORT OF DATA.—The Secretary shall publish a monthly report containing the data collected under paragraph (1).

SEC. 6. REDUCED PAYMENTS FOR FAILURE TO EVALUATE HOMEOWNERS FOR PERMANENT MODIFICATIONS.

If the Secretary determines that, on the date that is 3 months after the date of enactment of this Act, less than 70 percent of all covered trial loan modifications offered by a servicer have been evaluated for conversion to permanent loan modifications before the date that is 3 months after the date on which the servicer and the homeowner entered into an agreement for a trial loan modification, the Secretary shall reduce by 25 percent the amount of any servicer incentive payment the servicer would otherwise be eligible to receive under the home loan modification program. Such reduction shall be in addition to any other reduction in payment that may have been imposed on the servicer for any other violation of this Act.

SEC. 7. RULE OF CONSTRUCTION RELATING TO PAYMENTS TO HOMEOWNERS.

Nothing in this Act may be construed to require a reduction of a payment by the Secretary made on behalf or for the benefit of a homeowner in connection with a loan modification.

By Mr. AKAKA (for himself, Mr. BAUCUS, Mr. BAYH, Mr. BEGICH, Mr. BENNET, Mr. BINGAMAN, Mrs. BOXER, Mr. BROWN, of Ohio, Mr. BURRIS, Mr. BYRD, Ms. CANTWELL, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. CONRAD, Mr. DODD, Mr. DORGAN, Mr. DURBIN, Mr. FEINGOLD, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLIBRAND, Mrs. HAGAN, Mr. HARKIN, Mr. INOUYE, Mr. JOHNSON, Mr. KAUFMAN, Mr. KERRY, Ms. KLOBUCHAR, Mr. KOHL, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Mrs. MCCASKILL, Mr. MENENDEZ, Mr. MERKLEY, Ms. MIKULSKI, Mrs. MURRAY, Mr. NELSON of Florida, Mr. NELSON of Nebraska, Mr. PRYOR, Mr. REED, Mr. REID, Mr. ROCKEFELLER, Mr. SANDERS, Mr. SCHUMER, Mrs. SHAHEEN, Mr. SPECTER, Ms. STABENOW, Mr. TESTER, Mr. UDALL of Colorado, Mr. UDALL of New Mexico, Mr. WARNER, Mr. WEBB, Mr. WHITEHOUSE, and Mr. WYDEN):

S. 3162. A bill to clarify the health care provided by the Secretary of Veterans Affairs that constitutes minimum essential coverage; to the Committee on Veterans' Affairs.

Mr. AKAKA. Mr. President, as Chairman of the Senate Committee on Veterans' Affairs, concerns have been raised to me about a technical error in the health care reform bill that was recently passed, the Patient Protection and Affordable Care Act, H.R. 3590. In drafting the PPACA, a provision was included which designates health care provided under VA's authority as meeting the minimum required health care coverage that an individual is required to maintain.

However, due to the way this exemption was worded, this definition may exclude children with spina bifida, who are seriously disabled and to whom VA provides reimbursement for comprehensive health care. The underlying bill gave authority to the Secretary of Health and Human Services to designate other care, which could include the VA spina bifida program, as meeting the definition of minimum essential coverage. This bill would simply clarify what was originally intended.

Chapter 18 of title 38 contains the Spina Bifida Health Care Program, which is a health benefit program administered by the Department of Veterans Affairs for Vietnam War and certain Korean War Veterans' birth children who have been diagnosed with spina bifida, except spina bifida occulta. The program provides reimbursement for medical services and supplies.

The legislation I introduce today corrects this small error. Additionally, this legislation would clarify that recipients of CHAMPVA would also be considered as meeting the requirement for minimum essential coverage.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 3162

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

SECTION 1. CLARIFICATION OF HEALTH CARE PROVIDED BY THE SECRETARY OF VETERANS AFFAIRS THAT CONSTITUTES MINIMUM ESSENTIAL COVERAGE.

(a) IN GENERAL.—Clause (v) of section 5000A(f)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended to read as follows:

''(v) chapter 17 or 18 of title 38, United States Code, or otherwise under the laws administered by the Secretary of Veterans Affairs, of an individual entitled to coverage under such chapter or laws for essential health benefits (as defined by the Secretary for purposes of section 1302(b) of the Patient Protection and Affordable Care Act) insofar as such benefits are available under such chapter or laws; or''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in section 1501(b) of the Patient Protection and Affordable Care Act and shall be executed immediately after the amendments made by such section 1501(b).

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 468—HONORING THE BLACKSTONE VALLEY TOURISM COUNCIL ON THE CELEBRATION OF ITS 25TH ANNIVERSARY

Mr. WHITEHOUSE (for himself and Mr. REED) submitted the following resolution; which was referred to the Committee on the Judiciary.

S. RES. 468

Whereas on April 8, 2010, the Blackstone Valley Tourism Council will celebrate the 25th anniversary of its founding;

Whereas since 1985, the Blackstone Valley Tourism Council has been at the forefront of sustainable destination development, community building, resiliency, education, and scholarly research;

Whereas the Blackstone Valley Tourism Council is a non-profit corporation registered as a 501(c)(3) educational organization and is authorized under Section 42-63.1-5 of the Rhode Island General Laws as the State-designated regional tourism development agency for the Blackstone Valley of Rhode Island;

Whereas the development region of the Blackstone Valley Tourism Council follows the length and width of the Blackstone River Watershed, from the many tributaries in southern Massachusetts, to the end of the river at the headwaters of the Narragansett Bay in Rhode Island;

Whereas the Blackstone Valley Tourism Council represents the Rhode Island cities of Pawtucket, Central Falls, and Woonsocket, and towns of Cumberland, Lincoln, North Smithfield, Smithfield, Glocester, and Burrillville;

Whereas the Blackstone Valley is the birthplace of the American Industrial Revolution that began in 1790 in Pawtucket, Rhode Island, when Samuel Slater began textile manufacturing in a wooden mill on the banks of the Blackstone River;

Whereas since its beginning, the Blackstone Valley Tourism Council has worked to develop, promote, and expand the economic and community development base for the cities and towns in the Blackstone Valley to create a viable visitor and cultural destination that preserves the historic heritage of the region;

Whereas the Blackstone Valley Tourism Council works as an interpreter and educator

of the history and ecology of the Blackstone River, initiates ongoing international relationships of major importance to the region, provides input on future riverfront and economic development, and develops various recreational activities;

Whereas the work that the Blackstone Valley Tourism Council accomplishes benefits from its partnerships with local social and community development organizations, municipalities, regional and State economic development organizations, educational institutions, and National and international entities;

Whereas the Blackstone Valley Tourism Council was the first recipient of the Ulysses Prize from the United Nations World Tourism Organization (UNWTO) that merits distinction for innovative contributions to tourism policy, sustainable tourism planning, environmental protection and new technologies, and in 2006, the Council received the UNWTO.Sbest Certification in tourism governance, the only organization in the United States to earn this certification; and

Whereas in 2008, the World Travel and Tourism Council (WTTC) recognized the Blackstone Valley Tourism Council with its Tourism for Tomorrow Destination Award, a prestigious sustainable tourism development award, in recognition of the integrated, community-centered, resilient approach of the Council to tourism development and community building: Now, therefore, be it

Resolved, That the Senate—

(1) honors the Blackstone Valley Tourism Council on the celebration of its 25th anniversary; and

(2) wishes the Council continued success.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3586. Mr. LEMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13).

SA 3587. Mr. BROWNBACK (for himself and Mr. VITTER) submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3588. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra.

SA 3589. Ms. SNOWE submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3590. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3591. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3592. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3593. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3594. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3595. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3596. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3597. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3598. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3599. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3600. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3601. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3602. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3603. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3604. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3605. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3606. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3607. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3608. Mrs. HUTCHISON (for herself, Mr. ENZI, Mr. COBURN, Mr. BURR, Mr. BROWN of Massachusetts, and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, supra.

SA 3609. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3610. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3611. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3612. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3613. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3614. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3615. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3616. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3617. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3618. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3619. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3620. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3621. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3622. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3623. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3624. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3625. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3626. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3627. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3628. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3629. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3630. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3631. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3632. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3633. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3634. Mrs. HUTCHISON submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3635. Mrs. HUTCHISON proposed an amendment to the bill H.R. 4872, supra.

SA 3636. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3637. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3638. Ms. COLLINS proposed an amendment to the bill H.R. 4872, supra.

SA 3639. Mr. THUNE proposed an amendment to the bill H.R. 4872, supra.

SA 3640. Mr. THUNE (for himself, Mr. COBURN, and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, supra.

SA 3641. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3642. Mr. DEMINT submitted an amendment intended to be proposed by him to the

bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3643. Ms. MURKOWSKI submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3644. Mr. HATCH (for himself, Mr. COBURN, and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, supra.

SA 3645. Mr. RISCH (for himself and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, supra.

SA 3646. Mr. RISCH submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3647. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3648. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3649. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3650. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3651. Mr. GREGG proposed an amendment to the bill H.R. 4872, supra.

SA 3652. Mr. BURR (for himself, Mr. GRAHAM, Mr. CRAPO, Mr. BARRASSO, Mr. MCCAIN, and Mr. BROWN of Massachusetts) proposed an amendment to the bill H.R. 4872, supra.

SA 3653. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3654. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3655. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3656. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3657. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3658. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3659. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3660. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3661. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3662. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3663. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3664. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3665. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3666. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3667. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3668. Mr. VITTER proposed an amendment to the bill H.R. 4872, supra.

SA 3669. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3670. Mr. ENZI submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3671. Mr. ENZI (for himself and Mr. COBURN) submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3672. Mr. ENZI submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3673. Mr. ENZI submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3674. Mr. HATCH submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3675. Mr. HATCH submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3676. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3677. Mr. LEMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3678. Mr. LEMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3679. Mr. LEMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3680. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3681. Mr. BUNNING proposed an amendment to the bill H.R. 4872, supra.

SA 3682. Mr. MCCAIN (for himself and Mr. KYL) submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3683. Mr. THUNE submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3684. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3685. Mr. BROWNBACK (for himself and Mr. ROBERTS) submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3686. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3687. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3688. Ms. SNOWE (for herself, Mr. MCCAIN, Mr. VITTER, Mr. THUNE, Mr. GRASSLEY, and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3689. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3690. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3691. Mr. GRASSLEY submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3692. Mr. GRASSLEY submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3693. Ms. MURKOWSKI submitted an amendment intended to be proposed by her to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3694. Mr. GRAHAM submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3695. Mr. ALEXANDER submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3696. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3697. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3698. Mr. CORNYN submitted an amendment intended to be proposed by him to the bill H.R. 4872, supra; which was ordered to lie on the table.

SA 3699. Mr. GRASSLEY proposed an amendment to the bill H.R. 4872, supra.

TEXT OF AMENDMENTS

SA 3586. Mr. LEMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subtitle C of title I, add the following:

SEC. 1207. MEMBERS OF CONGRESS REQUIRED TO HAVE COVERAGE UNDER MEDICAID INSTEAD OF THROUGH FEHBP.

(a) IN GENERAL.—Notwithstanding chapter 89 of title 5, United States Code, title XIX of the Social Security Act, or any provision of this Act, effective on the date of enactment of this Act—

(1) each Member of Congress shall be eligible for medical assistance under the Medicaid plan of the State in which the Member resides; and

(2) any employer contribution under chapter 89 of title 5 of such Code on behalf of the Member may be paid only to the State agency responsible for administering the Medicaid plan in which the Member enrolls and not to the offeror of a plan offered through the Federal employees health benefit program under such chapter.

(b) PAYMENTS BY FEDERAL GOVERNMENT.—The Secretary of Health and Human Services, in consultation with the Director of the Office of Personnel Management, shall establish procedures under which the employer contributions that would otherwise be made on behalf of a Member of Congress if the

Member were enrolled in a plan offered through the Federal employees health benefit program may be made directly to the State agencies described in subsection (a).

(c) INELIGIBLE FOR FEHBP.—Effective on the date of enactment of this Act, no Member of Congress shall be eligible to obtain health insurance coverage under the program chapter 89 of title 5, United States Code.

(d) DEFINITION.—In this section, the term ''Member of Congress'' means any member of the House of Representatives or the Senate.

SA 3587. Mr. BROWNBACK (for himself and Mr. VITTER) submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1107.

SA 3588. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 99, between lines 9 and 10, insert the following:

(e) EXCLUSION OF MEDICAL DEVICES FOR PEDIATRIC USE AND PERSONS WITH DISABILITIES.—

(1) IN GENERAL.—For purposes of section 4191(b)(1) of the Internal Revenue Code of 1986, as added by subsection (a), the term ''taxable medical device'' shall not include any device which is primarily designed—

(A) to be used by or for pediatric patients, or

(B) to assist persons with disabilities with tasks of daily life.

(2) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by striking ''8 percent'' and inserting ''5 percent''.

(3) APPLICATION OF PROVISION.—The amendment made by paragraph (2) shall apply as if included in the Patient Protection and Affordable Care Act.

SA 3589. Ms. SNOWE submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 64, between lines 4 and 5, insert the following:

SEC. 1201A. TRANSITIONAL STATE SHARE FOR COVERAGE OF PARENTS BY EXPANSION STATES.

Section 1905(z) of the Social Security Act (42 U.S.C. 1396d(z)), as amended by section 1201, is amended by adding at the end the following:

''(4) In the case of an expansion State described in paragraph (3), the State percentage with respect to amounts expended for medical assistance for individuals who are parents described in subclause (VIII) of section 1902(a)(10)(A)(i) whose income (as determined under section 1902(e)(14)) exceeds 67 percent, but does not exceed 133 percent, of the poverty line (as defined in section 2110(c)(5)) applicable to a family of the size involved, and who are not newly eligible (as defined in subsection (y)(2)), shall be reduced as follows:

''(A) In the case of such expenditures for 2014, by 50 percent.

''(B) In the case of such expenditures for 2015, by 60 percent.

''(C) In the case of such expenditures for 2016, by 70 percent.

''(D) In the case of such expenditures for 2017, by 80 percent.

''(E) In the case of such expenditures for 2018, by 90 percent.''.

SA 3590. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle A of title I, add the following:

SEC. 1110. SPECIAL RULES TO ENSURE CITIZENS AND NATIONALS OF THE UNITED STATES HAVE THE SAME HEALTH CARE CHOICES AS LEGAL IMMIGRANTS.

Section 36B(c)(1) of the Internal Revenue Code of 1986, as added by section 1401 of the Patient Protection and Affordable Care Act and amended by section 10105 of such Act, is amended by adding at the end the following:

''(E) SPECIAL RULES TO ENSURE CITIZENS AND NATIONALS OF THE UNITED STATES HAVE THE SAME HEALTH CARE CHOICES AS LEGAL IMMIGRANTS.—

''(i) IN GENERAL.—Notwithstanding any other provision of this Code, the Patient Protection and Affordable Care Act, or any amendment made by that Act, any taxpayer who—

''(I) is a citizen or national of the United States; and

''(II) has a household income which is not greater than 133 percent of an amount equal to the poverty line for a family of the size involved,

may elect to enroll in a qualified health plan through the Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act instead of enrolling in the State Medicaid plan under title XIX of the Social Security, or under a waiver of such plan.

''(ii) SPECIAL RULES.—

''(I) An individual making an election under clause (i) shall waive being provided with medical assistance under the State Medicaid plan under title XIX of the Social Security, or under a waiver of such plan while enrolled in a qualified health plan.

''(II) In the case of an individual who is a child, the child's parent or legal guardian may make such an election on behalf of the child.

''(III) Any individual making such an election, or on whose behalf such an election is made, shall—

''(aa) for purposes of the credit under this section, be treated as an applicable taxpayer and the applicable percentage with respect to such taxpayer shall be the percentage determined under subsection (b)(3)(A)(i); and

''(bb) for purposes of reduced cost-sharing under section 1402 of the Patient Protection and Affordable Care Act, be treated as an eligible individual whose household income is in the category described in subsection (c)(2)(A) of such section.''.

SA 3591. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, add the following:

SEC. 23___. TREATMENT OF HIGH DEDUCTIBLE HEALTH PLANS AS QUALIFIED HEALTH PLANS.

Subparagraph (B) of section 1301(a)(1) of the Patient Protection and Affordable Care Act is amended by inserting ''or meets the requirements for a high deductible health plan under section 223(c)(2) of the Internal Revenue Code of 1986'' after ''section 1302(a)''.

SA 3592. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 1___. PROTECTION OF ACCESS TO QUALITY HEALTH CARE THROUGH THE DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF DEFENSE.

(a) HEALTH CARE THROUGH DEPARTMENT OF VETERANS AFFAIRS.—Nothing in this Act or the Patient Protection and Affordable Care Act (or any amendment made by either such Act) shall be construed to prohibit, limit, or otherwise penalize veterans and dependents eligible for health care through the Department of Veterans Affairs under the laws administered by the Secretary of Veterans Affairs from receiving timely access to quality health care in any facility of the Department or from any non-Department health care provider through which the Secretary provides health care.

(b) HEALTH CARE THROUGH DEPARTMENT OF DEFENSE.—

(1) IN GENERAL.—Nothing in this Act or the Patient Protection and Affordable Care Act (or any amendment made by either such Act) shall be construed to prohibit, limit, or otherwise penalize eligible beneficiaries from receiving timely access to quality health care in any military medical treatment facility or under the TRICARE program.

(2) DEFINITIONS.—In this subsection:

(A) The term ''eligible beneficiaries'' means covered beneficiaries (as defined in section 1072(5) of title 10, United States Code) for purposes of eligibility for mental and dental care under chapter 55 of title 10, United States Code.

(B) The term ''TRICARE program'' has the meaning given that term in section 1072(7) of title 10, United States Code.

SA 3593. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, insert the following:

SEC. 2___. HEALTH CARE SAFETY NET ENHANCEMENT.

(a) LIMITATION ON LIABILITY.—Notwithstanding any other provision of law, a health care professional shall not be liable in any medical malpractice lawsuit for a cause of

action arising out of the provision of, or the failure to provide, any medical service to a medically underserved or indigent individual while engaging in the provision of pro bono medical services.

(b) REQUIREMENTS.—Subsection (a) shall not apply—

(1) to any act or omission by a health care professional that is outside the scope of the services for which such professional is deemed to be licensed or certified to provide, unless such act or omission can reasonably be determined to be necessary to prevent serious bodily harm or preserve the life of the individual being treated;

(2) if the services on which the medical malpractice claim is based did not arise out of the rendering of pro bono care for a medically underserved or indigent individual; or

(3) to an act or omission by a health care professional that constitutes willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by such professional.

(c) DEFINITION.—In this section—

(1) the term ''medically underserved individual'' means an individual who does not have health care coverage under a group health plan, health insurance coverage, or any other health care coverage program; and

(2) the term ''indigent individual'' means and individual who is unable to pay for the health care services that are provided to the individual.

SA 3594. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 15___. EQUIVALENT BANKRUPTCY PROTECTIONS FOR HEALTH SAVINGS ACCOUNTS AS RETIREMENT FUNDS.

(a) IN GENERAL.—Section 522 of title 11, United States Code, is amended by adding at the end the following new subsection:

''(r) TREATMENT OF HEALTH SAVINGS ACCOUNTS.—For purposes of this section, any health savings account (as described in section 223 of the Internal Revenue Code of 1986) shall be treated in the same manner as an individual retirement account described in section 408 of such Code.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to cases commencing under title 11, United States Code, after the date of the enactment of this Act.

SA 3595. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, insert the following:

SEC. 2304. APPLICATION OF WELLNESS PROGRAMS PROVISIONS TO CARRIERS PROVIDING FEDERAL EMPLOYEE HEALTH BENEFITS PLANS.

(a) IN GENERAL.—Notwithstanding section 8906 of title 5, United States Code (including subsections (b)(1) and (b)(2) of such section), section 2705(j) of the Public Health Service Act (relating to wellness programs) shall apply to carriers entering into contracts under section 8902 of title 5, United States Code.

(b) PROPOSALS.—Carriers may submit separate proposals relating to voluntary wellness program offerings as part of the annual call for benefit and rate proposals to the Office of Personnel Management.

(c) EFFECTIVE DATE.—This section shall take effect on the date of enactment of this Act and shall apply to contracts entered into under section 8902 of title 5, United States Code, that take effect with respect to calendar years that begin more than 1 year after that date.

SA 3596. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle C of title I, add the following:

SEC. 1207. STATE OPTION TO OPT-OUT OF MEDICAID COVERAGE EXPANSION TO AVOID ASSUMING UNFUNDED FEDERAL MANDATE.

Notwithstanding any provision of the Patient Protection and Affordable Care Act (or any amendment made by such Act), the Governor of a State shall have the authority to opt out of any provision under such Act or any amendment made by such Act that requires the State to expand coverage under the Medicaid program if the State agency responsible for administering the State plan under title XIX certifies that such expansion would result in an increase of at least 1 percent in the total amount of expenditures by the State for providing medical assistance to all individuals enrolled under the State plan, when compared to the total amount of such expenditures for the most recently ended State fiscal year.

SA 3597. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, add the following:

SEC. 23___. SOCIAL SECURITY NUMBER REQUIREMENT FOR PARTICIPATION IN EXCHANGES.

Section 1411(b)(2) of the Patient Protection and Affordable Care Act is amended by adding at the end the following new flush sentence:

''For purposes of this section, the term 'social security number' means a social security number issued to an individual by the Social Security Administration. Such term shall not include a taxpayer identification number or TIN issued by the Internal Revenue Service.''.

SA 3598. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. ___. ENSURING MEDICARE SAVINGS ARE KEPT IN THE MEDICARE PROGRAM.

No reduction in outlays under the Medicare program under title XVIII of the Social Security Act under the provisions of, and amendments made by, this Act or the Patient Protection and Affordable Care Act may be utilized to offset any outlays under any other program or activity of the Federal government.

SA 3599. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

Title III of the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.) is amended by adding at the end the following:

''SEC. 316. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

''For purposes of this title and title IV, a reduction in outlays under title XVIII of the Social Security Act may not be counted as an offset to any outlays under any other program or activity of the Federal Government.''.

SA 3600. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

Title III of the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.) is amended by adding at the end the following:

''SEC. 316. PROHIBITION ON USING MEDICARE SAVINGS TO OFFSET PROGRAMS UNRELATED TO MEDICARE.

''(a) IN GENERAL.—For purposes of this title and title IV, a reduction in outlays under title XVIII of the Social Security Act or an increase in revenues resulting from an increase in taxes assessed for purposes of such title may not be counted as an offset to any outlays under any other program or activity of the Federal Government.

''(b) POINT OF ORDER.—

''(1) IN GENERAL.—It shall not be in order to consider any bill, resolution, amendment, conference report, or motion that violates subsection (a).

''(2) WAIVER AND APPEAL.—

''(A) WAIVER.—This subsection may be waived or suspended in the Senate only by the affirmative vote of three-fifths of the Members, duly chosen and sworn.

''(B) APPEALS.—Appeals in the Senate from the decisions of the Chair relating to any provision of this subsection shall be limited to 1 hour, to be equally divided between, and controlled by, the appellant and the manager of the bill or joint resolution, as the case may be. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this subsection.''.

SA 3601. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for

reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of section 1002, add the following:

(c) LIMITATION ON LIENS AND LEVIES.—Section 5000A(g)(2) of the Internal Revenue Code of 1986, as added by the Patient Protection and Affordable Care Act, is amended by striking subparagraphs (A) and (B) and inserting the following:

''(A) WAIVER OF CRIMINAL AND CIVIL PENALTIES AND INTEREST.—In the case of any failure by a taxpayer to timely pay any penalty imposed by this section—

''(i) such taxpayer shall not be subject to any criminal prosecution or penalty with respect to such failure, and

''(ii) no penalty, addition to tax, or interest shall be imposed with respect to such failure or such penalty.

''(B) LIMITED COLLECTION ACTIONS PERMITTED.—In the case of the assessment of any penalty imposed by this section, the Secretary shall not take any action with respect to the collection of such penalty other than—

''(i) giving notice and demand for such penalty under section 6303,

''(ii) crediting under section 6402(a) the amount of any overpayment of the taxpayer against such penalty, and

''(iii) offsetting any payment owed by any Federal agency to the taxpayer against such penalty under the Treasury offset program.''.

SA 3602. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SEC. 14___. REPEAL OF ADDITIONAL TAX FROM DISTRIBUTIONS FROM HSAS AND MSAS.

(a) HSAs.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking ''20 percent'' and inserting ''10 percent''.

(b) ARCHER MSAs.—Section 220(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking ''20 percent'' and inserting ''15 percent''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to distributions made after December 31, 2010.

SA 3603. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1403 and insert the following:

SEC. 1403. ELIMINATION OF LIMITATION ON HEALTH FLEXIBLE SPENDING ARRANGEMENTS UNDER CAFETERIA PLANS.

(a) IN GENERAL.—Section 125 of the Internal Revenue Code of 1986, as amended by sections 9005 and 10902 of the Patient Protection and Affordable Care Act, is amended by striking subsection (i).

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2010.

SA 3604. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SEC. 1412. SUNSET FOR EXPANSIONS OF ENTITLEMENT SPENDING.

(a) IN GENERAL.—Notwithstanding any other provision of this Act or the Patient Protection and Affordable Care Act (or any amendments made by such Acts), any establishment or expansion of entitlement authority (as defined in subsection (b)) that is provided for under this Act or the Patient Protection and Affordable Care Act (or any amendments made by such Acts) that would draw from the general funds of the Treasury, the Federal Hospital Insurance Trust Fund (as established under section 1817 of the Social Security Act (42 U.S.C. 1395i)), the Federal Supplementary Medical Insurance Trust Fund (as established under section 1841 of such Act (42 U.S.C. 1395t)), or any other such trust fund, shall terminate at the end of fiscal year 2020.

(b) ENTITLEMENT AUTHORITY.—In this section, the term ''entitlement authority'' means the authority to make payments (including loans and grants), the budget authority for which is not provided for in advance by appropriation Acts, to any person or government if, under the provisions of the law containing that authority, the United States is obligated to make such payments to persons or government who meet the requirements established by that law.

SA 3605. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle C of title I, add the following:

SEC. 1207. STATE EXEMPTION FROM MEDICAID EXPANSION TO PREVENT REDUCTION IN MEDICAL SERVICES.

Notwithstanding any other provision of law, no State shall be required to expand coverage under the Medicaid program on or after the date of enactment of the Patient Protection and Affordable Care Act if the State agency responsible for administering the State Medicaid plan under title XIX of the Social Security Act certifies that such expansion would require the State to reduce or eliminate care or services provided to individuals who are eligible for medical assistance under such State plan on the date of enactment of the Patient Protection and Affordable Care Act.

SA 3606. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 61, between lines 3 and 4, insert the following:

SEC. 1110. APPLICATION OF UNUSED STIMULUS FUNDS FOR UPDATING OF THE MEDICARE PHYSICIAN FEE SCHEDULE.

(a) RESCISSION IN ARRA.—Effective as the date of enactment of this Act, any unobligated balances available on such date of funds made available by division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) are rescinded.

(b) UPDATE OF MEDICARE PHYSICIAN FEE SCHEDULE.—The Secretary of Health and Human Services shall increase the update to the conversion factor under section 1848 of the Social Security Act (42 U.S.C. 1395w-4) for physicians' services so that the estimated total amount of payments for such services furnished during fiscal years 2010 through 2019 is equal to the estimated total amount of payments for such services that would have been made in such fiscal years if this section did not apply plus an amount equal to the total funds rescinded under subsection (a).

SA 3607. Mr. BENNETT submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 113, after line 21, insert the following:

SEC. 1502. STATE OPTION TO OPT-OUT OF NEW FEDERAL PROGRAM AND REQUIREMENTS.

(a) IN GENERAL.—In accordance with this section, a State may elect for the provisions of the Patient Protection and Affordable Care Act to not apply within such State to the extent that such provisions violate the protections described in subsection (b).

(b) EFFECT OF OPT-OUT.—In the case of a State that makes an election under subsection (a)—

(1) the residents of such State shall not be subject to any requirement under such Act, including tax provisions or penalties, that would otherwise require such residents to purchase health insurance;

(2) the employers located in such State shall not be subject to any requirement under such Act, including tax provisions or penalties, that would otherwise require such employers to provide health insurance to their employees or make contributions relating to health insurance;

(3) the residents of such State shall not be prohibited under such Act from receiving health care services from any provider of health care services under terms and conditions subject to the laws of such State and mutually acceptable to the patient and the provider;

(4) the residents of such State shall not be prohibited under such Act from entering into a contract subject to the laws of such State with any group health plan, health insurance issuer, or other business, for the provision of, or payment to other parties for, health care services;

(5) the eligibility of residents of such State for any program operated by or funded wholly or partly by the Federal Government shall not be adversely affected as a result of having received services in a manner consistent with paragraphs (3) and (4);

(6) the health care providers within such State shall not be denied participation in or payment from a Federal program for which they would otherwise be eligible as a result of having provided services in a manner consistent with paragraphs (3) and (4); and

(7) such State shall not be subject to the taxes and fees enumerated in the amendments made by title IX of such Act.

(c) PROCESS.—A State shall be treated as making an election under subsection (a) if—

(1) the Governor of such State provides timely and appropriate notice, at least 180 days before the election is to become effective, to the Secretary of Health and Human Services notifying the Secretary that the State is making such election; or

(2) the legislature of such State enacts a law to provide for such election.

SA 3608. Mrs. HUTCHISON (for herself, Mr. ENZI, Mr. COBURN, Mr. BURR, Mr. BROWN of Massachusetts, and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of section 1002, insert the following:

(c) RIGHT OF STATES TO OPT OUT OF FEDERAL HEALTH CARE TAKEOVER.—Section 1321(d) of the Patient Protection and Affordable Care Act is amended—

(1) by striking ''Nothing'' and inserting:

''(1) IN GENERAL.—Except as provided in paragraph (2), nothing''; and

(2) by adding at the end the following:

''(2) EXCEPTION FOR OPT OUT OF HEALTH CARE REFORM.—The provisions of, and the amendments made by, this Act shall not preempt any State law enacted after the date of enactment of this Act that exempts the State from such provisions or amendments, including, but not limited to, provisions and amendments relating to the individual mandate, the employer mandate, taxes on prescription drugs, taxes on medical devices, taxes on high value health plans, Medicare cuts, and the unfunded expansion of Medicaid.''.

SA 3609. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, insert the following:

SEC. _____. DISCLOSURE OF AGREEMENTS WITH COMPANIES, UNIONS, AND ASSOCIATIONS.

Not later than 30 days after the date of enactment of this Act, the President shall disclose any agreement made between the White House or any of its designees and a company, union, or association on the Patient Protection and Affordable Care Act or this Act.

SA 3610. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 144, between lines 2 and 3, insert the following:

SEC. 2214. ONGOING RECORD OF JOBS LOST.

The Secretary of Labor shall keep an ongoing record of jobs lost due to the termination of the Robert T. Stafford Federal Student Loan Program.

SA 3611. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. ____. DELAYED IMPLEMENTATION.

Notwithstanding any other provision of this Act or the Patient Protection and Affordable Care Act, or the amendments made by this Act or the Patient Protection and Affordable Care Act, such provisions and amendments shall not take effect before the date that the Board of Trustees of the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) submits an annual report to Congress under subsection (b)(2) of such section that includes a statement that such Trust Fund is projected to be solvent through 2037.

SA 3612. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, insert the following:

SEC. _____. STATE OPT OUT.

A State may opt out of the application of the Patient Protection and Affordable Care Act and this Act effective upon notice by the Governor of that State to the President.

SA 3613. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, insert the following:

SEC. _____. PROHIBITING IRS HIRING.

The Internal Revenue Service shall not hire any additional staff for the purpose of enforcing, implementing, or administering the Patient Protection and Affordable Care Act and this Act.

SA 3614. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, insert the following:

SEC. _____. JOB LOSS RECORDS DUE TO HEALTH CARE BILL.

The Director of the Office of Management and Budget, in coordination with the Secretary of Labor, shall submit a semiannual public report to Congress detailing the record of jobs lost due to additional taxes, fees, and mandates contained in the Patient Protection and Affordable Care Act and this Act.

SA 3615. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle C of title I, add the following:

SEC. 1207. NONAPPLICATION OF ANY MEDICAID ELIGIBILITY EXPANSION UNTIL REDUCTION IN MEDICAID FRAUD RATE.

Notwithstanding any other provision of law, with respect to a State, any provision of law that imposes on or after the date of enactment of this Act a federally-mandated expansion of eligibility for Medicaid shall not apply to the State before the date on which the State Medicaid Director certifies to the Secretary of Health and Human Services that the Medicaid payment error rate measurement (commonly referred to as ''PERM'') for the State does not exceed 5 percent.

SA 3616. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. ____. EXEMPTING CRITICAL ACCESS HOSPITALS FROM RECOMMENDATIONS OF THE INDEPENDENT PAYMENT ADVISORY BOARD.

Section 1899A(c)(2)(A) of the Social Security Act, as added by section 3403 of the Patient Protection and Affordable Care Act and amended by section 10320 of such Act, is amended by adding at the end the following new clause:

''(vii) The proposal shall not include any recommendation that would reduce payment rates for items and services furnished by a critical access hospital (as defined in section 1861(mm)(1)).''.

SA 3617. Mr. JOHANNS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 144, between lines 2 and 3, insert the following:

SEC. 2214. PROHIBITION REGARDING SPENDING FOR ADDITIONAL EDUCATION EMPLOYEES AND FOR IMPLEMENTING THE GOVERNMENT TAKEOVER OF THE STUDENT LOAN INDUSTRY.

Notwithstanding any other provision of this subtitle, none of the funds made available under this subtitle or the amendments made by this subtitle shall be available to hire additional employees at the Department of Education who are responsible for implementing, or to implement, the provisions of this subtitle or the amendments made by this subtitle related to the termination of the Robert T. Stafford Federal Student Loan Program.

SA 3618. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1403 and insert the following:

SECTION 1403. REPEAL OF LIMITATION ON FLEXIBLE SPENDING ARRANGEMENTS UNDER CAFETERIA PLANS.

Sections 9005 and 10902 of the Patient Protection and Affordable Care Act are hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such sections are amended to read as such provisions would read if such sections had never been enacted.

SA 3619. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1105 and insert the following:

SEC. 1105. REPEAL OF THE PRODUCTIVITY AND OTHER MARKET BASKET ADJUSTMENTS.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, sections 3401 and 10319 of such Act (and the amendments made by such sections) are repealed.

SA 3620. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of section 1003, add the following:

(e) INCREASE IN SIZE OF APPLICABLE LARGE EMPLOYER.—Section 4980H(d)(2) of the Internal Revenue Code of 1986, as added by the Patient Protection and Affordable Care Act, is amended by striking ''50'' each place it appears and inserting ''499''.

SA 3621. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SECTION 14___. REPEAL OF LIMITATION ON DEDUCTIONS FOR OVER-THE-COUNTER MEDICINE.

Section 9003 of the Patient Protection and Affordable Care Act is hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such section is amended to read as such provision would read if such section had never been enacted.

SA 3622. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SEC. 14___. REPEAL OF ADDITIONAL TAX FROM DISTRIBUTIONS FROM HSAS AND MSAS.

(a) HSAs.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking ''20 percent'' and inserting ''10 percent''.

(b) ARCHER MSAs.—Section 220(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking ''20 percent'' and inserting ''15 percent''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to distributions made after December 31, 2010.

SA 3623. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1402 and insert the following:

SECTION 1402. REPEAL OF ADDITIONAL HOSPITAL INSURANCE TAX AND UNEARNED INCOME MEDICARE CONTRIBUTION.

Sections 9015 and 10906 of the Patient Protection and Affordable Care Act are hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such sections are amended to read as such provisions would read if such sections had never been enacted.

SA 3624. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SECTION 14___. REPEAL OF MODIFICATION OF ITEMIZED DEDUCTION FOR MEDICAL EXPENSES.

Section 9013 of the Patient Protection and Affordable Care Act is hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such section is amended to read as such provision would read if such section had never been enacted.

SA 3625. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1401 and insert the following:

SECTION 1401. REPEAL OF EXCISE TAX ON HIGH COST EMPLOYER-SPONSORED HEALTH COVERAGE.

Sections 9001 and 10901 of the Patient Protection and Affordable Care Act are hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such sections are amended to read as such provisions would read if such sections had never been enacted.

SA 3626. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following::

SEC. 15___. NON-APPLICATION OF PROVISIONS TO CERTAIN INDIVIDUALS.

(a) IN GENERAL.—Notwithstanding any provision of, or amendment made by, this Act or the Patient Protection and Affordable Care Act, no such provision or amendment which, directly or indirectly, results in an increase in Federal tax liability with respect to any taxpayer for any taxable year described in subsection (b) shall be administered in such a manner as to impose such an increase on such taxpayer.

(b) FEDERAL TAX INCREASE.—An increase in Federal tax liability with respect to any taxpayer for any taxable year is described in this subsection if the amount of Federal taxes owed for such taxable year is in excess of the amount of Federal taxes which would be owed by such taxpayer for such taxable year under the Internal Revenue Code of 1986 as in effect for taxable years beginning in 1999.

SA 3627. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SEC. 14___. NO FEDERAL TAX INCREASE IMPOSED ON MIDDLE INCOME INDIVIDUALS AND FAMILIES.

(a) IN GENERAL.—Notwithstanding any provision of, or amendment made by, this Act or the Patient Protection and Affordable Care Act, no such provision or amendment which, directly or indirectly, results in a Federal tax increase shall be administered in such manner as to impose such an increase on any middle income taxpayer.

(b) MIDDLE INCOME TAXPAYER.—For purposes of this section, the term ''middle income taxpayer'' means, for any taxable year, any taxpayer with adjusted gross income (as defined in section 62 of the Internal Revenue Code of 1986) of less than $200,000 ($250,000 in the case of a joint return of tax).

SA 3628. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. ___. REPEAL OF THE CENTER FOR MEDICARE AND MEDICAID INNOVATION.

(a) IN GENERAL.—Effective as if included in the enactment of the Patient Protection and Affordable Care Act, sections 3021 and 10306 of such Act (and the amendments made by such sections) are repealed.

(b) CONFORMING AMENDMENTS.—

(1) Section 2705 of the Patient Protection and Affordable Care Act is amended—

(A) in subsection (a), by striking ''shall, in coordination'' and that follows through ''establish'' and inserting ''shall establish''; and

(B) in subsection (d)(2), by striking ''section 1115A(b)(3) of the Social Security Act (as so added)'' and inserting ''the Social Security Act''.

(2) Section 1899(b)(4) of the Social Security Act, as added by section 3022 of the Patient Protection and Affordable Care Act, is amended by striking ''any of the following''

and all that follows through the period at the end of subparagraph (B) and inserting ''the independence at home medical practice pilot program under section 1866E.''.

(3) Section 933 of the Public Health Service Act, as added by section 3501 of the Patient Protection and Affordable Care Act, is amended by striking subsection (f).

(4) Section 10328(b) of the Patient Protection and Affordable Care Act is amended by striking ''or to study'' and all that follows through ''3021''.

(5) EFFECTIVE DATE.—The amendments made by this subsection shall take effect as if included in the enactment of the Patient Protection and Affordable Care Act.

SA 3629. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. ___. REPEAL OF THE INDEPENDENT PAYMENT ADVISORY BOARD.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, sections 3403 and 10320 of such Act (and the amendments made by such sections) are repealed.

SA 3630. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Beginning on page 30, strike line 17 and all that follows through page 50, line 11.

SA 3631. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, insert the following:

SEC. ___. REPEALING PAYMENT ADJUSTMENTS FOR HOME HEALTH CARE.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, sections 3131 and 3401(e) of such Act (and the amendments made by such sections) are repealed.

SA 3632. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, insert the following:

SEC. ___. REPEALING PAYMENT ADJUSTMENTS FOR HOSPICE CARE.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, sections 3004(c), 3132, and 3401(g) of such Act (and the amendments made by such sections) are repealed.

SA 3633. Mr. CRAPO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1104 and insert the following:

SEC. 1104. REPEALING CUTS TO MEDICARE DISPROPORTIONATE SHARE HOSPITAL PAYMENTS.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, sections 3133 and 10316 of such Act (and the amendments made by such sections) are repealed.

SA 3634. Mrs. HUTCHISON submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle A of title I, insert the following:

SEC. 1006. REPEAL OF TAXABLE YEAR LIMITATION ON SMALL BUSINESS TAX CREDIT.

(a) IN GENERAL.—Section 45R of the Internal Revenue Code of 1986, as added by section 1421 of the Patient Protection and Affordable Care Act and amended by section 10105(e) of such Act, is amended—

(1) by striking ''in the credit period'' in subsection (a),

(2) in subsection (e), by striking paragraph (2) and redesignating paragraphs (3), (4), and (5) as paragraphs (2), (3), and (4), respectively,

(3) in subsection (g), by striking paragraph (1) and redesignating paragraphs (2) and (3) as paragraphs (1) and (2), respectively, and

(4) by striking ''to prevent the avoidance of the 2-year limit on the credit period through the use of successor entities and'' in subsection (i).

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the provisions of the Patient Protection and Affordable Care Act to which the amendments relate.

SA 3635. Mrs. HUTCHISON submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 15___. PERMANENT TAX RELIEF PROVISIONS.

(a) REPEAL OF SUNSET ON MARRIAGE PENALTY RELIEF.—Title IX of the Economic Growth and Tax Relief Reconciliation Act of 2001 (relating to sunset of provisions of such Act) shall not apply to sections 301, 302, and 303(a) of such Act (relating to marriage penalty relief).

(b) PERMANENT EXTENSION OF ELECTION TO DEDUCT STATE AND LOCAL SALES TAXES.—Subparagraph (I) of section 164(b)(5) of the Internal Revenue Code of 1986 is amended by striking '', and before January 1, 2010''.

(c) RESCISSION OF STIMULUS FUNDS.—Any amounts appropriated or made available and remaining unobligated under division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 115) (other than under title X of such division A), are hereby rescinded.

SA 3636. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 113, after line 21, add the following:

SEC. 1502. CIVIL ACTIONS.

For purposes of any civil action in which a State challenges any provision of this Act, or an amendment made by this Act, the State shall be—

(1) deemed to be a party for purposes of section 2412(d) of title 28, United States Code; and

(2) entitled to an award of attorney's fees under section 2412(d)(1)(A) of title 28, United States Code, if the State is a prevailing party, without regard to whether the position of the United States was substantially justified or whether there are special circumstances.

SA 3637. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 113, after line 21, add the following:

SEC. 1502. OPEN FUEL STANDARD.

(a) SHORT TITLE.—This section may be cited as the ''Open Fuel Standard Act of 2009'' or the ''OFS Act''.

(b) FINDINGS.—Congress makes the following findings:

(1) The status of oil as a strategic commodity, which derives from its domination of the transportation sector, presents a clear and present danger to the United States;

(2) in a prior era, when salt was a strategic commodity, salt mines conferred national power and wars were fought over the control of such mines;

(3) technology, in the form of electricity and refrigeration, decisively ended salt's monopoly of meat preservation and greatly reduced its strategic importance;

(4) fuel competition and consumer choice would similarly serve to end oil's monopoly in the transportation sector and strip oil of its strategic status;

(5) the current closed fuel market has allowed a cartel of petroleum exporting countries to inflate fuel prices, effectively imposing a harmful tax on the economy of the United States;

(6) much of the inflated petroleum revenues the oil cartel earns at the expense of the people of the United States are used for purposes antithetical to the interests of the United States and its allies;

(7) alcohol fuels, including ethanol and methanol, could potentially provide significant supplies of additional fuels that could be produced in the United States and in many other countries in the Western Hemisphere that are friendly to the United States;

(8) alcohol fuels can only play a major role in securing the energy independence of the United States if a substantial portion of vehicles in the United States are capable of operating on such fuels;

(9) it is not in the best interest of United States consumers or the United States Government to be constrained to depend solely upon petroleum resources for vehicle fuels if alcohol fuels are potentially available;

(10) existing technology, in the form of flexible fuel vehicles, allows internal combustion engine cars and trucks to be produced at little or no additional cost, which are capable of operating on conventional gasoline, alcohol fuels, or any combination of such fuels, as availability or cost advantage dictates, providing a platform on which fuels can compete;

(11) the necessary distribution system for such alcohol fuels will not be developed in the United States until a substantial fraction of the vehicles in the United States are capable of operating on such fuels;

(12) the establishment of such a vehicle fleet and distribution system would provide a large market that would mobilize private resources to substantially advance the technology and expand the production of alcohol fuels in the United States and abroad;

(13) the United States has an urgent national security interest to develop alcohol fuels technology, production, and distribution systems as rapidly as possible;

(14) new cars sold in the United States that are equipped with an internal combustion engine should allow for fuel competition by being flexible fuel vehicles, and new diesel cars should be capable of operating on biodiesel; and

(15) such an open fuel standard would help to protect the United States economy from high and volatile oil prices and from the threats caused by global instability, terrorism, and natural disaster.

(c) OPEN FUEL STANDARD FOR TRANSPORTATION.—

(1) IN GENERAL.—Chapter 329 of title 49, United States Code, is amended by adding at the end the following:

''§ 32920. Open fuel standard for transportation

''(a) DEFINITIONS.—In this section:

''(1) E85.—The term 'E85' means a fuel mixture containing 85 percent ethanol and 15 percent gasoline by volume.

''(2) FLEXIBLE FUEL AUTOMOBILE.—The term 'flexible fuel automobile' means an automobile that has been warranted by its manufacturer to operate on gasoline, E85, and M85.

''(3) FUEL CHOICE-ENABLING AUTOMOBILE.—The term 'fuel choice-enabling automobile' means—

''(A) a flexible fuel automobile; or

''(B) an automobile that has been warranted by its manufacturer to operate on biodiesel.

''(4) LIGHT-DUTY AUTOMOBILE.—The term 'light-duty automobile' means—

''(A) a passenger automobile; or

''(B) a non-passenger automobile.

''(5) LIGHT-DUTY AUTOMOBILE MANUFACTURER'S ANNUAL COVERED INVENTORY.—The term 'light-duty automobile manufacturer's annual covered inventory' means the number of light-duty automobiles powered by an internal combustion engine that a manufacturer, during a given calendar year, manufactures in the United States or imports from outside of the United States for sale in the United States.

''(6) M85.—The term 'M85' means a fuel mixture containing 85 percent methanol and 15 percent gasoline by volume.

''(b) OPEN FUEL STANDARD FOR TRANSPORTATION.—

''(1) IN GENERAL.—Except as provided in paragraph (2), each light-duty automobile manufacturer's annual covered inventory shall be comprised of—

''(A) not less than 50 percent fuel choice-enabling automobiles in 2012, 2013, and 2014; and

''(B) not less than 80 percent fuel choice-enabling automobiles in 2015, and in each subsequent year.

''(2) TEMPORARY EXEMPTION FROM REQUIREMENTS.—

''(A) APPLICATION.—A manufacturer may request an exemption from the requirement described in paragraph (1) by submitting an application to the Secretary, at such time, in such manner, and containing such information as the Secretary may require by regulation. Each such application shall specify the models, lines, and types of automobiles affected.

''(B) EVALUATION.—After evaluating an application received from a manufacturer, the Secretary may at any time, under such terms and conditions, and to such extent as the Secretary considers appropriate, temporarily exempt, or renew the exemption of, a light-duty automobile from the requirement described in paragraph (1) if the Secretary determines that unavoidable events that are not under the control of the manufacturer prevent the manufacturer of such automobile from meeting its required production volume of fuel choice-enabling automobiles, including—

''(i) a disruption in the supply of any component required for compliance with the regulations;

''(ii) a disruption in the use and installation by the manufacturer of such component; or

''(iii) the failure for plug-in hybrid electric automobiles to meet State air quality requirements as a result of the requirement described in paragraph (1).

''(C) CONSOLIDATION.—The Secretary may consolidate applications received from multiple manufactures under subparagraph (A) if they are of a similar nature.

''(D) CONDITIONS.—Any exemption granted under subparagraph (B) shall be conditioned upon the manufacturer's commitment to recall the exempted automobiles for installation of the omitted components within a reasonable time proposed by the manufacturer and approved by the Secretary after such components become available in sufficient quantities to satisfy both anticipated production and recall volume requirements.

''(E) NOTICE.—The Secretary shall publish in the Federal Register—

''(i) notice of each application received from a manufacturer;

''(ii) notice of each decision to grant or deny a temporary exemption; and

''(iii) the reasons for granting or denying such exemptions.

''(c) LIMITED LIABILITY PROTECTION FOR RENEWABLE FUEL AND ETHANOL MANUFACTURE, USE, OR DISTRIBUTION.—

''(1) IN GENERAL.—Notwithstanding any other provision of Federal or State law, any fuel containing ethanol or a renewable fuel (as defined in section 211(o)(1) of the Clean Air Act) that is used or intended to be used to operate an internal combustion engine shall not be deemed to be a defective product or subject to a failure to warn due to such ethanol or renewable fuel content unless such fuel violates a control or prohibition imposed by the Administrator under section 211 of the Clean Air Act (42 U.S.C. 7545).

''(2) SAVINGS PROVISION.—Nothing in this subsection may be construed to affect the liability of any person other than liability based upon a claim of defective product and failure to warn described in paragraph (1).

''(d) RULEMAKING.—Not later than 1 year after the date of the enactment of this section, the Secretary of Transportation shall promulgate regulations to carry out this section.''.

(2) CLERICAL AMENDMENT.—The table of sections for chapter 329 of title 49, United States Code, is amended by adding at the end the following:

''32920. Open fuel standard for transportation.''.

SA 3638. Ms. COLLINS proposed an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of section 1003, add the following:

(e) UNEMPLOYED INDIVIDUAL NOT TAKEN INTO ACCOUNT.—Paragraph (5) of section 4980H(d) of the Internal Revenue Code of 1986, as added by the Patient Protection and Affordable Care Act, is amended by adding at the end the following new subparagraph:

''(C) EXCEPTION FOR PREVIOUSLY UNEMPLOYED INDIVIDUALS.—

''(i) IN GENERAL.—The term 'full-time employee' shall not include any individual who certifies by signed affidavit, under penalties of perjury, that such individual has not been employed from more than 40 hours during the 60-day period ending on the date such individual begins such employment.

''(ii) EXCEPTION FOR REPLACEMENT WORKERS.—Clause (i) shall not apply to an individual who is employed by the employer to replace another employee of such employer unless such other employee separated from employment voluntarily or for cause.''.

SA 3639. Mr. THUNE proposed an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

Beginning on page 123, strike line 10 and all that follows through page 124, line 10, and insert the following:

SEC. 2201. TERMINATION OF FEDERAL FAMILY EDUCATION LOAN APPROPRIATIONS.

Section 421 (20 U.S.C. 1071) is amended—

(1) in subsection (b), in the first sentence of the matter following paragraph (6), by inserting '', except that no sums may be expended after June 30, 2010, with respect to loans under this part for which the first disbursement is after such date if the Secretary certifies that no State will experience a net job loss as a result of the enactment of the SAFRA Act'' after ''expended''; and

(2) by adding at the end the following new subsection:

''(d) TERMINATION OF AUTHORITY TO MAKE OR INSURE NEW LOANS.—Notwithstanding paragraphs (1) through (6) of subsection (b) or any other provision of law—

''(1) no new loans (including consolidation loans) may be made or insured under this part after June 30, 2010 if the Secretary certifies that no State will experience a net job loss as a result of the enactment of the SAFRA Act; and

''(2) no funds are authorized to be appropriated, or may be expended, under this Act or any other Act to make or insure loans under this part (including consolidation loans) for which the first disbursement is after June 30, 2010 if the Secretary certifies that no State will experience a net job loss as a result of the enactment of the SAFRA Act,

except as expressly authorized by an Act of Congress enacted after the date of enactment of the SAFRA Act.''.

SA 3640. Mr. THUNE (for himself, Mr. COBURN, and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subtitle B of title II, add the following:

SEC. 2304. REPEAL OF THE CLASS ACT.

Title VIII of the Patient Protection and Affordable Care Act and the amendments made by that title are repealed.

SA 3641. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. SECRET BALLOT PROTECTION.

(a) SHORT TITLE.—This section may be cited as the ''Secret Ballot Protection Act of 2010''.

(b) FINDINGS.—Congress makes the following findings:

(1) The right of employees under the National Labor Relations Act (29 U.S.C. 151 et seq.) to choose whether to be represented by a labor organization by way of secret ballot election conducted by the National Labor Relations Board is among the most important protections afforded under Federal labor law.

(2) The right of employees to choose by secret ballot is the only method that ensures a choice free of coercion, intimidation, irregularity, or illegality.

(3) The recognition of a labor organization by using a private agreement, rather than a secret ballot election overseen by the National Labor Relations Board, threatens the freedom of employees to choose whether to be represented by a labor organization, and severely limits the ability of the National Labor Relations Board to ensure the protection of workers.

(c) NATIONAL LABOR RELATIONS ACT.—

(1) RECOGNITION OF REPRESENTATIVE.—

(A) IN GENERAL.—Section 8(a)(2) of the National Labor Relations Act (29 U.S.C. 158(a)(2)) is amended by inserting before the colon the following: ''or to recognize or bargain collectively with a labor organization that has not been selected by a majority of such employees in a secret ballot election conducted by the Board in accordance with section 9''.

(B) APPLICATION.—The amendment made by subparagraph (A) shall not apply to collective bargaining relationships in which a labor organization with majority support was lawfully recognized prior to the date of enactment of this Act.

(2) ELECTION REQUIRED.—

(A) IN GENERAL.—Section 8(b) of the National Labor Relations Act (29 U.S.C. 158(b)) is amended—

(i) in paragraph (6), by striking ''and'' at the end;

(ii) in paragraph (7), by striking the period at the end and inserting ''; and''; and

(iii) by adding at the end the following:

''(8) to cause or attempt to cause an employer to recognize or bargain collectively with a representative of a labor organization that has not been selected by a majority of such employees in a secret ballot election conducted by the Board in accordance with section 9.''.

(B) APPLICATION.—The amendment made by subparagraph (A) shall not apply to collective bargaining relationships that were recognized prior to the date of enactment of this Act.

(3) SECRET BALLOT ELECTION.—Section 9(a) of the National Labor Relations Act (29 U.S.C. 159(a)) is amended—

(A) by striking ''Representatives'' and inserting ''(1) Representatives'';

(B) by inserting after ''designated or selected'' the following: ''by a secret ballot election conducted by the Board in accordance with this section''; and

(C) by adding at the end the following:

''(2) The secret ballot election requirement under paragraph (1) shall not apply to collective bargaining relationships that were recognized before the date of the enactment of the Health Care and Education Reconciliation Act of 2010.''.

(d) REGULATIONS AND AUTHORITY.—

(1) REGULATIONS.—Not later than 6 months after the date of enactment of this Act, the National Labor Relations Board shall review and revise all regulations promulgated prior to such date of enactment to implement the amendments made by this section.

(2) AUTHORITY.—Nothing in this section (or the amendments made by this section) shall be construed to limit or otherwise diminish the remedial authority of the National Labor Relations Board.

SA 3642. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. ___. ALLOWING INDIVIDUALS TO CHOOSE TO OPT OUT OF THE MEDICARE PART A BENEFIT.

Notwithstanding any other provision of law, in the case of an individual who elects to opt-out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt-out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.

SA 3643. Ms. MURKOWSKI submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, insert the following:

SEC. ___. ALLOWING INDIVIDUALS TO CHOOSE TO OPT OUT OF THE MEDICARE PART A BENEFIT.

Notwithstanding any other provision of law, in the case of an individual who elects to opt-out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt-out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.

SA 3644. Mr. HATCH (for himself, Mr. COBURN, and Mr. CRAPO) proposed an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 99, between lines 9 and 10, insert the following:

(e) EXCLUSION OF MEDICAL DEVICES SOLD UNDER THE TRICARE FOR LIFE PROGRAM OR VETERAN'S HEALTH CARE PROGRAMS.—

(1) IN GENERAL.—For purposes of section 4191(b)(1) of the Internal Revenue Code of 1986, as added by subsection (a), the term ''taxable medical device'' shall not include any device which is sold to individuals covered under the TRICARE for Life program or the veteran's health care program under chapter 17 of title 38, United States Code, any portion of the cost of which is paid or reimbursed under either such program.

(2) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by striking ''8 percent'' and inserting ''5 percent''.

(3) APPLICATION OF PROVISION.—The amendment made by paragraph (2) shall apply as if included in the Patient Protection and Affordable Care Act.

SA 3645. Mr. RISCH (for himself and Mr. CRAPO) submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subtitle E of title I, insert the following:

SECTION—.REPEAL OF LIMITATION ON ITEMIZED DEDUCTIONS FOR MEDICAL EXPENSES.

(a) IN GENERAL.—Section 9013 of the Patient Protection and Affordable Care Act is hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such section are amended to read as such provisions would read if such section had never been enacted.

(b) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended by striking ''8 percent'' and inserting ''5 percent''.

(c) APPLICATION OF PROVISION.—The amendment made by subsection (b) shall apply as if included in the Patient Protection and Affordable Care Act.

SA 3646. Mr. RISCH submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subtitle C of title I, add the following:

SEC. 1207. REQUIREMENT FOR ALL MEDICAID AND CHIP APPLICANTS TO PRESENT AN IDENTIFICATION DOCUMENT.

(a) IN GENERAL.—Section 1902 of the Social Security Act (42 U.S.C. 1396a), as amended by section 211(a)(1)(A)(i) of Public Law 111–3, section 2303(a)(2) of the Patient Protection and Affordable Care Act, and section 1202 of this Act, is amended—

(1) in subsection (a)(46), —

(A) in subparagraph (A), by striking ''and'' after the semicolon;

(B) in subparagraph (B), by adding ''and'' after the semicolon; and

(C) by adding at the end the following:

''(C) provide that each applicant for medical assistance (or the parent or guardian of an applicant who has not attained age 18), regardless of whether the applicant is described in paragraph (2) of section 1903(x), shall present an identification document described in subsection (kk) when applying for

medical assistance (and shall be provided with at least the reasonable opportunity to present such identification as is provided under clauses (i) and (ii) of section 1137(d)(4)(A) to an individual for the submittal to the State of evidence indicating a satisfactory immigration status;''; and

(2) by adding at the end the following:

''(kk) For purposes of subsection (a)(46)(C), a document described in this subsection is—

''(1) in the case of an individual who is a national of the United States—

''(A) a United States passport, or passport card issued pursuant to the Secretary of State's authority under the first section of the Act of July 3, 1926 (44 Stat. 887, Chapter 772; 22 U.S.C. 211a); or

''(B) a driver's license or identity card issued by a State, the Commonwealth of the Northern Mariana Islands, or an outlying possession of the United States that—

''(i) contains a photograph of the individual and other identifying information, including the individual's name, date of birth, gender, and address; and

''(ii) contains security features to make the license or card resistant to tampering, counterfeiting, and fraudulent use;

''(2) in the case of an alien lawfully admitted for permanent residence in the United States, a permanent resident card, as specified by the Secretary of Homeland Security that meets the requirements of clauses (i) and (ii) of paragraph (1)(B);

''(3) in the case of an alien who is authorized to be employed in the United States, an employment authorization card, as specified by the Secretary of Homeland Security that meets the requirements of clauses (i) and (ii) of paragraph (1)(B); or

''(4) in the case of an individual who is unable to obtain a document described in paragraph (1), (2), or (3), a document designated by the Secretary of Homeland Security that meets the requirements of clauses (i) and (ii) of paragraph (1)(B).''.

(b) APPLICATION TO CHIP.—Section 2105(c)(9)(A) (42 U.S.C. 1397ee(c)(9)(A)) is amended by striking ''section 1902(a)(46)(B)'' and inserting ''subparagraphs (B) and (C) of subsection (a)(46) and subsection (kk) of section 1902''.

SA 3647. Mr. COLLINS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of section 1001, insert the following:

(c) BEREAVEMENT EXCEPTION IN DETERMINING FAMILY SIZE.—

(1) IN GENERAL.—Section 36B(d)(1) of the Internal Revenue Code of 1986, as added by section 1401 of the Patient Protection and Affordable Care Act and amended by section 10105 of such Act is amended by adding at the end the following new sentence: ''If an individual taken into account under the preceding sentence for any taxable year dies during such taxable year, such individual shall be taken into account in determining family size for the following taxable year unless the family size for the taxable year of death was only one.''

(2) EFFECTIVE DATE.—The amendment made by this section shall take effect as if included in the provision of the Patient Protection and Affordable Care Act to which the amendment relates.

SA 3648. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 144, between lines 2 and 3, insert the following:

SEC. 2214. DIRECT LOAN ORIGINATION FEE REDETERMINATION.

Notwithstanding section 455(c) of the Higher Education Act of 1965 (20 U.S.C. 1087e(c)), the Secretary of Education shall determine under such section an increase to the origination fee charged to a borrower of a loan made under part D of title IV of such Act (20 U.S.C. 1087a et seq.) for the subsequent award year to take into account any increase in actual program costs for the Federal Direct Loan Program under such part D, as determined by the Office of Management and Budget in the program re-estimate contained in the President's current fiscal year budget.

SA 3649. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 144, between lines 2 and 3, insert the following:

SEC. 2214. QUALIFICATION REQUIREMENT FOR DEPARTMENT OF EDUCATION STAFF.

Not later than 6 years after the date of enactment of this Act, each employee of the Department of Education Office of Federal Student Aid shall become highly qualified in fiscal management by earning a bachelor's degree in finance or business management/administration.

SA 3650. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 144, between lines 2 and 3, insert the following:

SEC. 2214. REDUCTION OF FEDERAL PELL GRANT ADD ON.

Notwithstanding any other provision of law, the additional funds amount provided under section 401(b)(8) of the Higher Education Act of 1965 (20 U.S.C. 1070a(b)(8)) for Federal Pell Grants for a fiscal year shall be reduced for such fiscal year by the amount that reflects any increase in actual program costs for the Federal Direct Loan Program under part D of title IV of the Higher Education Act of 1965 (20 U.S.C. 1087a et seq.), as determined by the Office of Management and Budget in the program re-estimate contained in the President's current fiscal year budget.

SA 3651. Mr. GREGG proposed an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 61, between lines 3 and 4, insert the following:

SEC. ___. INCREASE IN THE MEDICARE PHYSICIAN PAYMENT UPDATE FOR THE LAST 9 MONTHS OF 2010 AND ALL OF 2011 THROUGH 2013.

Paragraph (1) of section 1848(d) of the Social Security Act, as added by section 1011(a) of the Department of Defense Appropriations Act, 2010 (Public Law 111–118) and as amended by section 5 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended to read as follows:

''(10) UPDATE FOR 2010 THROUGH 2013.—

''(A) IN GENERAL.—Subject to paragraphs (7)(B), (8)(B), and (9)(B), in lieu of the update to the single conversion factor established in paragraph (1)(C) that would otherwise apply for each of 2010, 2011, 2012, and 2013, the update to the single conversion factor shall be 0 percent for such years.

''(B) NO EFFECT ON COMPUTATION OF CONVERSION FACTOR FOR 2014 AND SUBSEQUENT YEARS.—The conversion factor under this subsection shall be computed under paragraph (1)(A) for 2014 and subsequent years as if subparagraph (A) had never applied.''.

SA 3652. Mr. BURR (for himself, Mr. GRAHAM, Mr. CRAPO, Mr. BARRASSO, Mr. MCCAIN and Mr. BROWN of Massachusetts) proposed an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subtitle F of title I, insert the following:

SEC. 1___. TREATMENT OF DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE HEALTH PROGRAMS.

Subtitle G of title I of the Patient Protection and Affordable Care Act is amended by adding at the end the following new section:

''SEC. 1564. DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE HEALTH PROGRAMS.

''(a) CLARIFICATIONS WITH RESPECT TO CERTAIN PROGRAMS AND AUTHORITIES.—Nothing in this Act or in the amendments made by this Act shall be construed as affecting any of the following:

''(1) Any authority under title 38, United States Code.

''(2) Any authority under chapter 55 of title 10, United States Code.

''(3) Any health care or health care benefit provided under the TRICARE program under chapter 55 of title 10, United States Code, or by the Secretary of Veterans Affairs under the laws administered by such Secretary.

''(b) CLARIFICATION WITH RESPECT TO MINIMUM ESSENTIAL COVERAGE.—For purposes of this Act and the amendments made by this Act, the term 'minimum essential coverage' includes the following:

''(1) Coverage provided under chapter 55 of title 10, United States Code.

''(2) Eligibility for health care provided by the Secretary of Veterans Affairs under title 38, United States Code.''.

SA 3653. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subtitle F of title I, add the following:

SEC. 15___. RENEWABLE FUEL.

(a) DEFINITION OF RENEWABLE FUEL.—Section 211(o)(1)(J) of the Clean Air Act (42 U.S.C. 7545(o)(1)(J)) is amended by striking ''fuel that is produced'' and inserting ''a blend of fuel at least 85 percent of the content of which is derived''.

(b) LIABILITY PROTECTION FOR RENEWABLE FUEL OR ETHANOL MANUFACTURE, USE, OR DISTRIBUTION.—

(1) IN GENERAL.—Section 211(o) of the Clean Air Act (42 U.S.C. 7545(o)) is amended by adding at the end the following:

''(13) LIABILITY PROTECTION FOR RENEWABLE FUEL OR ETHANOL MANUFACTURE, USE, OR DISTRIBUTION.—

''(A) IN GENERAL.—Notwithstanding any other provision of Federal or State law, no renewable fuel or ethanol used or intended to be used as a motor vehicle fuel, nor any motor vehicle fuel containing renewable fuel or ethanol, shall be considered a defective product or subject to a failure to warn by virtue of the fact that the renewable fuel or ethanol is, or contains, the renewable fuel or ethanol, if the renewable fuel or ethanol does not violate a control or prohibition imposed by the Administrator under this section.

''(B) EFFECT ON LIABILITY.—Nothing in this paragraph affects the liability of any person other than liability based on a claim of a defective product and failure to warn of the defect.''.

(2) EFFECTIVE DATE; APPLICATION.—The amendment made by paragraph (1) shall—

(A) be effective on the earlier of—

(i) the date of enactment of this Act; or

(ii) the date on which the Administrator of the Environmental Protection Agency approves for use fuel blends with greater than 10 percent ethanol by volume; and

(B) apply with respect to all claims filed on or after the earlier date described in subparagraph (A).

SA 3654. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subtitle A of title I, add the following:

SEC. 1006. SUNSET IF PREMIUMS INCREASE TOO RAPIDLY.

(a) IN GENERAL.—The following requirements of the Patient Protection and Affordable Care Act shall not apply to health insurance coverage and group health plans offered in the individual or group market within a State during plan years beginning after the sunset date with respect to that market:

(1) Any requirement under section 1301 of such Act, section 2707 of the Public Health Service Act, or any other provision of, or amendment made by, such Act that a health plan provide an essential health benefits package described in section 1302(a) of such Act, including any requirement that the plan provide—

(A) for essential health benefits described in section 1302(b) of such Act;

(B) in the case of a plan offered in the group market, an annual limitation on the plan's deductible described in section 1302(c)(2) of such Act; and

(C) a level of coverage described in section 1302(d) of such Act.

(2) The requirements of section 2701 of the Public Health Service Act (relating to limits on premiums).

(b) COORDINATION WITH QUALIFIED HEALTH PLANS AND PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS.—In the case of a State to which subsection (a) applies, the Secretary of health and Human Services shall establish procedures for establishing which health plans shall be treated as qualified health plans for purposes of the Exchanges established within such State. Such procedures shall ensure that the aggregate amount of premium tax credits under section 36B of the Internal Revenue Code of 1986 and cost-sharing reductions under section 1402 of the Patient Protection and Affordable Care Act with respect to qualified health plans in the individual market within such State does not exceed the aggregate amount of such credits and reductions that would have been allowed if subsection (a) did not apply to such State.

(c) SUNSET DATE.—For purposes of this section—

(1) IN GENERAL.—The term ''sunset date'' means, with respect to the individual or group market within a State, the first date on which the applicable State authority determines under paragraph (2) that the percentage increase in average annual premiums within such market for a calendar year over the preceding calendar year exceeds the percentage increase for such period in the Consumer Price Index for all urban consumers published by the Department of Labor.

(2) DETERMINATION.—The applicable State authority shall for each calendar year after 2013 make the determination described in paragraph (1).

(3) APPLICABLE STATE AUTHORITY.—The term ''applicable State authority'' has the meaning given such term by section 2791(d)(1) of the Public Health Service Act.

SA 3655. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

In subtitle A of title I, add at the end the following:

SEC. 1___. EXEMPTION FROM MANDATE.

Section 5000A of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended—

(1) by redesignating subsection (g) as subsection (h); and

(2) by inserting after subsection (f), the following:

''(g) LIMITATION.—This section shall not apply to an individual for a taxable year if such individual—

''(1) in under 30 years of age when such year begins; or

''(2) has a modified gross income that does not exceed $30,000 for such year.''.

SA 3656. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of section 1002, insert the following:

(c) HIGH DEDUCTIBLE HEALTH PLANS TREATED AS MINIMUM ESSENTIAL COVERAGE.—Section 5000A(f) of the Internal Revenue Code of 1986, as so added and amended, is amended by redesignating paragraph (5) as paragraph (6) and by inserting after paragraph (4) the following:

''(5) HIGH DEDUCTIBLE HEALTH PLAN.—

''(A) IN GENERAL.—If an applicable individual—

''(i) is an employee of an employer who ceases to offer the employee the opportunity to enroll in an eligible employer-sponsored plan, or

''(ii) ceases employment with an employer and is not otherwise eligible to enroll in an eligible employer-sponsored plan,

the applicable individual may enroll in a high deductible health plan described in subparagraph (C) and such plan shall be treated as minimum essential coverage.

''(B) CONTINUED ENROLLMENT.—If an individual described in subparagraph (A) enrolls in a high deductible health plan described in subparagraph (C), such plan shall continue to be treated as minimum essential coverage with respect to that individual during any continuous period of enrollment even if the individual is otherwise eligible to enroll in an eligible employer-sponsored plan.

''(C) PLAN DESCRIBED.—A health plan is described in this subparagraph if it is a high deductible health plan (as defined in section 223(c)(2)) that meets all requirements under such section to be offered in connection with a health savings account. No requirement imposed by any provision of, or any amendment made by, the Patient Protection and Affordable Care Act shall apply with respect to the plan or issuer thereof.''.

SA 3657. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of section 1002, insert the following:

(c) INDIVIDUAL MANDATE PENALTIES CREDITED TO INDIVIDUAL ACCOUNTS AND USED FOR PREMIUMS.—Section 5000A of the Internal Revenue Code of 1986, as so added and amended, is amended by adding at the end the following:

''(h) PENALTIES CREDITED TO INDIVIDUAL ACCOUNTS AND USED FOR PREMIUMS.—

''(1) IN GENERAL.—The Secretary shall not later than January 1, 2014, establish and implement a program under which—

''(A) if a penalty has been imposed under this section with respect to an applicable individual for months during any calendar year, the Secretary—

''(i) establishes an account on behalf of the applicable individual, and

''(ii) credits such account with an amount equal to the amount of the penalty, and

''(B) if the applicable individual subsequently becomes covered under minimum essential coverage for 1 or more months, the Secretary pays to or on behalf of the applicable individual an amount equal to the premiums paid by the individual for such coverage (or, if lesser, the balance in the account established under subparagraph (A)).

''(2) AMOUNTS AVAILABLE ONLY FOR 3 YEARS.—

''(A) IN GENERAL.—If an account is credited under paragraph (1)(A) with an amount for any calendar year, such amount shall be available for payment under paragraph (1)(B) only for premiums for minimum essential coverage for months occurring during the 3 calendar years immediately following such calendar year.

''(B) SPECIAL RULES.—For purposes of this subsection—

''(i) the Secretary need only establish 1 account for an individual, and

''(ii) amounts shall be treated as paid out of an account on a first-in, first-out basis.''.

SA 3658. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 61, between lines 3 and 4, insert the following:

SEC. ___. USE OF PRIVATE CONTRACTS BY MEDICARE BENEFICIARIES FOR PROFESSIONAL SERVICES.

(a) IN GENERAL.—Section 1802(b) of the Social Security Act (42 U.S.C. 1395a) is amended to read as follows:

''(b) CLARIFICATION OF USE OF PRIVATE CONTRACTS BY MEDICARE BENEFICIARIES FOR PROFESSIONAL SERVICES.—

''(1) IN GENERAL.—Nothing in this title shall prohibit a medicare beneficiary from

entering into a private contract with a physician or health care practitioner for the provision of medicare covered professional services (as defined in paragraph (5)(C)) if—

''(A) the services are covered under a private contract that is between the beneficiary and the physician or practitioner and meets the requirements of paragraph (2);

''(B) under the private contract no claim for payment for services covered under the contract is to be submitted (and no payment made) under part A or B, under a contract under section 1876, or under an MA plan (other than an MSA plan); and

''(C)(i) the Secretary has been provided with the minimum information necessary to avoid any payment under part A or B for services covered under the contract, or

''(ii) in the case of an individual enrolled under a contract under section 1876 or an MA plan (other than an MSA plan) under part C, the eligible organization under the contract or the MA organization offering the plan has been provided the minimum information necessary to avoid any payment under such contract or plan for services covered under the contract.

''(2) REQUIREMENTS FOR PRIVATE CONTRACTS.—The requirements in this paragraph for a private contract between a medicare beneficiary and a physician or health care practitioner are as follows:

''(A) GENERAL FORM OF CONTRACT.—The contract is in writing and is signed by the medicare beneficiary.

''(B) NO CLAIMS TO BE SUBMITTED FOR COVERED SERVICES.—The contract provides that no party to the contract (and no entity on behalf of any party to the contract) shall submit any claim for (or request) payment for services covered under the contract under part A or B, under a contract under section 1876, or under an MA plan (other than an MSA plan).

''(C) SCOPE OF SERVICES.—The contract identifies the medicare covered professional services and the period (if any) to be covered under the contract, but does not cover any services furnished—

''(i) before the contract is entered into; or

''(ii) for the treatment of an emergency medical condition (as defined in section 1867(e)(1)(A)), unless the contract was entered into before the onset of the emergency medical condition.

''(D) CLEAR DISCLOSURE OF TERMS.—The contract clearly indicates that by signing the contract the medicare beneficiary—

''(i) agrees not to submit a claim (or to request that anyone submit a claim) under part A or B (or under section 1876 or under an MA plan, other than an MSA plan) for services covered under the contract;

''(ii) agrees to be responsible, whether through insurance or otherwise, for payment for such services and understands that no reimbursement will be provided under such part, contract, or plan for such services;

''(iii) acknowledges that no limits under this title (including limits under paragraphs (1) and (3) of section 1848(g)) will apply to amounts that may be charged for such services;

''(iv) acknowledges that medicare supplemental policies under section 1882 do not, and other supplemental health plans and policies may elect not to, make payments for such services because payment is not made under this title; and

''(v) acknowledges that the beneficiary has the right to have such services provided by (or under the supervision of) other physicians or health care practitioners for whom payment would be made under such part, contract, or plan.

Such contract shall also clearly indicate whether the physician or practitioner involved is excluded from participation under this title.

''(3) MODIFICATIONS.—The parties to a private contract may mutually agree at any time to modify or terminate the contract on a prospective basis, consistent with the provisions of paragraphs (1) and (2).

''(4) NO REQUIREMENTS FOR SERVICES FURNISHED TO MSA PLAN ENROLLEES.—The requirements of paragraphs (1) and (2) do not apply to any contract or arrangement for the provision of services to a medicare beneficiary enrolled in an MSA plan under part C.

''(5) DEFINITIONS.—In this subsection:

''(A) HEALTH CARE PRACTITIONER.—The term 'health care practitioner' means a practitioner described in section 1842(b)(18)(C).

''(B) MEDICARE BENEFICIARY.—The term 'medicare beneficiary' means an individual who is enrolled under part B.

''(C) MEDICARE COVERED PROFESSIONAL SERVICES.—The term 'medicare covered professional services' means—

''(i) physicians' services (as defined in section 1861(q), and including services described in section 1861(s)(2)(A)), and

''(ii) professional services of health care practitioners, including services described in section 1842(b)(18)(D),

for which payment may be made under part A or B, under a contract under section 1876, or under a Medicare Advantage plan but for the provisions of a private contract that meets the requirements of paragraph (2).

''(D) MA PLAN; MSA PLAN.—The terms 'MA plan' and 'MSA plan' have the meanings given such terms in section 1859.

''(E) PHYSICIAN.—The term 'physician' has the meaning given such term in section 1861(r).''.

(b) CONFORMING AMENDMENTS CLARIFYING EXEMPTION FROM LIMITING CHARGE AND FROM REQUIREMENT FOR SUBMISSION OF CLAIMS.—Section 1848(g) of the Social Security Act (42 U.S.C. 1395w–4(g)) is amended—

(1) in paragraph (1)(A), by striking ''In'' and inserting ''Subject to paragraph (8), in'';

(2) in paragraph (3)(A), by striking ''Payment'' and inserting ''Subject to paragraph (8), payment'';

(3) in paragraph (4)(A), by striking ''For'' and inserting ''Subject to paragraph (8), for''; and

(4) by adding at the end the following new paragraph:

''(8) EXEMPTION FROM REQUIREMENTS FOR SERVICES FURNISHED UNDER PRIVATE CONTRACTS.—

''(A) IN GENERAL.—Pursuant to section 1802(b)(1), paragraphs (1), (3), and (4) do not apply with respect to physicians' services (and services described in section 1861(s)(2)(A)) furnished to an individual by (or under the supervision of) a physician if the conditions described in section 1802(b)(1) are met with respect to the services.

''(B) NO RESTRICTIONS FOR ENROLLEES IN MSA PLANS.—Such paragraphs do not apply with respect to services furnished to individuals enrolled with MSA plans under part C, without regard to whether the conditions described in subparagraphs (A) through (C) of section 1802(b)(1) are met.

''(C) APPLICATION TO ENROLLEES IN OTHER PLANS.—Subject to subparagraph (B) and section 1852(k)(2), the provisions of subparagraph (A) shall apply in the case of an individual enrolled under a contract under section 1876 or under an MA plan (other than an MSA plan) under part C, in the same manner as they apply to individuals not enrolled under such a contract or plan.''.

(c) CONFORMING AMENDMENTS.—(1) Section 1842(b)(18) of the Social Security Act (42 U.S.C. 1395u(b)(18)) is amended by adding at the end the following:

''(E) The provisions of section 1848(g)(8) shall apply with respect to exemption from limitations on charges and from billing requirements for services of health care practitioners described in this paragraph in the same manner as such provisions apply to exemption from the requirements referred to in section 1848(g)(8)(A) for physicians' services.''.

(2) Section 1866(a)(1)(O) of such Act (42 U.S.C. 1395cc(a)(1)(O)) is amended by striking ''enrolled with a Medicare Advantage organization under part C'' and inserting ''enrolled with an MA organization under part C (other than under an MSA plan)''.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is 6 months after the date of the enactment of this Act and apply to contracts entered into on or after that date.

SA 3659. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, insert the following:

SEC. 1____. CONTINUED ABILITY TO PAY FOR HEALTH CARE.

Title I of the Patient Protection and Affordable Care Act is amended by adding at the end the following:

''SEC. 1564. CONTINUED ABILITY TO PAY FOR HEALTH CARE.

''Nothing in this title (or an amendment made by this title) shall be construed to prohibit an individual from purchasing or otherwise paying for health care items or services on an out-of-pocket basis.''.

SA 3660. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, insert the following:

SEC. 1____. PROTECTING THE TAXPAYERS.

Title I of the Patient Protection and Affordable Care Act is amended by adding at the end the following:

''SEC. 1564. PROTECTING THE TAXPAYERS.

''The provisions of this title (and the amendments made by this title) shall not apply with respect to a fiscal year if the Director of the Office of Management and Budget fails to certify to Congress that the application of such provisions (and amendments) in such fiscal year will not increase the Federal budget deficit.''.

SA 3661. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

In subtitle A of title I, add at the end the following:

SEC. 1____. EXEMPTION FROM MANDATE.

Section 5000A of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended—

(1) by redesignating subsection (g) as subsection (h); and

(2) by inserting after subsection (f), the following:

''(g) LIMITATION.—This section shall not apply to an individual for a taxable year if such individual—

''(1) in under 30 years of age when such year begins; or

''(2) has a modified gross income that does not exceed $30,000 for such year.''.

SA 3662. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, add the following:

SEC. 14___. REPEAL OF ADDITIONAL TAX FROM DISTRIBUTIONS FROM HSAS AND MSAS.

(a) HSAS.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking ''20 percent'' and inserting ''10 percent''.

(b) ARCHER MSAS.—Section 220(f)(4)(A) of the Internal Revenue Code of 1986, as amended by section 9004 of the Patient Protection and Affordable Care Act, is amended by striking ''20 percent'' and inserting ''15 percent''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to distributions made after December 31, 2010.

SA 3663. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 56, between lines 20 and 21, insert the following:

(f) BUDGET-NEUTRAL EXEMPTION OF CERTAIN PROVIDERS.—Notwithstanding the provisions of, and amendments made by, the preceding subsections of this section and sections 3401 and 10319 of the Patient Protection and Affordable Care Act—

(1) such provisions and amendments shall not apply to a health care provider that—

(A) is described in section 340B(a)(4) of the Public Health Service Act or 1927(c)(1)(D)(i)(IV) of the Social Security Act (42 U.S.C. 1396r–8(c)(1)(D)(i)(IV)); and

(B) is located in an area that is not a metropolitan statistical area (as determined by the Bureau of the Census); and

(2) the Secretary of Health and Human Services shall make appropriate adjustments in the application of such provisions and amendments to ensure that the amount of expenditures under title XVIII of the Social Security Act is equal to the amount of expenditures that would have been made under such title if this subsection had not been enacted, as estimated by the Secretary.

SA 3664. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 1502. VERIFICATION OF IDENTITY.

No individual may receive assistance of any kind provided by the Federal Government to obtain health insurance coverage unless the individual provides to the appropriate agency or department of the Federal Government an appropriate identification that was issued by a governmental entity and that includes a photograph and the name, date of birth, and social security number of the individual.

SA 3665. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, insert the following:

SEC. _____. SUSPENSION OF THE ACT.

If at the beginning of any fiscal year OMB determines that the deficit targets set forth in the CBO report of March 20, 2010 will not be met, the provisions of this Act and the Patient Protection and Affordable Care Act shall be suspended for that year.

SA 3666. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 1502. ELIMINATION OF AUTOMATIC PAY ADJUSTMENTS FOR MEMBERS OF CONGRESS.

(a) IN GENERAL.—Paragraph (2) of section 601(a) of the Legislative Reorganization Act of 1946 (2 U.S.C. 31) is repealed.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—Section 601(a)(1) of such Act is amended—

(1) by striking ''(a)(1)'' and inserting ''(a)'';

(2) by redesignating subparagraphs (A), (B), and (C) as paragraphs (1), (2), and (3), respectively; and

(3) by striking ''as adjusted by paragraph (2) of this subsection'' and inserting ''adjusted as provided by law''.

(c) EFFECTIVE DATE.—This section shall take effect on December 31, 2011.

SA 3667. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 1502. ELIMINATION OF SPECIAL HEALTH CARE PRIVILEGES FOR MEMBERS OF CONGRESS.

Section 1312(d)(3) of the Patient Protection and Affordable Care Act is amended by striking subparagraph (D) and inserting the following:

''(D) REQUIREMENT OF MEMBERS OF CONGRESS TO ENROLL IN AN EXCHANGE.—

''(i) REQUIREMENT.—Notwithstanding any other provision of law, all Members of Congress shall be enrolled in an Exchange when established under section 1321.

''(ii) INELIGIBLE FOR FEHBP.—Effective on the date on which an Exchange is established under section 1321, no Member of Congress shall be eligible to participate in a health benefits plan under chapter 89 of title 5, United States Code.

''(iii) EMPLOYER CONTRIBUTION.—

''(I) IN GENERAL.—The Secretary of the Senate or the Chief Administrative Officer of the House of Representatives shall pay the amount determined under subclause (II) to the appropriate Exchange.

''(II) AMOUNT OF EMPLOYER CONTRIBUTION.—The Director of the Office Of Personnel Management shall determine the amount of the employer contribution for each Member of Congress enrolled in an Exchange. The amount shall be equal to the employer contribution for the health benefits plan under chapter 89 of title 5, United States Code, with the greatest number of enrollees, except that the contribution shall be actuarially adjusted for age.

''(iv) MILITARY MEDICAL TREATMENT FACILITIES AND THE OFFICE OF THE ATTENDING PHYSICIAN.—

''(I) IN GENERAL.—Notwithstanding any other provision of law, a Member of Congress may not receive health care or medical treatment at any military medical treatment facility or at the Office of the Attending Physician.

''(II) EXCEPTION.—Subclause (I) shall not apply to any case of a medical emergency in which the life of a Member of Congress is in immediate danger.

''(v) DEFINITIONS.—In this subparagraph:

''(I) EXCHANGE.—The term 'Exchange' means an Exchange established under section 1321.

''(II) MEMBER OF CONGRESS.—The term 'Member of Congress' means any member of the House of Representatives or the Senate.''.

SA 3668. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 15___. REFUNDS OF FEDERAL MOTOR FUEL EXCISE TAXES FOR FUEL USED IN MOBILE MAMMOGRAPHY VEHICLES.

(a) REFUNDS.—Section 6427 of the Internal Revenue Code of 1986 (relating to fuels not used for taxable purposes) is amended by inserting after subsection (f) the following new subsection:

''(g) FUELS USED IN MOBILE MAMMOGRAPHY VEHICLES.—Except as provided in subsection (k), if any fuel on which tax was imposed by section 4041 or 4081 is used in any highway vehicle designed exclusively to provide mobile mammography services to patients within such vehicle, the Secretary shall pay (without interest) to the ultimate purchaser of such fuel an amount equal to the aggregate amount of the tax imposed on such fuel.''.

(b) EXEMPTION FROM RETAIL TAX.—Section 4041 of such Code is amended by adding at the end the following new subsection:

''(n) FUELS USED IN MOBILE MAMMOGRAPHY VEHICLES.—No tax shall be imposed under this section on any liquid sold for use in, or used in, any highway vehicle designed exclusively to provide mobile mammography services to patients within such vehicle.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of the enactment of this Act.

SA 3669. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13);

which was ordered to lie on the table; as follows:

At the end, add the following:

TITLE III—IMPORTATION OF PRESCRIPTION DRUGS

SEC. 3001. SHORT TITLE.

This title may be cited as the ''Pharmaceutical Market Access Act of 2010''.

SEC. 3002. FINDINGS.

Congress finds as follows:

(1) Americans unjustly pay up to 1,000 percent more to fill their prescriptions than consumers in other countries.

(2) The United States is the world's largest market for pharmaceuticals yet consumers still pay the world's highest prices.

(3) An unaffordable drug is neither safe nor effective. Allowing and structuring the importation of prescription drugs ensures access to affordable drugs, thus providing a level of safety to American consumers they do not currently enjoy.

(4) Prescription drugs are a leading cost of the growth in health care spending in the United States, which is projected to reach $2,600,000,000,000 in 2009, according to the Congressional Budget Office.

(5) According to the Congressional Budget Office, American seniors alone will spend $1,800,000,000,000 on pharmaceuticals over the next 10 years.

(6) Allowing open pharmaceutical markets could save American consumers at least $635,000,000,000 of their own money.

SEC. 3003. PURPOSES.

The purposes of this title are to—

(1) give all Americans immediate relief from the outrageously high cost of pharmaceuticals;

(2) reverse the perverse economics of the American pharmaceutical market;

(3) allow the importation of prescription drugs only if the drugs and facilities where such drugs are manufactured are approved by the Food and Drug Administration, and to exclude pharmaceutical narcotics; and

(4) ensure continued integrity to the prescription drug supply of the United States by—

(A) requiring that imported prescription drugs be packaged and shipped using counterfeit-resistant technologies;

(B) requiring Internet pharmacies to register with the United States Government for Americans to verify authenticity before purchases over the Internet;

(C) requiring all foreign sellers to register with United States Government and submit to facility inspections by the Government without prior notice; and

(D) limiting the eligible countries from which prescription drugs may be imported to Canada, member countries of the European Union, and other highly industrialized nations with safe pharmaceutical infrastructures.

SEC. 3004. AMENDMENTS TO SECTION 804 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT.

(a) DEFINITIONS.—Section 804(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(a)) is amended to read as follows:

''(a) DEFINITIONS.—In this section:

''(1) IMPORTER.—The term 'importer' means a pharmacy, group of pharmacies, pharmacist, or wholesaler.

''(2) PERMITTED COUNTRY.—The term 'permitted country' means Australia, Canada, Israel, Japan, New Zealand, Switzerland, South Africa, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxemburg, Netherlands, Portugal, Spain, Sweden, the United Kingdom, Iceland, Liechtenstein, and Norway, except that the Secretary—

''(A) may add a country, union, or economic area as a permitted country for purposes of this section if the Secretary determines that the country, union, or economic area has a pharmaceutical infrastructure that is substantially equivalent or superior to the pharmaceutical infrastructure of the United States, taking into consideration pharmacist qualifications, pharmacy storage procedures, the drug distribution system, the drug dispensing system, and market regulation; and

''(B) may remove a country, union, or economic area as a permitted country for purposes of this section if the Secretary determines that the country, union, or economic area does not have such a pharmaceutical infrastructure.

''(3) PHARMACIST.—The term 'pharmacist' means a person licensed by the relevant governmental authority to practice pharmacy, including the dispensing and selling of prescription drugs.

''(4) PHARMACY.—The term 'pharmacy' means a person that is licensed by the relevant governmental authority to engage in the business of selling prescription drugs that employs 1 or more pharmacists.

''(5) PRESCRIPTION DRUG.—The term 'prescription drug' means a drug subject to section 503(b), other than—

''(A) a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802));

''(B) a biological product (as defined in section 351 of the Public Health Service Act (42 U.S.C. 262));

''(C) an infused drug (including a peritoneal dialysis solution);

''(D) an intravenously injected drug;

''(E) a drug that is inhaled during surgery; or

''(F) a drug which is a parenteral drug, the importation of which pursuant to subsection (b) is determined by the Secretary to pose a threat to the public health, in which case section 801(d)(1) shall continue to apply.

''(6) QUALIFYING DRUG.—The term 'qualifying drug' means a prescription drug that—

''(A) is approved pursuant to an application submitted under section 505(b)(1); and

''(B) is not—

''(i) a drug manufactured through 1 or more biotechnology processes;

''(ii) a drug that is required to be refrigerated; or

''(iii) a photoreactive drug.

''(7) QUALIFYING INTERNET PHARMACY.—The term 'qualifying Internet pharmacy' means a registered exporter that dispenses qualifying drugs to individuals over an Internet Web site.

''(8) QUALIFYING LABORATORY.—The term 'qualifying laboratory' means a laboratory in the United States that has been approved by the Secretary for the purposes of this section.

''(9) REGISTERED EXPORTER.—The term 'registered exporter' means a person that is in the business of exporting a drug to persons in the United States (or that seeks to be in such business), for which a registration under this section has been approved and is in effect.

''(10) WHOLESALER.—

''(A) IN GENERAL.—The term 'wholesaler' means a person licensed as a wholesaler or distributor of prescription drugs in the United States under section 503(e)(2)(A).

''(B) EXCLUSION.—The term 'wholesaler' does not include a person authorized to import drugs under section 801(d)(1).''.

(b) REGULATIONS.—Section 804(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(b)) is amended to read as follows:

''(b) REGULATIONS.—Not later than 180 days after the date of enactment of the Pharmaceutical Market Access Act of 2010, the Secretary, after consultation with the United States Trade Representative and the Commissioner of the U.S. Customs and Border Protection, shall promulgate regulations permitting pharmacists, pharmacies, and wholesalers to import qualifying drugs from permitted countries into the United States.''.

(c) LIMITATION.—Section 804(c) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(c)) is amended by striking ''prescription drug'' each place it appears and inserting ''qualifying drug''.

(d) INFORMATION AND RECORDS.—Section 804(d)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(d)(1)) is amended—

(1) by striking subparagraph (G) and redesignating subparagraphs (H) through (N) as subparagraphs (G) through (M), respectively;

(2) in subparagraph (H) (as so redesignated), by striking ''telephone number, and professional license number (if any)'' and inserting ''and telephone number''; and

(3) in subparagraph (L) (as so redesignated), by striking ''(J) and (L)'' and inserting ''(I) and (K)''.

(e) TESTING.—Section 804(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(e)) is amended to read as follows:

''(e) TESTING.—The regulations under subsection (b) shall require that the testing described under subparagraphs (I) and (K) of subsection (d)(1) be conducted by the importer of the qualifying drug, unless the qualifying drug is subject to the requirements under section 505E for counterfeit-resistant technologies.''.

(f) REGISTRATION OF EXPORTERS; INSPECTIONS.—Section 804(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(f)) is amended to read as follows:

''(f) REGISTRATION OF EXPORTERS; INSPECTIONS.—

''(1) IN GENERAL.—Any person that seeks to be a registered exporter (referred to in this subsection as the 'registrant') shall submit to the Secretary a registration that includes the following:

''(A) The name of the registrant and identification of all places of business of the registrant that relate to qualifying drugs, including each warehouse or other facility owned or controlled by, or operated for, the registrant.

''(B) An agreement by the registrant to—

''(i) make its places of business that relate to qualifying drugs (including warehouses and other facilities owned or controlled by, or operated for, the exporter) and records available to the Secretary for on-site inspections, without prior notice, for the purpose of determining whether the registrant is in compliance with this Act's requirements;

''(ii) export only qualifying drugs;

''(iii) export only to persons authorized to import the drugs;

''(iv) notify the Secretary of a recall or withdrawal of a qualifying drug distributed in a permitted country to or from which the registrant has exported or imported, or intends to export or import, to the United States;

''(v) monitor compliance with registration conditions and report any noncompliance promptly;

''(vi) submit a compliance plan showing how the registrant will correct violations, if any; and

''(vii) promptly notify the Secretary of changes in the registration information of the registrant.

''(2) NOTICE OF APPROVAL OR DISAPPROVAL.—

''(A) IN GENERAL.—Not later than 90 days after receiving a completed registration from a registrant, the Secretary shall—

''(i) notify such registrant of receipt of the registration;

''(ii) assign such registrant a registration number; and

''(iii) approve or disapprove the application.

''(B) DISAPPROVAL OF APPLICATION.—

''(i) IN GENERAL.—The Secretary shall disapprove a registration, and notify the registrant of such disapproval, if the Secretary has reason to believe that such registrant is not in compliance with a registration condition.

''(ii) SUBSEQUENT APPROVAL.—The Secretary may subsequently approve a registration that was denied under clause (i) if the Secretary finds that the registrant is in compliance with all registration conditions.

''(3) LIST.—The Secretary shall—

''(A) maintain an up-to-date list of registered exporters (including qualifying Internet pharmacies that sell qualifying drugs to individuals);

''(B) make such list available to the public on the Internet Web site of the Food and Drug Administration and via a toll-free telephone number; and

''(C) update such list promptly after the approval of a registration under this subsection.

''(4) EDUCATION OF CONSUMERS.—The Secretary shall carry out activities, by use of the Internet Web site and toll-free telephone number under paragraph (3), that educate consumers with regard to the availability of qualifying drugs for import for personal use under this section, including information on how to verify whether an exporter is registered.

''(5) INSPECTION OF IMPORTERS AND REGISTERED EXPORTERS.—The Secretary shall inspect the warehouses, other facilities, and records of importers and registered exporters as often as the Secretary determines necessary to ensure that such importers and registered exporters are in compliance with this section.''.

(g) SUSPENSION OF IMPORTATION.—Section 804(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(g)) is amended by—

(1) striking ''and the Secretary determines that the public is adequately protected from counterfeit and violative prescription drugs being imported under subsection (b)''; and

(2) by adding after the period at the end the following: ''The Secretary shall reinstate the importation by a specific importer upon a determination by the Secretary that the violation has been corrected and that the importer has demonstrated that further violations will not occur. This subsection shall not apply to a prescription drug imported by an individual, or to a prescription drug shipped to an individual by a qualifying Internet pharmacy.''.

(h) WAIVER AUTHORITY FOR INDIVIDUALS.—Section 804(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(j)) is amended to read as follows:

''(j) IMPORTATION BY INDIVIDUALS.—

''(1) IN GENERAL.—Not later than 180 days after the enactment of the Pharmaceutical Market Access Act of 2010, the Secretary shall by regulation permit an individual to import a drug from a permitted country to the United States if the drug is—

''(A) a qualifying drug;

''(B) imported from a licensed pharmacy or qualifying Internet pharmacy;

''(C) for personal use by an individual, or family member of the individual, not for resale;

''(D) in a quantity that does not exceed a 90-day supply during any 90-day period; and

''(E) accompanied by a copy of a prescription for the drug, which—

''(i) is valid under applicable Federal and State laws; and

''(ii) was issued by a practitioner who is authorized to administer prescription drugs.

''(2) DRUGS DISPENSED OUTSIDE THE UNITED STATES.—An individual may import a drug from a country that is not a permitted country if—

''(A) the drug was dispensed to the individual while the individual was in such country, and the drug was dispensed in accordance with the laws and regulations of such country;

''(B) the individual is entering the United States and the drug accompanies the individual at the time of entry;

''(C) the drug is approved for commercial distribution in the country in which the drug was obtained;

''(D) the drug does not appear to be adulterated; and

''(E) the quantity of the drug does not exceed a 14-day supply.''.

(i) REPEAL OF CERTAIN PROVISIONS.—Section 804 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384) is amended by striking subsections (l) and (m).

SEC. 3005. REGISTRATION FEES.

Subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379f et seq.) is amended by adding at the end the following:

''PART 6—FEES RELATING TO PRESCRIPTION DRUG IMPORTATION

''SEC. 743. FEES RELATING TO PRESCRIPTION DRUG IMPORTATION.

''(a) REGISTRATION FEE.—The Secretary shall establish a registration fee program under which a registered exporter under section 804 shall be required to pay an annual fee to the Secretary in accordance with this subsection.

''(b) COLLECTION.—

''(1) COLLECTION ON INITIAL REGISTRATION.—A fee under this section shall be payable for the fiscal year in which the registered exporter first submits a registration under section 804 (or reregisters under that section if that person has withdrawn its registration and subsequently reregisters) in a amount of $10,000, due on the date the exporter first submits a registration to the Secretary under section 804.

''(2) COLLECTION IN SUBSEQUENT YEARS.—After the fee is paid for the first fiscal year, the fee described under this subsection shall be payable on or before October 1 of each year.

''(3) ONE FEE PER FACILITY.—The fee shall be paid only once for each registered exporter for a fiscal year in which the fee is payable.

''(c) FEE AMOUNT.—

''(1) IN GENERAL.—Subject to subsection (b)(1), the amount of the fee shall be determined each year by the Secretary and shall be based on the anticipated costs to the Secretary of enforcing the amendments made by the Pharmaceutical Market Access Act of 2010 in the subsequent fiscal year.

''(2) LIMITATION.—

''(A) IN GENERAL.—The aggregate total of fees collected under this section shall not exceed 1 percent of the total price of drugs exported annually to the United States by registered exporters under this section.

''(B) REASONABLE ESTIMATE.—Subject to the limitation described in subparagraph (A), a fee under this subsection for an exporter shall be an amount that is a reasonable estimate by the Secretary of the annual share of the exporter of the volume of drugs exported by exporters under this section.

''(d) USE OF FEES.—The fees collected under this section shall be used for the sole purpose of administering this section with respect to registered exporters, including the costs associated with—

''(1) inspecting the facilities of registered exporters, and of other entities in the chain of custody of a qualifying drug;

''(2) developing, implementing, and maintaining a system to determine registered exporters' compliance with the registration conditions under the Pharmaceutical Market Access Act of 2010, including when shipments of qualifying drugs are offered for import into the United States; and

''(3) inspecting such shipments, as necessary, when offered for import into the United States to determine if any such shipment should be refused admission.

''(e) ANNUAL FEE SETTING.—The Secretary shall establish, 60 days before the beginning of each fiscal year beginning after September 30, 2009, for that fiscal year, registration fees.

''(f) EFFECT OF FAILURE TO PAY FEES.—

''(1) DUE DATE.—A fee payable under this section shall be paid by the date that is 30 days after the date on which the fee is due.

''(2) FAILURE TO PAY.—If a registered exporter subject to a fee under this section fails to pay the fee, the Secretary shall not permit the registered exporter to engage in exportation to the United States or offering for exportation prescription drugs under this Act until all such fees owed by that person are paid.

''(g) REPORTS.—

''(1) FEE ESTABLISHMENT.—Not later than 60 days before the beginning of each fiscal year, the Secretary shall—

''(A) publish registration fees under this section for that fiscal year;

''(B) hold a meeting at which the public may comment on the recommendations; and

''(C) provide for a period of 30 days for the public to provide written comments on the recommendations.

''(2) PERFORMANCE AND FISCAL REPORT.—Beginning with fiscal year 2009, not later than 60 days after the end of each fiscal year during which fees are collected under this section, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that describes—

''(A) implementation of the registration fee authority during the fiscal year; and

''(B) the use by the Secretary of the fees collected during the fiscal year for which the report is made.''.

SEC. 3006. COUNTERFEIT-RESISTANT TECHNOLOGY.

(a) MISBRANDING.—Section 502 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 352; deeming drugs and devices to be misbranded) is amended by adding at the end the following:

''(aa) If it is a drug subject to section 503(b), unless the packaging of such drug complies with the requirements of section 505E for counterfeit-resistant technologies.''.

(b) REQUIREMENTS.—Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 505D the following:

''SEC. 505E. COUNTERFEIT-RESISTANT TECHNOLOGIES.

''(a) INCORPORATION OF COUNTERFEIT-RESISTANT TECHNOLOGIES INTO PRESCRIPTION DRUG PACKAGING.—The Secretary shall require that the packaging of any drug subject to section 503(b) incorporate—

''(1) overt optically variable counterfeit-resistant technologies that are described in subsection (b) and comply with the standards of subsection (c); or

''(2) technologies that have an equivalent function of security, as determined by the Secretary.

''(b) ELIGIBLE TECHNOLOGIES.—Technologies described in this subsection—

''(1) shall be visible to the naked eye, providing for visual identification of product authenticity without the need for readers, microscopes, lighting devices, or scanners;

''(2) shall be similar to that used by the Bureau of Engraving and Printing to secure United States currency;

''(3) shall be manufactured and distributed in a highly secure, tightly controlled environment; and

''(4) should incorporate additional layers of non-visible covert security features up to and including forensic capability.

''(c) STANDARDS FOR PACKAGING.—

''(1) MULTIPLE ELEMENTS.—For the purpose of making it more difficult to counterfeit the packaging of drugs subject to section 503(b), manufacturers of the drugs shall incorporate the technologies described in subsection (b) into multiple elements of the physical packaging of the drugs, including blister packs, shrink wrap, package labels, package seals, bottles, and boxes.

''(2) LABELING OF SHIPPING CONTAINER.—Shipments of drugs described in subsection (a) shall include a label on the shipping container that incorporates the technologies described in subsection (b), so that officials inspecting the packages will be able to determine the authenticity of the shipment. Chain of custody procedures shall apply to such labels and shall include procedures applicable to contractual agreements for the use and distribution of the labels, methods to audit the use of the labels, and database access for the relevant governmental agencies for audit or verification of the use and distribution of the labels.

''(d) EFFECTIVE DATE.—This section shall take effect 180 days after the date of enactment of the Pharmaceutical Market Access Act of 2010.''.

SEC. 3007. PROHIBITED ACTS.

Section 301 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331) is amended by inserting after subsection (k) the following:

''(l) The failure to register in accordance with section 804(f) or to import or offer to import a prescription drug in violation of a suspension order under section 804(g).''.

SEC. 3008. PATENTS.

Section 271 of title 35, United States Code, is amended—

(1) by redesignating subsections (h) and (i) as subsections (i) and (j), respectively; and

(2) by inserting after subsection (g) the following:

''(h) It shall not be an act of infringement to use, offer to sell, or sell within the United States or to import into the United States any patented invention under section 804 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384) that was first sold abroad by or under authority of the owner or licensee of such patent.''.

SEC. 3009. OTHER ENFORCEMENT ACTIONS.

(a) IN GENERAL.—Section 804 of the Federal Food, Drug, and Cosmetic Act, as amended by section 3004, is amended by adding at the end the following:

''(l) UNFAIR OR DISCRIMINATORY ACTS AND PRACTICES.—

''(1) IN GENERAL.—It is unlawful for a manufacturer, directly or indirectly (including by being a party to a licensing or other agreement) to—

''(A) discriminate by charging a higher price for a prescription drug sold to a person in a permitted country that exports a prescription drug to the United States under this section than the price that is charged to another person that is in the same country and that does not export a prescription drug into the United States under this section;

''(B) discriminate by charging a higher price for a prescription drug sold to a person that distributes, sells, or uses a prescription drug imported into the United States under this section than the price that is charged to another person in the United States that does not import a prescription drug under this section, or that does not distribute, sell, or use such a drug;

''(C) discriminate by denying supplies of a prescription drug to a person in a permitted country that exports a prescription drug to the United States under this section or distributes, sells, or uses a prescription drug imported into the United States under this section;

''(D) discriminate by publicly, privately, or otherwise refusing to do business with a person in a permitted country that exports a prescription drug to the United States under this section or distributes, sells, or uses a prescription drug imported into the United States under this section;

''(E) discriminate by specifically restricting or delaying the supply of a prescription drug to a person in a permitted country that exports a prescription drug to the United States under this section or distributes, sells, or uses a prescription drug imported into the United States under this section;

''(F) cause there to be a difference (including a difference in active ingredient, route of administration, dosage form, strength, formulation, manufacturing establishment, manufacturing process, or person that manufactures the drug) between a prescription drug for distribution in the United States and the drug for distribution in a permitted country for the purpose of restricting importation of the drug into the United States under this section;

''(G) refuse to allow an inspection authorized under this section of an establishment that manufactures a prescription drug that may be imported or offered for import under this section;

''(H) fail to conform to the methods used in, or the facilities used for, the manufacturing, processing, packing, or holding of a prescription drug that may be imported or offered for import under this section to good manufacturing practice under this Act;

''(I) become a party to a licensing or other agreement related to a prescription drug that fails to provide for compliance with all requirements of this section with respect to such prescription drug or that has the effect of prohibiting importation of the drug under this section; or

''(J) engage in any other action that the Federal Trade Commission determines to discriminate against a person that engages in, or to impede, delay, or block the process for, the importation of a prescription drug under this section.

''(2) AFFIRMATIVE DEFENSE.—It shall be an affirmative defense to a charge that a person has discriminated under subparagraph (A), (B), (C), (D), or (E) of paragraph (1) that the higher price charged for a prescription drug sold to a person, the denial of supplies of a prescription drug to a person, the refusal to do business with a person, or the specific restriction or delay of supplies to a person is not based, in whole or in part, on—

''(A) the person exporting or importing a prescription drug into the United States under this section; or

''(B) the person distributing, selling, or using a prescription drug imported into the United States under this section.

''(3) PRESUMPTION AND AFFIRMATIVE DEFENSE.—

''(A) PRESUMPTION.—A difference (including a difference in active ingredient, route of administration, dosage form, strength, formulation, manufacturing establishment, manufacturing process, or person that manufactures the drug) created after January 1, 2009, between a prescription drug for distribution in the United States and the drug for distribution in a permitted country shall be presumed under paragraph (1)(F) to be for the purpose of restricting importation of the drug into the United States under this section.

''(B) AFFIRMATIVE DEFENSE.—It shall be an affirmative defense to the presumption under subparagraph (A) that—

''(i) the difference was required by the country in which the drug is distributed; or

''(ii) the Secretary has determined that the difference was necessary to improve the safety or effectiveness of the drug.

''(4) EFFECT OF SUBSECTION.—

''(A) SALES IN OTHER COUNTRIES.—This subsection applies only to the sale or distribution of a prescription drug in a country if the manufacturer of the drug chooses to sell or distribute the drug in the country. Nothing in this subsection shall be construed to compel the manufacturer of a drug to distribute or sell the drug in a country.

''(B) DISCOUNTS TO INSURERS, HEALTH PLANS, PHARMACY BENEFIT MANAGERS, AND COVERED ENTITIES.—Nothing in this subsection shall be construed to—

''(i) prevent or restrict a manufacturer of a prescription drug from providing discounts to an insurer, health plan, pharmacy benefit manager in the United States, or covered entity in the drug discount program under section 340B of the Public Health Service Act (42 U.S.C. 256b) in return for inclusion of the drug on a formulary;

''(ii) require that such discounts be made available to other purchasers of the prescription drug; or

''(iii) prevent or restrict any other measures taken by an insurer, health plan, or pharmacy benefit manager to encourage consumption of such prescription drug.

''(C) CHARITABLE CONTRIBUTIONS.—Nothing in this subsection shall be construed to—

''(i) prevent a manufacturer from donating a prescription drug, or supplying a prescription drug at nominal cost, to a charitable or humanitarian organization, including the United Nations and affiliates, or to a government of a foreign country; or

''(ii) apply to such donations or supplying of a prescription drug.

''(5) ENFORCEMENT.—

''(A) UNFAIR OR DECEPTIVE ACT OR PRACTICE.—A violation of this subsection shall be treated as a violation of a rule defining an unfair or deceptive act or practice prescribed under section 18(a)(1)(B) of the Federal Trade Commission Act.

''(B) ACTIONS BY THE COMMISSION.—The Federal Trade Commission—

''(i) shall enforce this subsection in the same manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act were incorporated into and made a part of this section; and

''(ii) may seek monetary relief threefold the damages sustained.

''(6) ACTIONS BY STATES.—

''(A) IN GENERAL.—

''(i) CIVIL ACTIONS.—The attorney general of a State may bring a civil action on behalf of the residents of the State, and persons doing business in the State, in a district court of the United States of appropriate jurisdiction for a violation of paragraph (1) to—

''(I) enjoin that practice;

''(II) enforce compliance with this subsection;

''(III) obtain damages, restitution, or other compensation on behalf of residents of the State and persons doing business in the State, including threefold the damages; or

''(IV) obtain such other relief as the court may consider to be appropriate.

''(ii) NOTICE.—

''(I) IN GENERAL.—Before filing an action under clause (i), the attorney general of the State involved shall provide to the Federal Trade Commission—

''(aa) written notice of that action; and

''(bb) a copy of the complaint for that action.

''(II) EXEMPTION.—Subclause (I) shall not apply with respect to the filing of an action by an attorney general of a State under this paragraph, if the attorney general determines that it is not feasible to provide the notice described in that subclause before filing of the action. In such case, the attorney general of a State shall provide notice and a copy of the complaint to the Federal Trade Commission at the same time as the attorney general files the action.

''(B) INTERVENTION.—

''(i) IN GENERAL.—On receiving notice under subparagraph (A)(ii), the Commission shall have the right to intervene in the action that is the subject of the notice.

''(ii) EFFECT OF INTERVENTION.—If the Commission intervenes in an action under subparagraph (A), it shall have the right—

''(I) to be heard with respect to any matter that arises in that action; and

''(II) to file a petition for appeal.

''(C) CONSTRUCTION.—For purposes of bringing any civil action under subparagraph (A), nothing in this subsection shall be construed to prevent an attorney general of a State from exercising the powers conferred on the attorney general by the laws of that State to—

''(i) conduct investigations;

''(ii) administer oaths or affirmations; or

''(iii) compel the attendance of witnesses or the production of documentary and other evidence.

''(D) ACTIONS BY THE COMMISSION.—

''(i) IN GENERAL.—In any case in which an action is instituted by or on behalf of the Commission for a violation of paragraph (1), a State may not, during the pendency of that action, institute an action under subparagraph (A) for the same violation against any defendant named in the complaint in that action.

''(ii) INTERVENTION.—An attorney general of a State may intervene, on behalf of the residents of that State, in an action instituted by the Commission.

''(iii) EFFECT OF INTERVENTION.—If an attorney general of a State intervenes in an action instituted by the Commission, such attorney general shall have the right—

''(I) to be heard with respect to any matter that arises in that action; and

''(II) to file a petition for appeal.

''(E) VENUE.—Any action brought under subparagraph (A) may be brought in the district court of the United States that meets applicable requirements relating to venue under section 1391 of title 28, United States Code.

''(F) SERVICE OF PROCESS.—In an action brought under subparagraph (A), process may be served in any district in which the defendant—

''(i) is an inhabitant; or

''(ii) may be found.

''(G) LIMITATION OF ACTIONS.—Any action under this paragraph to enforce a cause of action under this subsection by the Federal Trade Commission or the attorney general of a State shall be forever barred unless commenced within 5 years after the Federal Trade Commission, or the attorney general, as the case may be, knew or should have known that the cause of action accrued. No cause of action barred under existing law on the effective date of the Pharmaceutical Market Access Act of 2010 shall be revived by such Act.

''(H) MEASUREMENT OF DAMAGES.—In any action under this paragraph to enforce a cause of action under this subsection in which there has been a determination that a defendant has violated a provision of this subsection, damages may be proved and assessed in the aggregate by statistical or sampling methods, by the computation of illegal overcharges or by such other reasonable system of estimating aggregate damages as the court in its discretion may permit without the necessity of separately proving the individual claim of, or amount of damage to, persons on whose behalf the suit was brought.

''(I) EXCLUSION ON DUPLICATIVE RELIEF.—The district court shall exclude from the amount of monetary relief awarded in an action under this paragraph brought by the attorney general of a State any amount of monetary relief which duplicates amounts which have been awarded for the same injury.

''(7) EFFECT ON ANTITRUST LAWS.—Nothing in this subsection shall be construed to modify, impair, or supersede the operation of the antitrust laws. For the purpose of this subsection, the term 'antitrust laws' has the meaning given it in the first section of the Clayton Act, except that it includes section 5 of the Federal Trade Commission Act to the extent that such section 5 applies to unfair methods of competition.

''(8) MANUFACTURER.—In this subsection, the term 'manufacturer' means any entity, including any affiliate or licensee of that entity, that is engaged in—

''(A) the production, preparation, propagation, compounding, conversion, or processing of a prescription drug, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis; or

''(B) the packaging, repackaging, labeling, relabeling, or distribution of a prescription drug.''.

(b) REGULATIONS.—The Federal Trade Commission shall promulgate regulations to carry out the enforcement program under section 804(l) of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

(c) SUSPENSION AND TERMINATION OF EXPORTERS.—Section 804(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384(g)), as amended by section 3004(g), is amended by—

(1) striking ''SUSPENSION OF IMPORTATION.—The Secretary'' and inserting ''SUSPENSION OF IMPORTATION.—

''(1) IN GENERAL.—The Secretary''; and

(2) adding at the end the following:

''(2) SUSPENSION AND TERMINATION OF EXPORTERS.—

''(A) SUSPENSION.—With respect to the effectiveness of a registration submitted under subsection (f) by a registered exporter:

''(i) Subject to clause (ii), if the Secretary determines, after notice and opportunity for a hearing, that the registered exporter has failed to maintain substantial compliance with all registration conditions, the Secretary may suspend the registration.

''(ii) If the Secretary determines that, under color of the registration, the registered exporter has exported a drug that is not a qualifying drug, or a drug that does not meet the criteria under this section, or has exported a qualifying drug to an individual in violation of this section, the Secretary shall immediately suspend the registration. A suspension under the preceding sentence is not subject to the provision by the Secretary of prior notice, and the Secretary shall provide to the registered exporter involved an opportunity for a hearing not later than 10 days after the date on which the registration is suspended.

''(iii) The Secretary may reinstate the registration, whether suspended under clause (i) or (ii), if the Secretary determines that the registered exporter has demonstrated that further violations of registration conditions will not occur.

''(B) TERMINATION.—The Secretary, after notice and opportunity for a hearing, may terminate the registration under subsection (f) of a registered exporter if the Secretary determines that the registered exporter has engaged in a pattern or practice of violating 1 or more registration conditions, or if on 1 or more occasions the Secretary has under subparagraph (A)(ii) suspended the registration of the registered exporter. The Secretary may make the termination permanent, or for a fixed period of not less than 1 year. During the period in which the registration of a registered exporter is terminated, any registration submitted under subsection (f) by such exporter or a person who is a partner in the export enterprise or a principal officer in such enterprise, and any registration prepared with the assistance of such exporter or such a person, has no legal effect under this section.''.

SEC. 3010. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated such sums as may be necessary to carry out this title (and the amendments made by this title).

SA 3670. Mr. ENZI submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 143, between lines 17 and 18, insert the following:

SEC. 2213. DIRECT LENDING ADMINISTRATIVE EXPENSES.

Section 458(a) (20 U.S.C. 1087h(a)) (as amended by section 2212(b)(1)) is amended—

(1) by striking paragraph (3) and inserting the following:

''(2) MANDATORY FUNDS FOR ADMINISTRATIVE COSTS IN FISCAL YEARS 2010 THROUGH 2019.—For each of the fiscal years 2010 through 2019, there shall be available to the Secretary, from funds not otherwise appropriated, such sums as may be necessary for the administrative costs under this part and part B, including the costs of the direct student loan programs under this part, in each such fiscal year.'';

(2) in paragraph (4), by striking ''through 2014'' and inserting ''through 2019''.

SA 3671. Mr. ENZI (for himself and Mr. COBURN) submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 114, between lines 12 and 13, insert the following:

SEC. 2002. ELIMINATION OF SPENDING IN ORDER TO REDUCE THE PUBLIC DEBT.

Notwithstanding any other provision of this title, sections 2101, 2102, 2103, and 2213, and the amendments made by such sections, shall have no force and effect, and the resulting savings shall be used to reduce the public debt.

SA 3672. Mr. ENZI submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Beginning on page 114, strike line 13 and all that follows through line 8 on page 123 and insert the following:

PART I—EXTENSION OF ECASLA

SEC. 2101. EXTENSION OF STUDENT LOAN PURCHASE AUTHORITY.

Section 459A (20 U.S.C. 1087i–1) is amended—

(1) in subsections (a)(1), (a)(3)(A), and (f), by striking ''July 1, 2010'' and inserting ''July 1, 2011''; and

(2) in subsection (e)—

(A) in the matter preceding clause (i) of paragraph (1)(A) and the matter preceding subparagraph (A) of paragraph (2), by striking ''September 30, 2010'' and inserting ''September 30, 2011'';

(B) in paragraph (2), by striking ''February 15, 2011'' and inserting ''February 15, 2012''; and

(C) in paragraph (3), by striking ''2010, and 2011'' and inserting ''2010, 2011, and 2012''.

SEC. 2102. EXTENSION OF AUTHORITY TO DESIGNATE LENDERS FOR LENDER-OF-LAST-RESORT PROGRAM.

Section 428(j) (20 U.S.C. 1078(j)) is amended—

(1) in paragraph (6), by striking ''June 30, 2010'' and inserting ''June 30, 2011'';

(2) in paragraph (7), by striking ''June 30, 2010'' and inserting ''June 30, 2011''; and

(3) in paragraph (9)(A)—

(A) in the matter preceding subclause (I) of clause (ii), by striking ''June 30, 2011'' and inserting ''June 30, 2012'';

(B) in subclause (III) of clause (ii), by striking ''June 30, 2010'' and inserting ''June 30, 2011''; and

(C) in the matter preceding subclause (I) of clause (iii), by striking ''July 1, 2011'' and inserting ''July 1, 2012''.

SEC. 2103. ONE-YEAR DELAY OF FFEL TERMINATION.

(a) ONE-YEAR DELAY.—Title IV (as amended by part II) (20 U.S.C. 1070 et seq.) is further amended—

(1) in section 427A(l)(4), by inserting the following:

''(D) For a loan for which the first disbursement is made on or after July 1, 2010, and before July 1, 2011, 4.5 percent on the unpaid principal balance of the loan.'';

(2) in section 438(c)(2)(B)—

(A) in clause (iii), by striking ''; and'' and inserting a semicolon;

(B) in clause (iv), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(v) by substituting '0.0 percent' for '3.0 percent' with respect to loans for which the first disbursement of principal is made on or after July 1, 2010 and before July 1, 2011.'';

(3) in section 456(a)(4)(A)(iii), by striking ''2014'' and inserting ''2015''; and

(4) in section 458(a)(2), by striking ''2010 through 2019'' and inserting ''2011 through 2019'';

(5) in sections 458(a)(7)(B) and 459B(a)(3), by striking ''2011'' and inserting ''2012'';

(6) in the headings of sections 427A(l), 438(b)(2)(I), and 438(b)(2)(I)(vi), by striking ''2010'' and inserting ''2011'';

(7) in sections 421(b), 428B(a)(1), 458(a)(6)(B), and 459B(a)(3), subsections (f) and (j)(1) of section 428, subsections (c)(2)(B)(6) and (d)(2)(B) of section 438, and subsections (a)(1) and (g) of section 455, by striking ''2010'' and inserting ''2011'';

(8) in sections 421(d), 424(a), 427A(l), 428B(a)(1), 428C, 428H, 438(b)(2)(I), and 458(a)(7), and subsections (a) and (b)(1) of section 428, by striking ''2010'' each place the term appears and inserting ''2011''; and

(9) in sections 424(a) and 456(c)(1)(B), by striking ''2009'' each place the term appears and inserting ''2010''.

(b) DELAYED IMPLEMENTATION.—Notwithstanding section 2209(b)(2), 2210(b), or 2211(b) or any other provision of this title—

(1) subsection (a) and part II, and the amendments made by such subsection and part, shall not be effective until the day that is one year after the date of enactment of this Act; and

(2) sections 2210(b) and 2211(b) shall be applied, beginning on the date described in paragraph (1), by striking ''July 1, 2010'' and inserting ''July 1, 2011''.

SEC. 2104. ELIMINATION OF INCOME-BASED REPAYMENT CHANGES.

Notwithstanding any other provision of this title, section 2213 and the amendments made by such section shall have no force and effect.

SA 3673. Mr. ENZI submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of part II of subtitle A of title II, add the following:

SEC. 2214. GRANT PROHIBITION.

For fiscal year 2012 and succeeding fiscal years, and notwithstanding any other provision of law, the Secretary of Education, the Secretary of Health and Human Services, and the Secretary of Labor shall not award a grant to an institution of higher education that increases the tuition and fees charged for attendance at the institution at a rate that is greater than the annual increase in the Consumer Price Index prepared by the Department of Labor.

SA 3674. Mr. HATCH submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title II, insert the following:

SEC. 2___. EXEMPTION RELATING TO EXCHANGE REQUIREMENTS.

Section 1311 of the Patient Protection and Affordable Care Act is amended by adding at the end the following:

''(l) EXEMPTION.—The provisions of this section shall not apply to any State that has a State exchange in operation on the date of enactment of this Act. Such exchange shall be deemed to meet all requirements applicable to Exchanges under this section.''.

SA 3675. Mr. HATCH submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle A of title I, insert the following:

SEC. 1___. REPEAL OF INDIVIDUAL MANDATE.

Section 5000A of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is repealed.

SA 3676. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, insert the following:

SECTION ___. HEALTH CARE COST INCREASE TAX CREDIT.

(a) IN GENERAL.—Subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after section 25D the following new section:

''SEC. 25E. HEALTH CARE COST INCREASE TAX CREDIT.

''(a) IN GENERAL.—In the case of an eligible taxpayer, there shall be allowed a credit against the tax imposed by this chapter for the taxable year in an amount equal to the lesser of—

''(1) the health care cost increase amount for such taxable year, or

''(2) the eligible taxpayer's premium increase amount for such taxable year.

''(b) ELIGIBLE TAXPAYER.—For purposes of this section, the term 'eligible taxpayer' means an individual who purchases self-only or family health insurance coverage which is a qualified health plan within the meaning of section 36B(c)(3)(A) for all months in the taxable year.

''(c) HEALTH CARE COST INCREASE AMOUNT.—

''(1) IN GENERAL.—For purposes of this section, with respect to taxable years beginning in any calendar year after 2009, the health care cost increase amount is the amount, as determined by the Secretary of Health and Human Services, by which the average national premium cost for a plan in the silver level of coverage (within the meaning of section 1302(d)(1)(B) of the Patient Protection and Affordable Care Act) for such calendar year exceeds the average national premium cost for such a plan as of March 23, 2010.

''(2) PUBLICATION OF DETERMINATION.—The Secretary of Health and Human Services shall publish the health care cost increase amount determined under paragraph (1) for each calendar year not later than December 31 of such calendar year.

''(d) PREMIUM INCREASE AMOUNT.—

''(1) IN GENERAL.—For purposes of this section, with respect to an eligible taxpayer, the premium increase amount is the amount by which the total premiums paid by such taxpayer for months during the taxable year for coverage described in subsection (b) exceed the total premiums paid by such taxpayer for such coverage for the last plan year ending before March 23, 2010, except that such amount—

''(A) shall be adjusted to reflect any changes in coverage under the taxpayer's plan or in the family size of the taxpayer, and

''(B) shall be reduced by the amount of any credit under section 36B and any Federal cost sharing subsidy with respect to such coverage.

''(2) REGULATORY AUTHORITY.—The Secretary of Health and Human Services shall prescribe regulations for determining the adjustments required under paragraph (1)(A).

''(e) CREDIT ALLOWED AGAINST ALTERNATIVE MINIMUM TAX.—In the case of a taxable year to which section 26(a)(2) does not apply, the credit allowed under subsection (a) for any taxable year shall not exceed the excess of—

''(1) the sum of the regular tax liability (as defined in section 26(b)) plus the tax imposed by section 55, over

''(2) the sum of the credits allowable under this subpart (other than this section and sections 23, 25D, and 30D) and section 27 for the taxable year.''.

(b) CLERICAL AMENDMENT.—The table of sections for subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to section 25D the following new item:

''Sec. 25E. Health care cost increase credit.''.

(c) CONFORMING AMENDMENTS.—

(1) Section 24(b)(3)(B) of the Internal Revenue Code of 1986 is amended by inserting ''25E,'' after ''25D,''.

(2) Section 25(e)(1)(C)(ii) of such Code is amended by inserting ''25E,'' after ''25D,''.

(3) Section 26(a)(1) of such Code is amended by inserting ''25E,'' after ''25D,''.

(4) Section 25B(g)(2) of such Code is amended by inserting ''25E,'' after ''25D,''.

(5) Section 904(i) of such Code is amended by inserting ''25E,'' after ''25B,''.

(6) Section 1400C(d)(2) of such Code is amended by inserting ''25E,'' after ''25D,''.

(d) APPLICATION OF EGGTRA SUNSET.—The amendment made by subsection (c)(1) shall be subject to title IX of the Economic Growth and Tax Relief Reconciliation Act of 2001 in the same manner as the provision of such Act to which such amendment relates.

(e) EFFECTIVE DATE.—The amendments made by subsections (a), (b), and (c) shall apply to taxable years ending after March 23, 2010.

SA 3677. Mr. LEMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle D of title I, add the following:

SEC. 1305. HEALTH CARE FRAUD PREVENTION SYSTEM.

(a) HEALTH CARE FRAUD PREVENTION SYSTEM.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall establish a fraud prevention system which shall be designed as follows:

(A) IN GENERAL.—The fraud prevention system shall—

(i) be holistic;

(ii) be able to view all provider and patient activities across all Federal health program payers;

(iii) be able to integrate into the existing health care claims flow with minimal effort, time, and cost;

(iv) be modeled after systems used in the Financial Services industry; and

(v) utilize integrated real-time transaction risk scoring and referral strategy capabilities to identify claims that are statistically unusual.

(B) MODULARIZED ARCHITECTURE.—The fraud prevention system shall be designed from an end-to-end modularized perspective to allow for ease of integration into multiple points along a health care claim flow (pre- or post-adjudication), which shall—

(i) utilize a single entity to host, support, manage, and maintain software-based services, predictive models, and solutions from a central location for the customers who access the fraud prevention system;

(ii) allow access through a secure private data connection rather than the installation of software in multiple information technology infrastructures (and data facilities);

(iii) provide access to the best and latest software without the need for upgrades, data security, and costly installations;

(iv) permit modifications to the software and system edits in a rapid and timely manner;

(v) ensure that all technology and decision components reside within the module; and

(vi) ensure that the third party host of the modular solution is not a party, payer, or stakeholder that reports claims data, accesses the results of the fraud prevention systems analysis, or is otherwise required under this section to verify, research, or investigate the risk of claims.

(C) PROCESSING, SCORING, AND STORAGE.—The platform of the fraud prevention system shall be a high volume, rapid, real-time information technology solution, which includes data pooling, data storage, and scoring capabilities to quickly and accurately capture and evaluate data from millions of claims per day. Such platform shall be secure and have (at a minimum) data centers that comply with Federal and State privacy laws.

(D) DATA CONSORTIUM.—The fraud prevention system shall provide for the establishment of a centralized data file (referred to as a ''consortium'') that accumulates data from all government health insurance claims data sources. Notwithstanding any other provision of law, Federal health care payers shall provide to the consortium existing claims data, such as Medicare's ''Common Working File'' and Medicaid claims data, for the purpose of fraud and abuse prevention. Such accumulated data shall be transmitted and stored in an industry standard secure data environment that complies with applicable Federal privacy laws for use in building medical waste, fraud, and abuse prevention predictive models that have a comprehensive view of provider activity across all payers (and markets).

(E) MARKET VIEW.—The fraud prevention system shall ensure that claims data from Federal health programs and all markets flows through a central source so the waste, fraud, and abuse system can look across all markets and geographies in health care to identify fraud and abuse in Medicare, Medicaid, the State Children's Health Program, TRICARE, and the Department of Veterans Affairs, holistically. Such cross-market visibility shall identify unusual provider and patient behavior patterns and fraud and abuse schemes that may not be identified by looking independently at one Federal payer's transactions.

(F) BEHAVIOR ENGINE.—The fraud prevention system shall ensure that the technology used provides real-time ability to identify high-risk behavior patterns across markets, geographies, and specialty group providers to detect waste, fraud, and abuse, and to identify providers that exhibit unusual behavior patterns. Behavior pattern technology that provides the capability to compare a provider's current behavior to their own past behavior and to compare a provider's current behavior to that of other providers in the same specialty group and geographic location shall be used in order to provide a comprehensive waste, fraud, and abuse prevention solution.

(G) PREDICTIVE MODEL.—The fraud prevention system shall involve the implementation of a statistically sound, empirically derived predictive modeling technology that is designed to prevent (versus post-payment detect) waste, fraud, and abuse. Such prevention system shall utilize historical transaction data, from across all Federal health programs and markets, to build and re-develop scoring models, have the capability to incorporate external data and external models from other sources into the health care predictive waste, fraud, and abuse model, and provide for a feedback loop to provide outcome information on verified claims so future system enhancements can be developed based on previous claims experience.

(H) CHANGE CONTROL.—The fraud prevention system platform shall have the infrastructure to implement new models and attributes in a test environment prior to moving into a production environment. Capabilities shall be developed to quickly make changes to models, attributes, or strategies to react to changing patterns in waste, fraud, and abuse.

(I) SCORING ENGINE.—The fraud prevention system shall identify high-risk claims by scoring all such claims on a real-time capacity prior to payment. Such scores shall then be communicated to the fraud management system provided for under subparagraph (J).

(J) FRAUD MANAGEMENT SYSTEM.—The fraud prevention system shall utilize a fraud management system, that contains workflow management and workstation tools to provide the ability to systematically present scores, reason codes, and treatment actions for high-risk scored transactions. The fraud prevention system shall ensure that analysts who review claims have the capability to access, review, and research claims efficiently, as well as decline or approve claims (payments) in an automated manner. Workflow management under this subparagraph shall be combined with the ability to utilize principles of experimental design to compare and measure prevention and detection rates between test and control strategies. Such strategy testing shall allow for continuous improvement and maximum effectiveness in keeping up with ever changing fraud and abuse patterns. Such system shall provide the capability to test different treatments or actions randomly (typically through use of random digit assignments).

(K) DECISION TECHNOLOGY.—The fraud prevention system shall have the capability to monitor consumer transactions in real-time and monitor provider behavior at different stages within the transaction flow based upon provider, transaction and consumer trends. The fraud prevention system shall provide for the identification of provider and claims excessive usage patterns and trends that differ from similar peer groups, have the capability to trigger on multiple criteria, such as predictive model scores or custom attributes, and be able to segment transaction waste, fraud, and abuse into multiple types for health care categories and business types.

(L) FEEDBACK LOOP.—The fraud prevention system shall have a feedback loop where all Federal health payers provide pre-payment and post-payment information about the eventual status of a claim designated as ''Normal'', ''Waste'', ''Fraud'', ''Abuse'', or ''Education Required''. Such feedback loop shall enable Federal health agencies to measure the actual amount of waste, fraud, and abuse as well as the savings in the system and provide the ability to retrain future, enhanced models. Such feedback loop shall be an industry file that contains information on previous fraud and abuse claims as well as abuse perpetrated by consumers, providers, and fraud rings, to be used to alert other payers, as well as for subsequent fraud and abuse solution development.

(M) TRACKING AND REPORTING.—The fraud prevention system shall ensure that the infrastructure exists to ascertain system, strategy, and predictive model return on investment. Dynamic model validation and strategy validation analysis and reporting shall be made available to ensure a strategy or predictive model has not degraded over time or is no longer effective. Queue reporting shall be established and made available for population estimates of what claims were flagged, what claims received treatment, and ultimately what results occurred. The capability shall exist to complete tracking and reporting for prevention strategies and actions residing farther upstream in the health care payment flow. The fraud prevention system shall establish a reliable metric to measure the dollars that are never paid due to identification of fraud and abuse, as well

as a capability to effectively test and estimate the impact from different actions and treatments utilized to detect and prevent fraud and abuse for legitimate claims. Measuring results shall include waste and abuse.

(N) OPERATING TENET.—The fraud prevention system shall not be designed to deny health care services or to negatively impact prompt-pay laws because assessments are late. The database shall be designed to speed up the payment process. The fraud prevention system shall require the implementation of constant and consistent test and control strategies by stakeholders, with results shared with Federal health program leadership on a quarterly basis to validate improving progress in identifying and preventing waste, fraud, and abuse. Under such implementation, Federal health care payers shall use standard industry waste, fraud, and abuse measures of success.

(2) COORDINATION.—The Secretary shall coordinate the operation of the fraud prevention system with the Department of Justice and other related Federal fraud prevention systems.

(3) OPERATION.—The Secretary shall phase-in the implementation of the system under this subsection beginning not later than 18 months after the date of enactment of this Act, through the analysis of a limited number of Federal health program claims. Not later than 5 years after such date of enactment, the Secretary shall ensure that such system is fully phased-in and applicable to all Federal health program claims.

(4) NON-PAYMENT OF CLAIMS.—The Secretary shall promulgate regulations to prohibit the payment of any health care claim that has been identified as potentially ''fraudulent'', ''wasteful'', or ''abusive'' until such time as the claim has been verified as valid.

(5) APPLICATION.—The system under this section shall only apply to Federal health programs (all such programs), including programs established after the date of enactment of this Act.

(6) REGULATIONS.—The Secretary shall promulgate regulations providing the maximum appropriate protection of personal privacy.

(b) PROTECTING PARTICIPATION IN HEALTH CARE ANTIFRAUD PROGRAMS.—

(1) IN GENERAL.—Notwithstanding any other provision of law, no person providing information to the Secretary under this section shall be held, by reason of having provided such information, to have violated any criminal law, or to be civilly liable under any law of the United States or of any State (or political subdivision thereof) unless such information is false and the person providing it knew, or had reason to believe, that such information was false.

(2) CONFIDENTIALITY.—The Secretary shall, through the promulgation of regulations, establish standards for—

(A) the protection of confidential information submitted or obtained with regard to suspected or actual health care fraud;

(B) the protection of the ability of representatives the Department of Health and Human Services to testify in private civil actions concerning any such information; and

(C) the sharing by the Department of Health and Human Services of any such information related to the medical antifraud programs established under this section.

(c) USE OF SAVINGS.—Notwithstanding any other provision of law, amounts remaining at the end of a fiscal year in the account for any Federal health program to which this section applies that the Secretary of Health and Human Services determines are remaining as a result of the fraud prevention activities applied under this section shall remain in such account and be used for such program for the next fiscal year.

(d) DEFINITION.—In this section, the term ''Federal health program'' means any program that provides Federal payments or reimbursements to providers of health-related items or services, or suppliers of such items, for the provision of such items or services to an individual patient.

(e) RECISSION OF CERTAIN STIMULUS FUNDS.—Notwithstanding section 5 of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 116), from the amounts appropriated or made available under division A of such Act (other than under title X of such division A), there is rescinded, of the remaining unobligated amounts as of the date of the enactment of this Act, funds in the amount as may be necessary to carry out this section. 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.

SA 3678. Mr. LEMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 1___. PRODUCTIVITY AWARD PROGRAM.

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall establish a Productivity Award Program to recognize employees, work units, and contractors of the Centers for Medicare & Medicaid whose work significantly and measurably increases productivity and promotes innovation to improve the delivery of services and achieving savings for taxpayers. The amount of any such award shall be equal to 10 percent of the amount of the estimated saving to the Federal Government as a result of the action resulting in the award (as determined by the Secretary), but not to exceed $50,000.

SA 3679. Mr. LEMIEUX submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 1___. CONSUMER RIGHT-TO-KNOW.

(a) DEVELOPMENT OF INFORMATION SYSTEM.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall develop a system for the collection of quality and pricing information related to the provision of health care services. Through the use of such information, the Secretary shall, to the extent practicable—

(1) determine the lowest, median, average, and highest charged amount and reimbursed amount for each outpatient and inpatient health care procedure conducted at each facility in the United States;

(2) provide comparisons of such prices with respect to procedures in similar facilities in the same county, city, State and on a national basis; and

(3) develop quality of care data, including data on consumer satisfaction, coordination and continuity of care, infrastructure, the results of accreditation, Medicare-related information, and other survey information, and combine such data with price information to enable consumers to make informed choices.

(b) USE OF EXISTING SOURCES.—To the extent that the information required under subsection (a) is being collected by the Centers for Medicare & Medicaid Services, States, State medical societies, or private sector entities, the Secretary, to the extent practicable, utilize such information to carry out such subsection.

(c) AVAILABILITY OF INFORMATION.—The Secretary, either directly or through contract, shall make the information and data collected and developed under this section available on an Internet website. Such information and data shall be displayed by payer (such as Medicare, Medicaid, health insurance plans, employer-based health plans, and other types of health care coverage).

SA 3680. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

TITLE __MEDICAL CARE ACCESS PROTECTION

SEC. __1. SHORT TITLE.

This title may be cited as the ''Medical Care Access Protection Act of 2009'' or the ''MCAP Act''.

SEC. __2. DEFINITIONS.

In this title:

(1) ALTERNATIVE DISPUTE RESOLUTION SYSTEM; ADR.—The term ''alternative dispute resolution system'' or ''ADR'' means a system that provides for the resolution of health care lawsuits in a manner other than through a civil action brought in a State or Federal court.

(2) CLAIMANT.—The term ''claimant'' means any person who brings a health care lawsuit, including a person who asserts or claims a right to legal or equitable contribution, indemnity or subrogation, arising out of a health care liability claim or action, and any person on whose behalf such a claim is asserted or such an action is brought, whether deceased, incompetent, or a minor.

(3) COLLATERAL SOURCE BENEFITS.—The term ''collateral source benefits'' means any amount paid or reasonably likely to be paid in the future to or on behalf of the claimant, or any service, product or other benefit provided or reasonably likely to be provided in the future to or on behalf of the claimant, as a result of the injury or wrongful death, pursuant to—

(A) any State or Federal health, sickness, income-disability, accident, or workers' compensation law;

(B) any health, sickness, income-disability, or accident insurance that provides health benefits or income-disability coverage;

(C) any contract or agreement of any group, organization, partnership, or corporation to provide, pay for, or reimburse the cost of medical, hospital, dental, or income disability benefits; and

(D) any other publicly or privately funded program.

(4) COMPENSATORY DAMAGES.—The term ''compensatory damages'' means objectively verifiable monetary losses incurred as a result of the provision of, use of, or payment for (or failure to provide, use, or pay for) health care services or medical products, such as past and future medical expenses, loss of past and future earnings, cost of obtaining domestic services, loss of employment, and loss of business or employment

opportunities, damages for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation, and all other nonpecuniary losses of any kind or nature. Such term includes economic damages and noneconomic damages, as such terms are defined in this section.

(5) CONTINGENT FEE.—The term ''contingent fee'' includes all compensation to any person or persons which is payable only if a recovery is effected on behalf of one or more claimants.

(6) ECONOMIC DAMAGES.—The term ''economic damages'' means objectively verifiable monetary losses incurred as a result of the provision of, use of, or payment for (or failure to provide, use, or pay for) health care services or medical products, such as past and future medical expenses, loss of past and future earnings, cost of obtaining domestic services, loss of employment, and loss of business or employment opportunities.

(7) HEALTH CARE GOODS OR SERVICES.—The term ''health care goods or services'' means any goods or services provided by a health care institution, provider, or by any individual working under the supervision of a health care provider, that relates to the diagnosis, prevention, care, or treatment of any human disease or impairment, or the assessment of the health of human beings.

(8) HEALTH CARE INSTITUTION.—The term ''health care institution'' means any entity licensed under Federal or State law to provide health care services (including but not limited to ambulatory surgical centers, assisted living facilities, emergency medical services providers, hospices, hospitals and hospital systems, nursing homes, or other entities licensed to provide such services).

(9) HEALTH CARE LAWSUIT.—The term ''health care lawsuit'' means any health care liability claim concerning the provision of health care goods or services affecting interstate commerce, or any health care liability action concerning the provision of (or the failure to provide) health care goods or services affecting interstate commerce, brought in a State or Federal court or pursuant to an alternative dispute resolution system, against a health care provider or a health care institution regardless of the theory of liability on which the claim is based, or the number of claimants, plaintiffs, defendants, or other parties, or the number of claims or causes of action, in which the claimant alleges a health care liability claim.

(10) HEALTH CARE LIABILITY ACTION.—The term ''health care liability action'' means a civil action brought in a State or Federal Court or pursuant to an alternative dispute resolution system, against a health care provider or a health care institution regardless of the theory of liability on which the claim is based, or the number of plaintiffs, defendants, or other parties, or the number of causes of action, in which the claimant alleges a health care liability claim.

(11) HEALTH CARE LIABILITY CLAIM.—The term ''health care liability claim'' means a demand by any person, whether or not pursuant to ADR, against a health care provider or health care institution, including third-party claims, cross-claims, counter-claims, or contribution claims, which are based upon the provision of, use of, or payment for (or the failure to provide, use, or pay for) health care services, regardless of the theory of liability on which the claim is based, or the number of plaintiffs, defendants, or other parties, or the number of causes of action.

(12) HEALTH CARE PROVIDER.—

(A) IN GENERAL.—The term ''health care provider'' means any person (including but not limited to a physician (as defined by section 1861(r) of the Social Security Act (42 U.S.C. 1395x(r)), registered nurse, dentist, podiatrist, pharmacist, chiropractor, or optometrist) required by State or Federal law to be licensed, registered, or certified to provide health care services, and being either so licensed, registered, or certified, or exempted from such requirement by other statute or regulation.

(B) TREATMENT OF CERTAIN PROFESSIONAL ASSOCIATIONS.—For purposes of this title, a professional association that is organized under State law by an individual physician or group of physicians, a partnership or limited liability partnership formed by a group of physicians, a nonprofit health corporation certified under State law, or a company formed by a group of physicians under State law shall be treated as a health care provider under subparagraph (A).

(13) MALICIOUS INTENT TO INJURE.—The term ''malicious intent to injure'' means intentionally causing or attempting to cause physical injury other than providing health care goods or services.

(14) NONECONOMIC DAMAGES.—The term ''noneconomic damages'' means damages for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation, and all other nonpecuniary losses of any kind or nature.

(15) PUNITIVE DAMAGES.—The term ''punitive damages'' means damages awarded, for the purpose of punishment or deterrence, and not solely for compensatory purposes, against a health care provider or health care institution. Punitive damages are neither economic nor noneconomic damages.

(16) RECOVERY.—The term ''recovery'' means the net sum recovered after deducting any disbursements or costs incurred in connection with prosecution or settlement of the claim, including all costs paid or advanced by any person. Costs of health care incurred by the plaintiff and the attorneys' office overhead costs or charges for legal services are not deductible disbursements or costs for such purpose.

(17) STATE.—The term ''State'' means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and any other territory or possession of the United States, or any political subdivision thereof.

SEC. _3. ENCOURAGING SPEEDY RESOLUTION OF CLAIMS.

(a) IN GENERAL.—Except as otherwise provided for in this section, the time for the commencement of a health care lawsuit shall be 3 years after the date of manifestation of injury or 1 year after the claimant discovers, or through the use of reasonable diligence should have discovered, the injury, whichever occurs first.

(b) GENERAL EXCEPTION.—The time for the commencement of a health care lawsuit shall not exceed 3 years after the date of manifestation of injury unless the tolling of time was delayed as a result of—

(1) fraud;

(2) intentional concealment; or

(3) the presence of a foreign body, which has no therapeutic or diagnostic purpose or effect, in the person of the injured person.

(c) MINORS.—An action by a minor shall be commenced within 3 years from the date of the alleged manifestation of injury except that if such minor is under the full age of 6 years, such action shall be commenced within 3 years of the manifestation of injury, or prior to the eighth birthday of the minor, whichever provides a longer period. Such time limitation shall be tolled for minors for any period during which a parent or guardian and a health care provider or health care institution have committed fraud or collusion in the failure to bring an action on behalf of the injured minor.

(d) RULE 11 SANCTIONS.—Whenever a Federal or State court determines (whether by motion of the parties or whether on the motion of the court) that there has been a violation of Rule 11 of the Federal Rules of Civil Procedure (or a similar violation of applicable State court rules) in a health care liability action to which this title applies, the court shall impose upon the attorneys, law firms, or pro se litigants that have violated Rule 11 or are responsible for the violation, an appropriate sanction, which shall include an order to pay the other party or parties for the reasonable expenses incurred as a direct result of the filing of the pleading, motion, or other paper that is the subject of the violation, including a reasonable attorneys' fee. Such sanction shall be sufficient to deter repetition of such conduct or comparable conduct by others similarly situated, and to compensate the party or parties injured by such conduct.

SEC. _4. COMPENSATING PATIENT INJURY.

(a) UNLIMITED AMOUNT OF DAMAGES FOR ACTUAL ECONOMIC LOSSES IN HEALTH CARE LAWSUITS.—In any health care lawsuit, nothing in this title shall limit the recovery by a claimant of the full amount of the available economic damages, notwithstanding the limitation contained in subsection (b).

(b) ADDITIONAL NONECONOMIC DAMAGES.—

(1) HEALTH CARE PROVIDERS.—In any health care lawsuit where final judgment is rendered against a health care provider, the amount of noneconomic damages recovered from the provider, if otherwise available under applicable Federal or State law, may be as much as $250,000, regardless of the number of parties other than a health care institution against whom the action is brought or the number of separate claims or actions brought with respect to the same occurrence.

(2) HEALTH CARE INSTITUTIONS.—

(A) SINGLE INSTITUTION.—In any health care lawsuit where final judgment is rendered against a single health care institution, the amount of noneconomic damages recovered from the institution, if otherwise available under applicable Federal or State law, may be as much as $250,000, regardless of the number of parties against whom the action is brought or the number of separate claims or actions brought with respect to the same occurrence.

(B) MULTIPLE INSTITUTIONS.—In any health care lawsuit where final judgment is rendered against more than one health care institution, the amount of noneconomic damages recovered from each institution, if otherwise available under applicable Federal or State law, may be as much as $250,000, regardless of the number of parties against whom the action is brought or the number of separate claims or actions brought with respect to the same occurrence, except that the total amount recovered from all such institutions in such lawsuit shall not exceed $500,000.

(c) NO DISCOUNT OF AWARD FOR NONECONOMIC DAMAGES.—In any health care lawsuit—

(1) an award for future noneconomic damages shall not be discounted to present value;

(2) the jury shall not be informed about the maximum award for noneconomic damages under subsection (b);

(3) an award for noneconomic damages in excess of the limitations provided for in subsection (b) shall be reduced either before the

entry of judgment, or by amendment of the judgment after entry of judgment, and such reduction shall be made before accounting for any other reduction in damages required by law; and

(4) if separate awards are rendered for past and future noneconomic damages and the combined awards exceed the limitations described in subsection (b), the future noneconomic damages shall be reduced first.

(d) FAIR SHARE RULE.—In any health care lawsuit, each party shall be liable for that party's several share of any damages only and not for the share of any other person. Each party shall be liable only for the amount of damages allocated to such party in direct proportion to such party's percentage of responsibility. A separate judgment shall be rendered against each such party for the amount allocated to such party. For purposes of this section, the trier of fact shall determine the proportion of responsibility of each party for the claimant's harm.

SEC. __5. MAXIMIZING PATIENT RECOVERY.

(a) COURT SUPERVISION OF SHARE OF DAMAGES ACTUALLY PAID TO CLAIMANTS.—

(1) IN GENERAL.—In any health care lawsuit, the court shall supervise the arrangements for payment of damages to protect against conflicts of interest that may have the effect of reducing the amount of damages awarded that are actually paid to claimants.

(2) CONTINGENCY FEES.—

(A) IN GENERAL.—In any health care lawsuit in which the attorney for a party claims a financial stake in the outcome by virtue of a contingent fee, the court shall have the power to restrict the payment of a claimant's damage recovery to such attorney, and to redirect such damages to the claimant based upon the interests of justice and principles of equity.

(B) LIMITATION.—The total of all contingent fees for representing all claimants in a health care lawsuit shall not exceed the following limits:

(i) 40 percent of the first $50,000 recovered by the claimant(s).

(ii) 33⅓ percent of the next $50,000 recovered by the claimant(s).

(iii) 25 percent of the next $500,000 recovered by the claimant(s).

(iv) 15 percent of any amount by which the recovery by the claimant(s) is in excess of $600,000.

(b) APPLICABILITY.—

(1) IN GENERAL.—The limitations in subsection (a) shall apply whether the recovery is by judgment, settlement, mediation, arbitration, or any other form of alternative dispute resolution.

(2) MINORS.—In a health care lawsuit involving a minor or incompetent person, a court retains the authority to authorize or approve a fee that is less than the maximum permitted under this section.

(c) EXPERT WITNESSES.—

(1) REQUIREMENT.—No individual shall be qualified to testify as an expert witness concerning issues of negligence in any health care lawsuit against a defendant unless such individual—

(A) except as required under paragraph (2), is a health care professional who—

(i) is appropriately credentialed or licensed in 1 or more States to deliver health care services; and

(ii) typically treats the diagnosis or condition or provides the type of treatment under review; and

(B) can demonstrate by competent evidence that, as a result of training, education, knowledge, and experience in the evaluation, diagnosis, and treatment of the disease or injury which is the subject matter of the lawsuit against the defendant, the individual was substantially familiar with applicable standards of care and practice as they relate to the act or omission which is the subject of the lawsuit on the date of the incident.

(2) PHYSICIAN REVIEW.—In a health care lawsuit, if the claim of the plaintiff involved treatment that is recommended or provided by a physician (allopathic or osteopathic), an individual shall not be qualified to be an expert witness under this subsection with respect to issues of negligence concerning such treatment unless such individual is a physician.

(3) SPECIALTIES AND SUBSPECIALTIES.—With respect to a lawsuit described in paragraph (1), a court shall not permit an expert in one medical specialty or subspecialty to testify against a defendant in another medical specialty or subspecialty unless, in addition to a showing of substantial familiarity in accordance with paragraph (1)(B), there is a showing that the standards of care and practice in the two specialty or subspecialty fields are similar.

(4) LIMITATION.—The limitations in this subsection shall not apply to expert witnesses testifying as to the degree or permanency of medical or physical impairment.

SEC. __6. ADDITIONAL HEALTH BENEFITS.

(a) IN GENERAL.—The amount of any damages received by a claimant in any health care lawsuit shall be reduced by the court by the amount of any collateral source benefits to which the claimant is entitled, less any insurance premiums or other payments made by the claimant (or by the spouse, parent, child, or legal guardian of the claimant) to obtain or secure such benefits.

(b) PRESERVATION OF CURRENT LAW.—Where a payor of collateral source benefits has a right of recovery by reimbursement or subrogation and such right is permitted under Federal or State law, subsection (a) shall not apply.

(c) APPLICATION OF PROVISION.—This section shall apply to any health care lawsuit that is settled or resolved by a fact finder.

SEC. __7. PUNITIVE DAMAGES.

(a) PUNITIVE DAMAGES PERMITTED.—

(1) IN GENERAL.—Punitive damages may, if otherwise available under applicable State or Federal law, be awarded against any person in a health care lawsuit only if it is proven by clear and convincing evidence that such person acted with malicious intent to injure the claimant, or that such person deliberately failed to avoid unnecessary injury that such person knew the claimant was substantially certain to suffer.

(2) FILING OF LAWSUIT.—No demand for punitive damages shall be included in a health care lawsuit as initially filed. A court may allow a claimant to file an amended pleading for punitive damages only upon a motion by the claimant and after a finding by the court, upon review of supporting and opposing affidavits or after a hearing, after weighing the evidence, that the claimant has established by a substantial probability that the claimant will prevail on the claim for punitive damages.

(3) SEPARATE PROCEEDING.—At the request of any party in a health care lawsuit, the trier of fact shall consider in a separate proceeding—

(A) whether punitive damages are to be awarded and the amount of such award; and

(B) the amount of punitive damages following a determination of punitive liability. If a separate proceeding is requested, evidence relevant only to the claim for punitive damages, as determined by applicable State law, shall be inadmissible in any proceeding to determine whether compensatory damages are to be awarded.

(4) LIMITATION WHERE NO COMPENSATORY DAMAGES ARE AWARDED.—In any health care lawsuit where no judgment for compensatory damages is rendered against a person, no punitive damages may be awarded with respect to the claim in such lawsuit against such person.

(b) DETERMINING AMOUNT OF PUNITIVE DAMAGES.—

(1) FACTORS CONSIDERED.—In determining the amount of punitive damages under this section, the trier of fact shall consider only the following:

(A) the severity of the harm caused by the conduct of such party;

(B) the duration of the conduct or any concealment of it by such party;

(C) the profitability of the conduct to such party;

(D) the number of products sold or medical procedures rendered for compensation, as the case may be, by such party, of the kind causing the harm complained of by the claimant;

(E) any criminal penalties imposed on such party, as a result of the conduct complained of by the claimant; and

(F) the amount of any civil fines assessed against such party as a result of the conduct complained of by the claimant.

(2) MAXIMUM AWARD.—The amount of punitive damages awarded in a health care lawsuit may not exceed an amount equal to two times the amount of economic damages awarded in the lawsuit or $250,000, whichever is greater. The jury shall not be informed of the limitation under the preceding sentence.

(c) LIABILITY OF HEALTH CARE PROVIDERS.—

(1) IN GENERAL.—A health care provider who prescribes, or who dispenses pursuant to a prescription, a drug, biological product, or medical device approved by the Food and Drug Administration, for an approved indication of the drug, biological product, or medical device, shall not be named as a party to a product liability lawsuit invoking such drug, biological product, or medical device and shall not be liable to a claimant in a class action lawsuit against the manufacturer, distributor, or product seller of such drug, biological product, or medical device.

(2) MEDICAL PRODUCT.—The term ''medical product'' means a drug or device intended for humans. The terms ''drug'' and ''device'' have the meanings given such terms in sections 201(g)(1) and 201(h) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 321), respectively, including any component or raw material used therein, but excluding health care services.

SEC. __8. AUTHORIZATION OF PAYMENT OF FUTURE DAMAGES TO CLAIMANTS IN HEALTH CARE LAWSUITS.

(a) IN GENERAL.—In any health care lawsuit, if an award of future damages, without reduction to present value, equaling or exceeding $50,000 is made against a party with sufficient insurance or other assets to fund a periodic payment of such a judgment, the court shall, at the request of any party, enter a judgment ordering that the future damages be paid by periodic payments in accordance with the Uniform Periodic Payment of Judgments Act promulgated by the National Conference of Commissioners on Uniform State Laws.

(b) APPLICABILITY.—This section applies to all actions which have not been first set for trial or retrial before the effective date of this title.

SEC. __9. EFFECT ON OTHER LAWS.

(a) GENERAL VACCINE INJURY.—

(1) IN GENERAL.—To the extent that title XXI of the Public Health Service Act establishes a Federal rule of law applicable to a civil action brought for a vaccine-related injury or death—

(A) this title shall not affect the application of the rule of law to such an action; and

(B) any rule of law prescribed by this title in conflict with a rule of law of such title XXI shall not apply to such action.

(2) EXCEPTION.—If there is an aspect of a civil action brought for a vaccine-related injury or death to which a Federal rule of law under title XXI of the Public Health Service Act does not apply, then this title or otherwise applicable law (as determined under this title) will apply to such aspect of such action.

(b) SMALLPOX VACCINE INJURY.—

(1) IN GENERAL.—To the extent that part C of title II of the Public Health Service Act establishes a Federal rule of law applicable to a civil action brought for a smallpox vaccine-related injury or death—

(A) this title shall not affect the application of the rule of law to such an action; and

(B) any rule of law prescribed by this title in conflict with a rule of law of such part C shall not apply to such action.

(2) EXCEPTION.—If there is an aspect of a civil action brought for a smallpox vaccine-related injury or death to which a Federal rule of law under part C of title II of the Public Health Service Act does not apply, then this title or otherwise applicable law (as determined under this title) will apply to such aspect of such action.

(c) OTHER FEDERAL LAW.—Except as provided in this section, nothing in this title shall be deemed to affect any defense available, or any limitation on liability that applies to, a defendant in a health care lawsuit or action under any other provision of Federal law.

SEC. __10. STATE FLEXIBILITY AND PROTECTION OF STATES' RIGHTS.

(a) HEALTH CARE LAWSUITS.—The provisions governing health care lawsuits set forth in this title shall preempt, subject to subsections (b) and (c), State law to the extent that State law prevents the application of any provisions of law established by or under this title. The provisions governing health care lawsuits set forth in this title supersede chapter 171 of title 28, United States Code, to the extent that such chapter—

(1) provides for a greater amount of damages or contingent fees, a longer period in which a health care lawsuit may be commenced, or a reduced applicability or scope of periodic payment of future damages, than provided in this title; or

(2) prohibits the introduction of evidence regarding collateral source benefits.

(b) PREEMPTION OF CERTAIN STATE LAWS.—No provision of this title shall be construed to preempt any State law (whether effective before, on, or after the date of the enactment of this title) that specifies a particular monetary amount of compensatory or punitive damages (or the total amount of damages) that may be awarded in a health care lawsuit, regardless of whether such monetary amount is greater or lesser than is provided for under this title, notwithstanding section ___4(a).

(c) PROTECTION OF STATE'S RIGHTS AND OTHER LAWS.—

(1) IN GENERAL.—Any issue that is not governed by a provision of law established by or under this title (including the State standards of negligence) shall be governed by otherwise applicable Federal or State law.

(2) RULE OF CONSTRUCTION.—Nothing in this title shall be construed to—

(A) preempt or supersede any Federal or State law that imposes greater procedural or substantive protections (such as a shorter statute of limitations) for a health care provider or health care institution from liability, loss, or damages than those provided by this title;

(B) preempt or supercede any State law that permits and provides for the enforcement of any arbitration agreement related to a health care liability claim whether enacted prior to or after the date of enactment of this title;

(C) create a cause of action that is not otherwise available under Federal or State law; or

(D) affect the scope of preemption of any other Federal law.

SEC. __11. APPLICABILITY; EFFECTIVE DATE.

This title shall apply to any health care lawsuit brought in a Federal or State court, or subject to an alternative dispute resolution system, that is initiated on or after the date of the enactment of this title, except that any health care lawsuit arising from an injury occurring prior to the date of enactment of this title shall be governed by the applicable statute of limitations provisions in effect at the time the injury occurred.

SA 3681. Mr. BUNNING submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. ___. ALLOWING INDIVIDUALS TO ELECT TO OPT OUT OF THE MEDICARE PART A BENEFIT.

Notwithstanding any other provision of law, in the case of an individual who elects to opt out of benefits under part A of title XVIII of the Social Security Act, such individual shall not be required to—

(1) opt out of benefits under title II of such Act as a condition for making such election; and

(2) repay any amount paid under such part A for items and services furnished prior to making such election.

SA 3682. Mr. MCCAIN (for himself and Mr. KYL) submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 113, after line 21, insert the following:

SEC. 1502. COMPENSATION TO STATES FOR APPLYING DAVIS-BACON WAGE REQUIREMENTS TO CERTAIN WATER TREATMENT PROJECTS.

(a) IN GENERAL.—The Administrator of the Environmental Protection Agency shall compensate States for any increased administrative and project labor costs incurred by the States as the result of the provisions of title II of the Department of the Interior, Environment, and Related Agencies Appropriations Act, 2010 (Public Law 111–88), that apply the provisions of subchapter IV of chapter 31 of part A of subtitle II of title 40, United States Code (commonly referred to as the ''Davis-Bacon Act''), to any projects carried out, in whole or in part, with assistance made available from the State drinking water treatment revolving loan funds established under section 1452 of the Safe Drinking Water Act (42 U.S.C. 300j–12) or State water pollution control revolving funds established under title VI of the Federal Water Pollution Control Act (33 U.S.C. 1381 et seq.).

(b) OFFSET.—Any amounts otherwise made available to pay the salaries and expenses of the Office of the Administrator of the Environmental Protection Agency shall be reduced by the amount necessary to carry out subsection (a).

SA 3683. Mr. THUNE submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 113, after line 21, insert the following:

SEC. ___. FAIL-SAFE MECHANISM TO PREVENT INCREASE IN FEDERAL BUDGET DEFICIT.

(a) ESTIMATE AND CERTIFICATION OF EFFECT OF PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THIS ACT ON BUDGET DEFICIT.—

(1) IN GENERAL.—The President shall include in the submission under section 1105 of title 31, United States Code, of the budget of the United States Government for fiscal year 2013 and each fiscal year thereafter an estimate of the budgetary effects for the fiscal year of the provisions of (and the amendments made by) the Patient Protection and Affordable Care Act and this Act, based on the information available as of the date of such submission.

(2) CERTIFICATION.—The President shall include with the estimate under paragraph (1) for any fiscal year a certification as to whether the sum of the decreases in revenues and increases in outlays for the fiscal year by reason of the provisions of (and the amendments made by) the Patient Protection and Affordable Care Act and this Act exceed (or do not exceed) the sum of the increases in revenues and decreases in outlays for the fiscal year by reason of the provisions and amendments.

(b) EFFECT OF DEFICIT.—If the President certifies an excess under subsection (a)(2) for any fiscal year—

(1) the President shall include with the certification the percentage by which the credits allowable under section 36B of the Internal Revenue Code of 1986 and the cost-sharing subsidies under section 1402 of the Patient Protection and Affordable Care Act must be reduced for plan years beginning during such fiscal year such that there is an aggregate decrease in the amount of such credits and subsidies equal to the amount of such excess; and

(2) the President shall instruct the Secretary of Health and Human Services and the Secretary of the Treasury to reduce such credits and subsidies for such plan years by such percentage.

(c) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended by striking ''8 percent'' and inserting ''5 percent''.

SA 3684. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1202 and insert the following:

SEC. 1202. PAYMENTS TO PRIMARY CARE PROVIDERS.

(a) GRANTS TO STATES TO INCREASE PAYMENTS.—From the amounts appropriated under subsection (b), the Secretary of Health and Human Services shall award grants to States with an approved State plan amendment under the Medicaid program under title XIX of the Social Security Act to permanently increase payment rates to primary

care providers under the State Medicaid program above the rates applicable under the State Medicaid program on the date of enactment of this Act. Funds paid to a State from such a grant shall only be used for expenditures attributable to the additional amounts paid to such providers as a result of the increase in such rates.

(b) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to the Secretary of Health and Human Services, $8,000,000,000, to remain available until expended.

(c) EFFECTIVE DATE.—This section shall take effect on January 1, 2013.

SA 3685. Mr. BROWNBACK (for himself and Mr. ROBERTS) submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 61, after line 3, insert the following:

SEC. _____. RESTORING STATE AUTHORITY TO WAIVE THE 35-MILE RULE FOR MEDICARE CRITICAL ACCESS HOSPITAL DESIGNATIONS.

(a) IN GENERAL.—Section 1820(c)(2)(B)(i)(II) of the Social Security Act (42 U.S.C. 1395i–4(c)(2)(B)(i)(II)) is amended by inserting ''or on or after the date of enactment of the Health Care and Education Reconciliation Act of 2010'' after ''January 1, 2006,''.

(b) EXPANSION OF AFFORDABILITY EXCEPTION TO INDIVIDUAL MANDATE.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended by striking ''8 percent'' and inserting ''5 percent''.

SA 3686. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle C of title I, add the following:

SEC. 1207. INCREASING THE TRANSPARENCY OF INFORMATION ON HOSPITAL CHARGES AND MAKING AVAILABLE INFORMATION ON ESTIMATED OUT-OF-POCKET COSTS FOR HEALTH CARE SERVICES.

(a) IN GENERAL.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by section 3021(b) of the Patient Protection and Affordable Care Act, is amended—

(1) by striking ''and'' at the end of paragraph (82);

(2) by striking the period at the end of paragraph (83) and inserting ''; and'';

(3) by inserting after paragraph (83) the following new paragraph:

''(84) provide that the State will establish and maintain laws, in accordance with the requirements of section 1921A, to require disclosure of information on hospital charges, to make such information available to the public, and to provide individuals with information about estimated out-of-pocket costs for health care services.''; and

(4) by inserting after section 1921 the following new section:

''INCREASING THE TRANSPARENCY OF INFORMATION ON HOSPITAL CHARGES AND PROVIDING CONSUMERS WITH ESTIMATES OF OUT-OF-POCKET COSTS FOR HEALTH CARE SERVICES

''SEC. 1921A. (a) IN GENERAL.—The requirements referred to in section 1902(a)(84) are that the laws of a State must—

''(1) in accordance with subsection (b)—

''(A) require the disclosure of information on hospital charges; and

''(B) provide for access to such information; and

''(2) in accordance with subsection (c), require the provision of a statement of the estimated out-of-pocket costs of an individual for anticipated future health care services.

''(b) INFORMATION ON HOSPITAL CHARGES.—The laws of a State must—

''(1) require disclosure, by each hospital located in the State, of information on the charges for certain inpatient and outpatient hospital services (as determined by the State) provided at the hospital; and

''(2) provide for timely access to such information by individuals seeking or requiring such services.

''(c) ESTIMATED OUT-OF-POCKET COSTS.—The laws of a State must require that, upon the request of any individual with health insurance coverage sponsored by a health insurance issuer, the issuer must provide a statement of the estimated out-of-pocket costs that are likely to be incurred by the individual if the individual receives particular health care items and services within a specified period of time.

''(d) RULES OF CONSTRUCTION.—Nothing in this section shall be construed as—

''(1) authorizing or requiring the Secretary to establish uniform standards for the State laws required by subsections (b) and (c);

''(2) requiring any State with a law enacted on or before the date of the enactment of this section that—

''(A) meets the requirements of subsection (b) or subsection (c) to modify or amend such law; or

''(B) meets some but not all of the requirements of subsection (b) or subsection (c) to modify or amend such law except to the extent necessary to address the unmet requirements;

''(3) precluding any State in which a program of voluntary disclosure of information on hospital charges is in effect from adopting a law codifying such program (other than its voluntary nature) to satisfy the requirement of subsection (b)(1); or

''(4) guaranteeing that the out-of-pocket costs of an individual will not exceed the estimate of such costs provided pursuant to subsection (c).

''(e) DEFINITIONS.—For purposes of this section:

''(1) The term 'health insurance coverage' has the meaning given such term in section 2791(b)(1) of the Public Health Service Act.

''(2) The term 'health insurance issuer' has the meaning given such term in section 2791(b)(2) of the Public Health Service Act, except that such term also includes—

''(A) a Medicaid managed care organization (as defined in section 1903(m)); and

''(B) a Medicare Advantage organization (as defined in 1859(a)(1), taking into account the operation of section 201(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003).

Section 1856(b)(3) shall not preclude the application to a Medicare Advantage organization or a Medicare Advantage plan offered by such an organization of any State law adopted to carry out the requirements of subsection (b) or (c).

''(3) The term 'hospital' means an institution that meets the requirements of paragraphs (1) and (7) of section 1861(e) and includes those to which section 1820(c) applies.''.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by subsection (a) shall take effect on October 1, 2010.

(2) EXCEPTION.—In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendment made by subsection (a), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

SA 3687. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. CONDITIONS FOR TREATMENT OF CERTAIN PERSONS AS ADJUDICATED MENTALLY INCOMPETENT FOR CERTAIN PURPOSES.

(a) IN GENERAL.—Chapter 55 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 5511. Conditions for treatment of certain persons as adjudicated mentally incompetent for certain purposes

''In any case arising out of the administration by the Secretary of laws and benefits under this title, a person who is mentally incapacitated, deemed mentally incompetent, or experiencing an extended loss of consciousness shall not be considered adjudicated as a mental defective under subsection (d)(4) or (g)(4) of section 922 of title 18 without the order or finding of a judge, magistrate, or other judicial authority of competent jurisdiction that such person is a danger to himself or herself or others.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 55 of such title is amended by adding at the end the following new item:

''5511. Conditions for treatment of certain persons as adjudicated mentally incompetent for certain purposes.''.

SA 3688. Ms. SNOWE (for herself, Mr. MCCAIN, Mr. VITTER, Mr. THUNE, Mr. GRASSLEY, and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end, add the following:

TITLE III—IMPORTATION OF PRESCRIPTION DRUGS

SEC. 3001. SHORT TITLE.

This title may be cited as the ''Pharmaceutical Market Access and Drug Safety Act of 2010''.

SEC. 3002. FINDINGS.

Congress finds that—

(1) Americans unjustly pay up to 5 times more to fill their prescriptions than consumers in other countries;

(2) the United States is the largest market for pharmaceuticals in the world, yet American consumers pay the highest prices for brand pharmaceuticals in the world;

(3) a prescription drug is neither safe nor effective to an individual who cannot afford it;

(4) allowing and structuring the importation of prescription drugs to ensure access to safe and affordable drugs approved by the Food and Drug Administration will provide a level of safety to American consumers that they do not currently enjoy;

(5) American spend more than $200,000,000,000 on prescription drugs every year;

(6) the Congressional Budget Office has found that the cost of prescription drugs are between 35 to 55 percent less in other highly-developed countries than in the United States; and

(7) promoting competitive market pricing would both contribute to health care savings and allow greater access to therapy, improving health and saving lives.

SEC. 3003. REPEAL OF CERTAIN SECTION REGARDING IMPORTATION OF PRESCRIPTION DRUGS.

Chapter VIII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381 et seq.) is amended by striking section 804.

SEC. 3004. IMPORTATION OF PRESCRIPTION DRUGS; WAIVER OF CERTAIN IMPORT RESTRICTIONS.

(a) IN GENERAL.—Chapter VIII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381 et seq.), as amended by section 3003, is further amended by inserting after section 803 the following:

''SEC. 804. COMMERCIAL AND PERSONAL IMPORTATION OF PRESCRIPTION DRUGS.

''(a) IMPORTATION OF PRESCRIPTION DRUGS.—

''(1) IN GENERAL.—In the case of qualifying drugs imported or offered for import into the United States from registered exporters or by registered importers—

''(A) the limitation on importation that is established in section 801(d)(1) is waived; and

''(B) the standards referred to in section 801(a) regarding admission of the drugs are subject to subsection (g) of this section (including with respect to qualifying drugs to which section 801(d)(1) does not apply).

''(2) IMPORTERS.—A qualifying drug may not be imported under paragraph (1) unless—

''(A) the drug is imported by a pharmacy, group of pharmacies, or a wholesaler that is a registered importer; or

''(B) the drug is imported by an individual for personal use or for the use of a family member of the individual (not for resale) from a registered exporter.

''(3) RULE OF CONSTRUCTION.—This section shall apply only with respect to a drug that is imported or offered for import into the United States—

''(A) by a registered importer; or

''(B) from a registered exporter to an individual.

''(4) DEFINITIONS.—

''(A) REGISTERED EXPORTER; REGISTERED IMPORTER.—For purposes of this section:

''(i) The term 'registered exporter' means an exporter for which a registration under subsection (b) has been approved and is in effect.

''(ii) The term 'registered importer' means a pharmacy, group of pharmacies, or a wholesaler for which a registration under subsection (b) has been approved and is in effect.

''(iii) The term 'registration condition' means a condition that must exist for a registration under subsection (b) to be approved.

''(B) QUALIFYING DRUG.—For purposes of this section, the term 'qualifying drug' means a drug for which there is a corresponding U.S. label drug.

''(C) U.S. LABEL DRUG.—For purposes of this section, the term 'U.S. label drug' means a prescription drug that—

''(i) with respect to a qualifying drug, has the same active ingredient or ingredients, route of administration, dosage form, and strength as the qualifying drug;

''(ii) with respect to the qualifying drug, is manufactured by or for the person that manufactures the qualifying drug;

''(iii) is approved under section 505(c); and

''(iv) is not—

''(I) a controlled substance, as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802);

''(II) a biological product, as defined in section 351 of the Public Health Service Act (42 U.S.C. 262), including—

''(aa) a therapeutic DNA plasmid product;

''(bb) a therapeutic synthetic peptide product;

''(cc) a monoclonal antibody product for in vivo use; and

''(dd) a therapeutic recombinant DNA-derived product;

''(III) an infused drug, including a peritoneal dialysis solution;

''(IV) an injected drug;

''(V) a drug that is inhaled during surgery;

''(VI) a drug that is the listed drug referred to in 2 or more abbreviated new drug applications under which the drug is commercially marketed; or

''(VII) a sterile opthlamic drug intended for topical use on or in the eye.

''(D) OTHER DEFINITIONS.—For purposes of this section:

''(i)(I) The term 'exporter' means a person that is in the business of exporting a drug to individuals in the United States from Canada or from a permitted country designated by the Secretary under subclause (II), or that, pursuant to submitting a registration under subsection (b), seeks to be in such business.

''(II) The Secretary shall designate a permitted country under subparagraph (E) (other than Canada) as a country from which an exporter may export a drug to individuals in the United States if the Secretary determines that—

''(aa) the country has statutory or regulatory standards that are equivalent to the standards in the United States and Canada with respect to—

''(AA) the training of pharmacists;

''(BB) the practice of pharmacy; and

''(CC) the protection of the privacy of personal medical information; and

''(bb) the importation of drugs to individuals in the United States from the country will not adversely affect public health.

''(ii) The term 'importer' means a pharmacy, a group of pharmacies, or a wholesaler that is in the business of importing a drug into the United States or that, pursuant to submitting a registration under subsection (b), seeks to be in such business.

''(iii) The term 'pharmacist' means a person licensed by a State to practice pharmacy, including the dispensing and selling of prescription drugs.

''(iv) The term 'pharmacy' means a person that—

''(I) is licensed by a State to engage in the business of selling prescription drugs at retail; and

''(II) employs 1 or more pharmacists.

''(v) The term 'prescription drug' means a drug that is described in section 503(b)(1).

''(vi) The term 'wholesaler'—

''(I) means a person licensed as a wholesaler or distributor of prescription drugs in the United States under section 503(e)(2)(A); and

''(II) does not include a person authorized to import drugs under section 801(d)(1).

''(E) PERMITTED COUNTRY.—The term 'permitted country' means—

''(i) Australia;

''(ii) Canada;

''(iii) a member country of the European Union, but does not include a member country with respect to which—

''(I) the country's Annex to the Treaty of Accession to the European Union 2003 includes a transitional measure for the regulation of human pharmaceutical products that has not expired; or

''(II) the Secretary determines that the requirements described in subclauses (I) and (II) of clause (vii) will not be met by the date on which such transitional measure for the regulation of human pharmaceutical products expires;

''(iv) Japan;

''(v) New Zealand;

''(vi) Switzerland; and

''(vii) a country in which the Secretary determines the following requirements are met:

''(I) The country has statutory or regulatory requirements—

''(aa) that require the review of drugs for safety and effectiveness by an entity of the government of the country;

''(bb) that authorize the approval of only those drugs that have been determined to be safe and effective by experts employed by or acting on behalf of such entity and qualified by scientific training and experience to evaluate the safety and effectiveness of drugs on the basis of adequate and well-controlled investigations, including clinical investigations, conducted by experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs;

''(cc) that require the methods used in, and the facilities and controls used for the manufacture, processing, and packing of drugs in the country to be adequate to preserve their identity, quality, purity, and strength;

''(dd) for the reporting of adverse reactions to drugs and procedures to withdraw approval and remove drugs found not to be safe or effective; and

''(ee) that require the labeling and promotion of drugs to be in accordance with the approval of the drug.

''(II) The valid marketing authorization system in the country is equivalent to the systems in the countries described in clauses (i) through (vi).

''(III) The importation of drugs to the United States from the country will not adversely affect public health.

''(b) REGISTRATION OF IMPORTERS AND EXPORTERS.—

''(1) REGISTRATION OF IMPORTERS AND EXPORTERS.—A registration condition is that the importer or exporter involved (referred to in this subsection as a 'registrant') submits to the Secretary a registration containing the following:

''(A)(i) In the case of an exporter, the name of the exporter and an identification of all places of business of the exporter that relate to qualifying drugs, including each warehouse or other facility owned or controlled by, or operated for, the exporter.

''(ii) In the case of an importer, the name of the importer and an identification of the places of business of the importer at which the importer initially receives a qualifying drug after importation (which shall not exceed 3 places of business except by permission of the Secretary).

''(B) Such information as the Secretary determines to be necessary to demonstrate that the registrant is in compliance with registration conditions under—

''(i) in the case of an importer, subsections (c), (d), (e), (g), and (j) (relating to the sources of imported qualifying drugs; the inspection of facilities of the importer; the payment of fees; compliance with the standards referred to in section 801(a); and maintenance of records and samples); or

''(ii) in the case of an exporter, subsections (c), (d), (f), (g), (h), (i), and (j) (relating to the sources of exported qualifying drugs; the inspection of facilities of the exporter and the marking of compliant shipments; the payment of fees; and compliance with the standards referred to in section 801(a); being licensed as a pharmacist; conditions for individual importation; and maintenance of records and samples).

''(C) An agreement by the registrant that the registrant will not under subsection (a) import or export any drug that is not a qualifying drug.

''(D) An agreement by the registrant to—

''(i) notify the Secretary of a recall or withdrawal of a qualifying drug distributed in a permitted country that the registrant has exported or imported, or intends to export or import, to the United States under subsection (a);

''(ii) provide for the return to the registrant of such drug; and

''(iii) cease, or not begin, the exportation or importation of such drug unless the Secretary has notified the registrant that exportation or importation of such drug may proceed.

''(E) An agreement by the registrant to ensure and monitor compliance with each registration condition, to promptly correct any noncompliance with such a condition, and to promptly report to the Secretary any such noncompliance.

''(F) A plan describing the manner in which the registrant will comply with the agreement under subparagraph (E).

''(G) An agreement by the registrant to enforce a contract under subsection (c)(3)(B) against a party in the chain of custody of a qualifying drug with respect to the authority of the Secretary under clauses (ii) and (iii) of that subsection.

''(H) An agreement by the registrant to notify the Secretary not more than 30 days before the registrant intends to make the change, of—

''(i) any change that the registrant intends to make regarding information provided under subparagraph (A) or (B); and

''(ii) any change that the registrant intends to make in the compliance plan under subparagraph (F).

''(I) In the case of an exporter:

''(i) An agreement by the exporter that a qualifying drug will not under subsection (a) be exported to any individual not authorized pursuant to subsection (a)(2)(B) to be an importer of such drug.

''(ii) An agreement to post a bond, payable to the Treasury of the United States that is equal in value to the lesser of—

''(I) the value of drugs exported by the exporter to the United States in a typical 4-week period over the course of a year under this section; or

''(II) $1,000,000.

''(iii) An agreement by the exporter to comply with applicable provisions of Canadian law, or the law of the permitted country designated under subsection (a)(4)(D)(i)(II) in which the exporter is located, that protect the privacy of personal information with respect to each individual importing a prescription drug from the exporter under subsection (a)(2)(B).

''(iv) An agreement by the exporter to report to the Secretary—

''(I) not later than August 1 of each fiscal year, the total price and the total volume of drugs exported to the United States by the exporter during the 6-month period from January 1 through June 30 of that year; and

''(II) not later than January 1 of each fiscal year, the total price and the total volume of drugs exported to the United States by the exporter during the previous fiscal year.

''(J) In the case of an importer, an agreement by the importer to report to the Secretary—

''(i) not later than August 1 of each fiscal year, the total price and the total volume of drugs imported to the United States by the importer during the 6-month period from January 1 through June 30 of that fiscal year; and

''(ii) not later than January 1 of each fiscal year, the total price and the total volume of drugs imported to the United States by the importer during the previous fiscal year.

''(K) Such other provisions as the Secretary may require by regulation to protect the public health while permitting—

''(i) the importation by pharmacies, groups of pharmacies, and wholesalers as registered importers of qualifying drugs under subsection (a); and

''(ii) importation by individuals of qualifying drugs under subsection (a).

''(2) APPROVAL OR DISAPPROVAL OF REGISTRATION.—

''(A) IN GENERAL.—Not later than 90 days after the date on which a registrant submits to the Secretary a registration under paragraph (1), the Secretary shall notify the registrant whether the registration is approved or is disapproved. The Secretary shall disapprove a registration if there is reason to believe that the registrant is not in compliance with one or more registration conditions, and shall notify the registrant of such reason. In the case of a disapproved registration, the Secretary shall subsequently notify the registrant that the registration is approved if the Secretary determines that the registrant is in compliance with such conditions.

''(B) CHANGES IN REGISTRATION INFORMATION.—Not later than 30 days after receiving a notice under paragraph (1)(H) from a registrant, the Secretary shall determine whether the change involved affects the approval of the registration of the registrant under paragraph (1), and shall inform the registrant of the determination.

''(3) PUBLICATION OF CONTACT INFORMATION FOR REGISTERED EXPORTERS.—Through the Internet website of the Food and Drug Administration and a toll-free telephone number, the Secretary shall make readily available to the public a list of registered exporters, including contact information for the exporters. Promptly after the approval of a registration submitted under paragraph (1), the Secretary shall update the Internet website and the information provided through the toll-free telephone number accordingly.

''(4) SUSPENSION AND TERMINATION.—

''(A) SUSPENSION.—With respect to the effectiveness of a registration submitted under paragraph (1):

''(i) Subject to clause (ii), the Secretary may suspend the registration if the Secretary determines, after notice and opportunity for a hearing, that the registrant has failed to maintain substantial compliance with a registration condition.

''(ii) If the Secretary determines that, under color of the registration, the exporter has exported a drug or the importer has imported a drug that is not a qualifying drug, or a drug that does not comply with subsection (g)(2)(A) or (g)(4), or has exported a qualifying drug to an individual in violation of subsection (i), the Secretary shall immediately suspend the registration. A suspension under the preceding sentence is not subject to the provision by the Secretary of prior notice, and the Secretary shall provide to the registrant an opportunity for a hearing not later than 10 days after the date on which the registration is suspended.

''(iii) The Secretary may reinstate the registration, whether suspended under clause (i) or (ii), if the Secretary determines that the registrant has demonstrated that further violations of registration conditions will not occur.

''(B) TERMINATION.—The Secretary, after notice and opportunity for a hearing, may terminate the registration under paragraph (1) of a registrant if the Secretary determines that the registrant has engaged in a pattern or practice of violating 1 or more registration conditions, or if on 1 or more occasions the Secretary has under subparagraph (A)(ii) suspended the registration of the registrant. The Secretary may make the termination permanent, or for a fixed period of not less than 1 year. During the period in which the registration is terminated, any registration submitted under paragraph (1) by the registrant, or a person that is a partner in the export or import enterprise, or a principal officer in such enterprise, and any registration prepared with the assistance of the registrant or such a person, has no legal effect under this section.

''(5) DEFAULT OF BOND.—A bond required to be posted by an exporter under paragraph (1)(I)(ii) shall be defaulted and paid to the Treasury of the United States if, after opportunity for an informal hearing, the Secretary determines that the exporter has—

''(A) exported a drug to the United States that is not a qualifying drug or that is not in compliance with subsection (g)(2)(A), (g)(4), or (i); or

''(B) failed to permit the Secretary to conduct an inspection described under subsection (d).

''(c) SOURCES OF QUALIFYING DRUGS.—A registration condition is that the exporter or importer involved agrees that a qualifying drug will under subsection (a) be exported or imported into the United States only if there is compliance with the following:

''(1) The drug was manufactured in an establishment—

''(A) required to register under subsection (h) or (i) of section 510; and

''(B)(i) inspected by the Secretary; or

''(ii) for which the Secretary has elected to rely on a satisfactory report of a good manufacturing practice inspection of the establishment from a permitted country whose regulatory system the Secretary recognizes as equivalent under a mutual recognition agreement, as provided for under section 510(i)(3), section 803, or part 26 of title 21, Code of Federal Regulations (or any corresponding successor rule or regulation).

''(2) The establishment is located in any country, and the establishment manufactured the drug for distribution in the United States or for distribution in 1 or more of the permitted countries (without regard to whether in addition the drug is manufactured for distribution in a foreign country that is not a permitted country).

''(3) The exporter or importer obtained the drug—

''(A) directly from the establishment; or

''(B) directly from an entity that, by contract with the exporter or importer—

''(i) provides to the exporter or importer a statement (in such form and containing such information as the Secretary may require) that, for the chain of custody from the establishment, identifies each prior sale, purchase, or trade of the drug (including the date of the transaction and the names and addresses of all parties to the transaction);

''(ii) agrees to permit the Secretary to inspect such statements and related records to determine their accuracy;

''(iii) agrees, with respect to the qualifying drugs involved, to permit the Secretary to inspect warehouses and other facilities, including records, of the entity for purposes of determining whether the facilities are in compliance with any standards under this Act that are applicable to facilities of that type in the United States; and

''(iv) has ensured, through such contractual relationships as may be necessary, that the Secretary has the same authority regarding other parties in the chain of custody from the establishment that the Secretary has under clauses (ii) and (iii) regarding such entity.

''(4)(A) The foreign country from which the importer will import the drug is a permitted country; or

''(B) The foreign country from which the exporter will export the drug is the permitted country in which the exporter is located.

''(5) During any period in which the drug was not in the control of the manufacturer of the drug, the drug did not enter any country that is not a permitted country.

''(6) The exporter or importer retains a sample of each lot of the drug for testing by the Secretary.

''(d) INSPECTION OF FACILITIES; MARKING OF SHIPMENTS.—

''(1) INSPECTION OF FACILITIES.—A registration condition is that, for the purpose of assisting the Secretary in determining whether the exporter involved is in compliance with all other registration conditions—

''(A) the exporter agrees to permit the Secretary—

''(i) to conduct onsite inspections, including monitoring on a day-to-day basis, of places of business of the exporter that relate to qualifying drugs, including each warehouse or other facility owned or controlled by, or operated for, the exporter;

''(ii) to have access, including on a day-to-day basis, to—

''(I) records of the exporter that relate to the export of such drugs, including financial records; and

''(II) samples of such drugs;

''(iii) to carry out the duties described in paragraph (3); and

''(iv) to carry out any other functions determined by the Secretary to be necessary regarding the compliance of the exporter; and

''(B) the Secretary has assigned 1 or more employees of the Secretary to carry out the functions described in this subsection for the Secretary randomly, but not less than 12 times annually, on the premises of places of businesses referred to in subparagraph (A)(i), and such an assignment remains in effect on a continuous basis.

''(2) MARKING OF COMPLIANT SHIPMENTS.—A registration condition is that the exporter involved agrees to affix to each shipping container of qualifying drugs exported under subsection (a) such markings as the Secretary determines to be necessary to identify the shipment as being in compliance with all registration conditions. Markings under the preceding sentence shall—

''(A) be designed to prevent affixation of the markings to any shipping container that is not authorized to bear the markings; and

''(B) include anticounterfeiting or track-and-trace technologies, taking into account the economic and technical feasibility of those technologies.

''(3) CERTAIN DUTIES RELATING TO EXPORTERS.—Duties of the Secretary with respect to an exporter include the following:

''(A) Inspecting, randomly, but not less than 12 times annually, the places of business of the exporter at which qualifying drugs are stored and from which qualifying drugs are shipped.

''(B) During the inspections under subparagraph (A), verifying the chain of custody of a statistically significant sample of qualifying drugs from the establishment in which the drug was manufactured to the exporter, which shall be accomplished or supplemented by the use of anticounterfeiting or track-and-trace technologies, taking into account the economic and technical feasibility of those technologies, except that a drug that lacks such technologies from the point of manufacture shall not for that reason be excluded from importation by an exporter.

''(C) Randomly reviewing records of exports to individuals for the purpose of determining whether the drugs are being imported by the individuals in accordance with the conditions under subsection (i). Such reviews shall be conducted in a manner that will result in a statistically significant determination of compliance with all such conditions.

''(D) Monitoring the affixing of markings under paragraph (2).

''(E) Inspecting as the Secretary determines is necessary the warehouses and other facilities, including records, of other parties in the chain of custody of qualifying drugs.

''(F) Determining whether the exporter is in compliance with all other registration conditions.

''(4) PRIOR NOTICE OF SHIPMENTS.—A registration condition is that, not less than 8 hours and not more than 5 days in advance of the time of the importation of a shipment of qualifying drugs, the importer involved agrees to submit to the Secretary a notice with respect to the shipment of drugs to be imported or offered for import into the United States under subsection (a). A notice under the preceding sentence shall include—

''(A) the name and complete contact information of the person submitting the notice;

''(B) the name and complete contact information of the importer involved;

''(C) the identity of the drug, including the established name of the drug, the quantity of the drug, and the lot number assigned by the manufacturer;

''(D) the identity of the manufacturer of the drug, including the identity of the establishment at which the drug was manufactured;

''(E) the country from which the drug is shipped;

''(F) the name and complete contact information for the shipper of the drug;

''(G) anticipated arrival information, including the port of arrival and crossing location within that port, and the date and time;

''(H) a summary of the chain of custody of the drug from the establishment in which the drug was manufactured to the importer;

''(I) a declaration as to whether the Secretary has ordered that importation of the drug from the permitted country cease under subsection (g)(2)(C) or (D); and

''(J) such other information as the Secretary may require by regulation.

''(5) MARKING OF COMPLIANT SHIPMENTS.—A registration condition is that the importer involved agrees, before wholesale distribution (as defined in section 503(e)) of a qualifying drug that has been imported under subsection (a), to affix to each container of such drug such markings or other technology as the Secretary determines necessary to identify the shipment as being in compliance with all registration conditions, except that the markings or other technology shall not be required on a drug that bears comparable, compatible markings or technology from the manufacturer of the drug. Markings or other technology under the preceding sentence shall—

''(A) be designed to prevent affixation of the markings or other technology to any container that is not authorized to bear the markings; and

''(B) shall include anticounterfeiting or track-and-trace technologies, taking into account the economic and technical feasibility of such technologies.

''(6) CERTAIN DUTIES RELATING TO IMPORTERS.—Duties of the Secretary with respect to an importer include the following:

''(A) Inspecting, randomly, but not less than 12 times annually, the places of business of the importer at which a qualifying drug is initially received after importation.

''(B) During the inspections under subparagraph (A), verifying the chain of custody of a statistically significant sample of qualifying drugs from the establishment in which the drug was manufactured to the importer, which shall be accomplished or supplemented by the use of anticounterfeiting or track-and-trace technologies, taking into account the economic and technical feasibility of those technologies, except that a drug that lacks such technologies from the point of manufacture shall not for that reason be excluded from importation by an importer.

''(C) Reviewing notices under paragraph (4).

''(D) Inspecting as the Secretary determines is necessary the warehouses and other facilities, including records of other parties in the chain of custody of qualifying drugs.

''(E) Determining whether the importer is in compliance with all other registration conditions.

''(e) IMPORTER FEES.—

''(1) REGISTRATION FEE.—A registration condition is that the importer involved pays to the Secretary a fee of $10,000 due on the date on which the importer first submits the registration to the Secretary under subsection (b).

''(2) INSPECTION FEE.—A registration condition is that the importer involved pays a fee to the Secretary in accordance with this subsection. Such fee shall be paid not later than October 1 and April 1 of each fiscal year in the amount provided for under paragraph (3).

''(3) AMOUNT OF INSPECTION FEE.—

''(A) AGGREGATE TOTAL OF FEES.—Not later than 30 days before the start of each fiscal year, the Secretary, in consultation with the Secretary of Homeland Security and the Secretary of the Treasury, shall establish an aggregate total of fees to be collected under paragraph (2) for importers for that fiscal year that is sufficient, and not more than necessary, to pay the costs for that fiscal year of administering this section with respect to registered importers, including the costs associated with—

''(i) inspecting the facilities of registered importers, and of other entities in the chain of custody of a qualifying drug as necessary, under subsection (d)(6);

''(ii) developing, implementing, and operating under such subsection an electronic system for submission and review of the notices required under subsection (d)(4) with respect to shipments of qualifying drugs under subsection (a) to assess compliance with all registration conditions when such shipments are offered for import into the United States; and

''(iii) inspecting such shipments as necessary, when offered for import into the

United States to determine if such a shipment should be refused admission under subsection (g)(5).

''(B) LIMITATION.—Subject to subparagraph (C), the aggregate total of fees collected under paragraph (2) for a fiscal year shall not exceed 2.5 percent of the total price of qualifying drugs imported during that fiscal year into the United States by registered importers under subsection (a).

''(C) TOTAL PRICE OF DRUGS.—

''(i) ESTIMATE.—For the purposes of complying with the limitation described in subparagraph (B) when establishing under subparagraph (A) the aggregate total of fees to be collected under paragraph (2) for a fiscal year, the Secretary shall estimate the total price of qualifying drugs imported into the United States by registered importers during that fiscal year by adding the total price of qualifying drugs imported by each registered importer during the 6-month period from January 1 through June 30 of the previous fiscal year, as reported to the Secretary by each registered importer under subsection (b)(1)(J).

''(ii) CALCULATION.—Not later than March 1 of the fiscal year that follows the fiscal year for which the estimate under clause (i) is made, the Secretary shall calculate the total price of qualifying drugs imported into the United States by registered importers during that fiscal year by adding the total price of qualifying drugs imported by each registered importer during that fiscal year, as reported to the Secretary by each registered importer under subsection (b)(1)(J).

''(iii) ADJUSTMENT.—If the total price of qualifying drugs imported into the United States by registered importers during a fiscal year as calculated under clause (ii) is less than the aggregate total of fees collected under paragraph (2) for that fiscal year, the Secretary shall provide for a pro-rata reduction in the fee due from each registered importer on April 1 of the subsequent fiscal year so that the limitation described in subparagraph (B) is observed.

''(D) INDIVIDUAL IMPORTER FEE.—Subject to the limitation described in subparagraph (B), the fee under paragraph (2) to be paid on October 1 and April 1 by an importer shall be an amount that is proportional to a reasonable estimate by the Secretary of the semiannual share of the importer of the volume of qualifying drugs imported by importers under subsection (a).

''(4) USE OF FEES.—

''(A) IN GENERAL.—Fees collected by the Secretary under paragraphs (1) and (2) shall be credited to the appropriation account for salaries and expenses of the Food and Drug Administration until expended (without fiscal year limitation), and the Secretary may, in consultation with the Secretary of Homeland Security and the Secretary of the Treasury, transfer some proportion of such fees to the appropriation account for salaries and expenses of the Bureau of Customs and Border Protection until expended (without fiscal year limitation).

''(B) AVAILABILITY.—Fees collected by the Secretary under paragraphs (1) and (2) shall be made available to the Food and Drug Administration.

''(C) SOLE PURPOSE.—Fees collected by the Secretary under paragraphs (1) and (2) are only available to the Secretary and, if transferred, to the Secretary of Homeland Security, and are for the sole purpose of paying the costs referred to in paragraph (3)(A).

''(5) COLLECTION OF FEES.—In any case where the Secretary does not receive payment of a fee assessed under paragraph (1) or (2) within 30 days after it is due, such fee shall be treated as a claim of the United States Government subject to subchapter II of chapter 37 of title 31, United States Code.

''(f) EXPORTER FEES.—

''(1) REGISTRATION FEE.—A registration condition is that the exporter involved pays to the Secretary a fee of $10,000 due on the date on which the exporter first submits that registration to the Secretary under subsection (b).

''(2) INSPECTION FEE.—A registration condition is that the exporter involved pays a fee to the Secretary in accordance with this subsection. Such fee shall be paid not later than October 1 and April 1 of each fiscal year in the amount provided for under paragraph (3).

''(3) AMOUNT OF INSPECTION FEE.—

''(A) AGGREGATE TOTAL OF FEES.—Not later than 30 days before the start of each fiscal year, the Secretary, in consultation with the Secretary of Homeland Security and the Secretary of the Treasury, shall establish an aggregate total of fees to be collected under paragraph (2) for exporters for that fiscal year that is sufficient, and not more than necessary, to pay the costs for that fiscal year of administering this section with respect to registered exporters, including the costs associated with—

''(i) inspecting the facilities of registered exporters, and of other entities in the chain of custody of a qualifying drug as necessary, under subsection (d)(3);

''(ii) developing, implementing, and operating under such subsection a system to screen marks on shipments of qualifying drugs under subsection (a) that indicate compliance with all registration conditions, when such shipments are offered for import into the United States; and

''(iii) screening such markings, and inspecting such shipments as necessary, when offered for import into the United States to determine if such a shipment should be refused admission under subsection (g)(5).

''(B) LIMITATION.—Subject to subparagraph (C), the aggregate total of fees collected under paragraph (2) for a fiscal year shall not exceed 2.5 percent of the total price of qualifying drugs imported during that fiscal year into the United States by registered exporters under subsection (a).

''(C) TOTAL PRICE OF DRUGS.—

''(i) ESTIMATE.—For the purposes of complying with the limitation described in subparagraph (B) when establishing under subparagraph (A) the aggregate total of fees to be collected under paragraph (2) for a fiscal year, the Secretary shall estimate the total price of qualifying drugs imported into the United States by registered exporters during that fiscal year by adding the total price of qualifying drugs exported by each registered exporter during the 6-month period from January 1 through June 30 of the previous fiscal year, as reported to the Secretary by each registered exporter under subsection (b)(1)(I)(iv).

''(ii) CALCULATION.—Not later than March 1 of the fiscal year that follows the fiscal year for which the estimate under clause (i) is made, the Secretary shall calculate the total price of qualifying drugs imported into the United States by registered exporters during that fiscal year by adding the total price of qualifying drugs exported by each registered exporter during that fiscal year, as reported to the Secretary by each registered exporter under subsection (b)(1)(I)(iv).

''(iii) ADJUSTMENT.—If the total price of qualifying drugs imported into the United States by registered exporters during a fiscal year as calculated under clause (ii) is less than the aggregate total of fees collected under paragraph (2) for that fiscal year, the Secretary shall provide for a pro-rata reduction in the fee due from each registered exporter on April 1 of the subsequent fiscal year so that the limitation described in subparagraph (B) is observed.

''(D) INDIVIDUAL EXPORTER FEE.—Subject to the limitation described in subparagraph (B), the fee under paragraph (2) to be paid on October 1 and April 1 by an exporter shall be an amount that is proportional to a reasonable estimate by the Secretary of the semiannual share of the exporter of the volume of qualifying drugs exported by exporters under subsection (a).

''(4) USE OF FEES.—

''(A) IN GENERAL.—Fees collected by the Secretary under paragraphs (1) and (2) shall be credited to the appropriation account for salaries and expenses of the Food and Drug Administration until expended (without fiscal year limitation), and the Secretary may, in consultation with the Secretary of Homeland Security and the Secretary of the Treasury, transfer some proportion of such fees to the appropriation account for salaries and expenses of the Bureau of Customs and Border Protection until expended (without fiscal year limitation).

''(B) AVAILABILITY.—Fees collected by the Secretary under paragraphs (1) and (2) shall be made available to the Food and Drug Administration.

''(C) SOLE PURPOSE.—Fees collected by the Secretary under paragraphs (1) and (2) are only available to the Secretary and, if transferred, to the Secretary of Homeland Security, and are for the sole purpose of paying the costs referred to in paragraph (3)(A).

''(5) COLLECTION OF FEES.—In any case where the Secretary does not receive payment of a fee assessed under paragraph (1) or (2) within 30 days after it is due, such fee shall be treated as a claim of the United States Government subject to subchapter II of chapter 37 of title 31, United States Code.

''(g) COMPLIANCE WITH SECTION 801(a).—

''(1) IN GENERAL.—A registration condition is that each qualifying drug exported under subsection (a) by the registered exporter involved or imported under subsection (a) by the registered importer involved is in compliance with the standards referred to in section 801(a) regarding admission of the drug into the United States, subject to paragraphs (2), (3), and (4).

''(2) SECTION 505; APPROVAL STATUS.—

''(A) IN GENERAL.—A qualifying drug that is imported or offered for import under subsection (a) shall comply with the conditions established in the approved application under section 505(b) for the U.S. label drug as described under this subsection.

''(B) NOTICE BY MANUFACTURER; GENERAL PROVISIONS.—

''(i) IN GENERAL.—The person that manufactures a qualifying drug that is, or will be, introduced for commercial distribution in a permitted country shall in accordance with this paragraph submit to the Secretary a notice that—

''(I) includes each difference in the qualifying drug from a condition established in the approved application for the U.S. label drug beyond—

''(aa) the variations provided for in the application; and

''(bb) any difference in labeling (except ingredient labeling); or

''(II) states that there is no difference in the qualifying drug from a condition established in the approved application for the U.S. label drug beyond—

''(aa) the variations provided for in the application; and

''(bb) any difference in labeling (except ingredient labeling).

''(ii) INFORMATION IN NOTICE.—A notice under clause (i)(I) shall include the information that the Secretary may require under section 506A, any additional information the Secretary may require (which may include data on bioequivalence if such data are not

required under section 506A), and, with respect to the permitted country that approved the qualifying drug for commercial distribution, or with respect to which such approval is sought, include the following:

''(I) The date on which the qualifying drug with such difference was, or will be, introduced for commercial distribution in the permitted country.

''(II) Information demonstrating that the person submitting the notice has also notified the government of the permitted country in writing that the person is submitting to the Secretary a notice under clause (i)(I), which notice describes the difference in the qualifying drug from a condition established in the approved application for the U.S. label drug.

''(III) The information that the person submitted or will submit to the government of the permitted country for purposes of obtaining approval for commercial distribution of the drug in the country which, if in a language other than English, shall be accompanied by an English translation verified to be complete and accurate, with the name, address, and a brief statement of the qualifications of the person that made the translation.

''(iii) CERTIFICATIONS.—The chief executive officer and the chief medical officer of the manufacturer involved shall each certify in the notice under clause (i) that—

''(I) the information provided in the notice is complete and true; and

''(II) a copy of the notice has been provided to the Federal Trade Commission and to the State attorneys general.

''(iv) FEE.—

''(I) IN GENERAL.—If a notice submitted under clause (i) includes a difference that would, under section 506A, require the submission of a supplemental application if made as a change to the U.S. label drug, the person that submits the notice shall pay to the Secretary a fee in the same amount as would apply if the person were paying a fee pursuant to section 736(a)(1)(A)(ii). Fees collected by the Secretary under the preceding sentence are available only to the Secretary and are for the sole purpose of paying the costs of reviewing notices submitted under clause (i).

''(II) FEE AMOUNT FOR CERTAIN YEARS.—If no fee amount is in effect under section 736(a)(1)(A)(ii) for a fiscal year, then the amount paid by a person under subclause (I) shall—

''(aa) for the first fiscal year in which no fee amount under such section in effect, be equal to the fee amount under section 736(a)(1)(A)(ii) for the most recent fiscal year for which such section was in effect, adjusted in accordance with section 736(c); and

''(bb) for each subsequent fiscal year in which no fee amount under such section is effect, be equal to the applicable fee amount for the previous fiscal year, adjusted in accordance with section 736(c).

''(v) TIMING OF SUBMISSION OF NOTICES.—

''(I) PRIOR APPROVAL NOTICES.—A notice under clause (i) to which subparagraph (C) applies shall be submitted to the Secretary not later than 120 days before the qualifying drug with the difference is introduced for commercial distribution in a permitted country, unless the country requires that distribution of the qualifying drug with the difference begin less than 120 days after the country requires the difference.

''(II) OTHER APPROVAL NOTICES.—A notice under clause (i) to which subparagraph (D) applies shall be submitted to the Secretary not later than the day on which the qualifying drug with the difference is introduced for commercial distribution in a permitted country.

''(III) OTHER NOTICES.—A notice under clause (i) to which subparagraph (E) applies shall be submitted to the Secretary on the date that the qualifying drug is first introduced for commercial distribution in a permitted country and annually thereafter.

''(vi) REVIEW BY SECRETARY.—

''(I) IN GENERAL.—In this paragraph, the difference in a qualifying drug that is submitted in a notice under clause (i) from the U.S. label drug shall be treated by the Secretary as if it were a manufacturing change to the U.S. label drug under section 506A.

''(II) STANDARD OF REVIEW.—Except as provided in subclause (III), the Secretary shall review and approve or disapprove the difference in a notice submitted under clause (i), if required under section 506A, using the safe and effective standard for approving or disapproving a manufacturing change under section 506A.

''(III) BIOEQUIVALENCE.—If the Secretary would approve the difference in a notice submitted under clause (i) using the safe and effective standard under section 506A and if the Secretary determines that the qualifying drug is not bioequivalent to the U.S. label drug, the Secretary shall—

''(aa) include in the labeling provided under paragraph (3) a prominent advisory that the qualifying drug is safe and effective but is not bioequivalent to the U.S. label drug if the Secretary determines that such an advisory is necessary for health care practitioners and patients to use the qualifying drug safely and effectively; or

''(bb) decline to approve the difference if the Secretary determines that the availability of both the qualifying drug and the U.S. label drug would pose a threat to the public health.

''(IV) REVIEW BY THE SECRETARY.—The Secretary shall review and approve or disapprove the difference in a notice submitted under clause (i), if required under section 506A, not later than 120 days after the date on which the notice is submitted.

''(V) ESTABLISHMENT INSPECTION.—If review of such difference would require an inspection of the establishment in which the qualifying drug is manufactured—

''(aa) such inspection by the Secretary shall be authorized; and

''(bb) the Secretary may rely on a satisfactory report of a good manufacturing practice inspection of the establishment from a permitted country whose regulatory system the Secretary recognizes as equivalent under a mutual recognition agreement, as provided under section 510(i)(3), section 803, or part 26 of title 21, Code of Federal Regulations (or any corresponding successor rule or regulation).

''(vii) PUBLICATION OF INFORMATION ON NOTICES.—

''(I) IN GENERAL.—Through the Internet website of the Food and Drug Administration and a toll-free telephone number, the Secretary shall readily make available to the public a list of notices submitted under clause (i).

''(II) CONTENTS.—The list under subclause (I) shall include the date on which a notice is submitted and whether—

''(aa) a notice is under review;

''(bb) the Secretary has ordered that importation of the qualifying drug from a permitted country cease; or

''(cc) the importation of the drug is permitted under subsection (a).

''(III) UPDATE.—The Secretary shall promptly update the Internet website with any changes to the list.

''(C) NOTICE; DRUG DIFFERENCE REQUIRING PRIOR APPROVAL.—In the case of a notice under subparagraph (B)(i) that includes a difference that would, under subsection (c) or (d)(3)(B)(i) of section 506A, require the approval of a supplemental application before the difference could be made to the U.S. label drug the following shall occur:

''(i) Promptly after the notice is submitted, the Secretary shall notify registered exporters, registered importers, the Federal Trade Commission, and the State attorneys general that the notice has been submitted with respect to the qualifying drug involved.

''(ii) If the Secretary has not made a determination whether such a supplemental application regarding the U.S. label drug would be approved or disapproved by the date on which the qualifying drug involved is to be introduced for commercial distribution in a permitted country, the Secretary shall—

''(I) order that the importation of the qualifying drug involved from the permitted country not begin until the Secretary completes review of the notice; and

''(II) promptly notify registered exporters, registered importers, the Federal Trade Commission, and the State attorneys general of the order.

''(iii) If the Secretary determines that such a supplemental application regarding the U.S. label drug would not be approved, the Secretary shall—

''(I) order that the importation of the qualifying drug involved from the permitted country cease, or provide that an order under clause (ii), if any, remains in effect;

''(II) notify the permitted country that approved the qualifying drug for commercial distribution of the determination; and

''(III) promptly notify registered exporters, registered importers, the Federal Trade Commission, and the State attorneys general of the determination.

''(iv) If the Secretary determines that such a supplemental application regarding the U.S. label drug would be approved, the Secretary shall—

''(I) vacate the order under clause (ii), if any;

''(II) consider the difference to be a variation provided for in the approved application for the U.S. label drug;

''(III) permit importation of the qualifying drug under subsection (a); and

''(IV) promptly notify registered exporters, registered importers, the Federal Trade Commission, and the State attorneys general of the determination.

''(D) NOTICE; DRUG DIFFERENCE NOT REQUIRING PRIOR APPROVAL.—In the case of a notice under subparagraph (B)(i) that includes a difference that would, under section 506A(d)(3)(B)(ii), not require the approval of a supplemental application before the difference could be made to the U.S. label drug the following shall occur:

''(i) During the period in which the notice is being reviewed by the Secretary, the authority under this subsection to import the qualifying drug involved continues in effect.

''(ii) If the Secretary determines that such a supplemental application regarding the U.S. label drug would not be approved, the Secretary shall—

''(I) order that the importation of the qualifying drug involved from the permitted country cease;

''(II) notify the permitted country that approved the qualifying drug for commercial distribution of the determination; and

''(III) promptly notify registered exporters, registered importers, the Federal Trade Commission, and the State attorneys general of the determination.

''(iii) If the Secretary determines that such a supplemental application regarding the U.S. label drug would be approved, the difference shall be considered to be a variation provided for in the approved application for the U.S. label drug.

''(E) NOTICE; DRUG DIFFERENCE NOT REQUIRING APPROVAL; NO DIFFERENCE.—In the case of

a notice under subparagraph (B)(i) that includes a difference for which, under section 506A(d)(1)(A), a supplemental application would not be required for the difference to be made to the U.S. label drug, or that states that there is no difference, the Secretary—

''(i) shall consider such difference to be a variation provided for in the approved application for the U.S. label drug;

''(ii) may not order that the importation of the qualifying drug involved cease; and

''(iii) shall promptly notify registered exporters and registered importers.

''(F) DIFFERENCES IN ACTIVE INGREDIENT, ROUTE OF ADMINISTRATION, DOSAGE FORM, OR STRENGTH.—

''(i) IN GENERAL.—A person who manufactures a drug approved under section 505(b) shall submit an application under section 505(b) for approval of another drug that is manufactured for distribution in a permitted country by or for the person that manufactures the drug approved under section 505(b) if—

''(I) there is no qualifying drug in commercial distribution in permitted countries whose combined population represents at least 50 percent of the total population of all permitted countries with the same active ingredient or ingredients, route of administration, dosage form, and strength as the drug approved under section 505(b); and

''(II) each active ingredient of the other drug is related to an active ingredient of the drug approved under section 505(b), as defined in clause (v).

''(ii) APPLICATION UNDER SECTION 505(b).—The application under section 505(b) required under clause (i) shall—

''(I) request approval of the other drug for the indication or indications for which the drug approved under section 505(b) is labeled;

''(II) include the information that the person submitted to the government of the permitted country for purposes of obtaining approval for commercial distribution of the other drug in that country, which if in a language other than English, shall be accompanied by an English translation verified to be complete and accurate, with the name, address, and a brief statement of the qualifications of the person that made the translation;

''(III) include a right of reference to the application for the drug approved under section 505(b); and

''(IV) include such additional information as the Secretary may require.

''(iii) TIMING OF SUBMISSION OF APPLICATION.—An application under section 505(b) required under clause (i) shall be submitted to the Secretary not later than the day on which the information referred to in clause (ii)(II) is submitted to the government of the permitted country.

''(iv) NOTICE OF DECISION ON APPLICATION.—The Secretary shall promptly notify registered exporters, registered importers, the Federal Trade Commission, and the State attorneys general of a determination to approve or to disapprove an application under section 505(b) required under clause (i).

''(v) RELATED ACTIVE INGREDIENTS.—For purposes of clause (i)(II), 2 active ingredients are related if they are—

''(I) the same; or

''(II) different salts, esters, or complexes of the same moiety.

''(3) SECTION 502; LABELING.—

''(A) IMPORTATION BY REGISTERED IMPORTER.—

''(i) IN GENERAL.—In the case of a qualifying drug that is imported or offered for import by a registered importer, such drug shall be considered to be in compliance with section 502 and the labeling requirements under the approved application for the U.S. label drug if the qualifying drug bears—

''(I) a copy of the labeling approved for the U.S. label drug under section 505, without regard to whether the copy bears any trademark involved;

''(II) the name of the manufacturer and location of the manufacturer;

''(III) the lot number assigned by the manufacturer;

''(IV) the name, location, and registration number of the importer; and

''(V) the National Drug Code number assigned to the qualifying drug by the Secretary.

''(ii) REQUEST FOR COPY OF THE LABELING.—The Secretary shall provide such copy to the registered importer involved, upon request of the importer.

''(iii) REQUESTED LABELING.—The labeling provided by the Secretary under clause (ii) shall—

''(I) include the established name, as defined in section 502(e)(3), for each active ingredient in the qualifying drug;

''(II) not include the proprietary name of the U.S. label drug or any active ingredient thereof;

''(III) if required under paragraph (2)(B)(vi)(III), a prominent advisory that the qualifying drug is safe and effective but not bioequivalent to the U.S. label drug; and

''(IV) if the inactive ingredients of the qualifying drug are different from the inactive ingredients for the U.S. label drug, include—

''(aa) a prominent notice that the ingredients of the qualifying drug differ from the ingredients of the U.S. label drug and that the qualifying drug must be dispensed with an advisory to people with allergies about this difference and a list of ingredients; and

''(bb) a list of the ingredients of the qualifying drug as would be required under section 502(e).

''(B) IMPORTATION BY INDIVIDUAL.—

''(i) IN GENERAL.—In the case of a qualifying drug that is imported or offered for import by a registered exporter to an individual, such drug shall be considered to be in compliance with section 502 and the labeling requirements under the approved application for the U.S. label drug if the packaging and labeling of the qualifying drug complies with all applicable regulations promulgated under sections 3 and 4 of the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.) and the labeling of the qualifying drug includes—

''(I) directions for use by the consumer;

''(II) the lot number assigned by the manufacturer;

''(III) the name and registration number of the exporter;

''(IV) if required under paragraph (2)(B)(vi)(III), a prominent advisory that the drug is safe and effective but not bioequivalent to the U.S. label drug;

''(V) if the inactive ingredients of the drug are different from the inactive ingredients for the U.S. label drug—

''(aa) a prominent advisory that persons with an allergy should check the ingredient list of the drug because the ingredients of the drug differ from the ingredients of the U.S. label drug; and

''(bb) a list of the ingredients of the drug as would be required under section 502(e); and

''(VI) a copy of any special labeling that would be required by the Secretary had the U.S. label drug been dispensed by a pharmacist in the United States, without regard to whether the special labeling bears any trademark involved.

''(ii) PACKAGING.—A qualifying drug offered for import to an individual by an exporter under this section that is packaged in a unit-of-use container (as those items are defined in the United States Pharmacopeia and National Formulary) shall not be repackaged, provided that—

''(I) the packaging complies with all applicable regulations under sections 3 and 4 of the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.); or

''(II) the consumer consents to waive the requirements of such Act, after being informed that the packaging does not comply with such Act and that the exporter will provide the drug in packaging that is compliant at no additional cost.

''(iii) REQUEST FOR COPY OF SPECIAL LABELING AND INGREDIENT LIST.—The Secretary shall provide to the registered exporter involved a copy of the special labeling, the advisory, and the ingredient list described under clause (i), upon request of the exporter.

''(iv) REQUESTED LABELING AND INGREDIENT LIST.—The labeling and ingredient list provided by the Secretary under clause (iii) shall—

''(I) include the established name, as defined in section 502(e)(3), for each active ingredient in the drug; and

''(II) not include the proprietary name of the U.S. label drug or any active ingredient thereof.

''(4) SECTION 501; ADULTERATION.—A qualifying drug that is imported or offered for import under subsection (a) shall be considered to be in compliance with section 501 if the drug is in compliance with subsection (c).

''(5) STANDARDS FOR REFUSING ADMISSION.—A drug exported under subsection (a) from a registered exporter or imported by a registered importer may be refused admission into the United States if 1 or more of the following applies:

''(A) The drug is not a qualifying drug.

''(B) A notice for the drug required under paragraph (2)(B) has not been submitted to the Secretary.

''(C) The Secretary has ordered that importation of the drug from the permitted country cease under subparagraph (C) or (D) of paragraph (2).

''(D) The drug does not comply with paragraph (3) or (4).

''(E) The shipping container appears damaged in a way that may affect the strength, quality, or purity of the drug.

''(F) The Secretary becomes aware that—

''(i) the drug may be counterfeit;

''(ii) the drug may have been prepared, packed, or held under insanitary conditions; or

''(iii) the methods used in, or the facilities or controls used for, the manufacturing, processing, packing, or holding of the drug do not conform to good manufacturing practice.

''(G) The Secretary has obtained an injunction under section 302 that prohibits the distribution of the drug in interstate commerce.

''(H) The Secretary has under section 505(e) withdrawn approval of the drug.

''(I) The manufacturer of the drug has instituted a recall of the drug.

''(J) If the drug is imported or offered for import by a registered importer without submission of a notice in accordance with subsection (d)(4).

''(K) If the drug is imported or offered for import from a registered exporter to an individual and 1 or more of the following applies:

''(i) The shipping container for such drug does not bear the markings required under subsection (d)(2).

''(ii) The markings on the shipping container appear to be counterfeit.

''(iii) The shipping container or markings appear to have been tampered with.

''(h) EXPORTER LICENSURE IN PERMITTED COUNTRY.—A registration condition is that

the exporter involved agrees that a qualifying drug will be exported to an individual only if the Secretary has verified that—

''(1) the exporter is authorized under the law of the permitted country in which the exporter is located to dispense prescription drugs; and

''(2) the exporter employs persons that are licensed under the law of the permitted country in which the exporter is located to dispense prescription drugs in sufficient number to dispense safely the drugs exported by the exporter to individuals, and the exporter assigns to those persons responsibility for dispensing such drugs to individuals.

''(i) INDIVIDUALS; CONDITIONS FOR IMPORTATION.—

''(1) IN GENERAL.—For purposes of subsection (a)(2)(B), the importation of a qualifying drug by an individual is in accordance with this subsection if the following conditions are met:

''(A) The drug is accompanied by a copy of a prescription for the drug, which prescription—

''(i) is valid under applicable Federal and State laws; and

''(ii) was issued by a practitioner who, under the law of a State of which the individual is a resident, or in which the individual receives care from the practitioner who issues the prescription, is authorized to administer prescription drugs.

''(B) The drug is accompanied by a copy of the documentation that was required under the law or regulations of the permitted country in which the exporter is located, as a condition of dispensing the drug to the individual.

''(C) The copies referred to in subparagraphs (A)(i) and (B) are marked in a manner sufficient—

''(i) to indicate that the prescription, and the equivalent document in the permitted country in which the exporter is located, have been filled; and

''(ii) to prevent a duplicative filling by another pharmacist.

''(D) The individual has provided to the registered exporter a complete list of all drugs used by the individual for review by the individuals who dispense the drug.

''(E) The quantity of the drug does not exceed a 90-day supply.

''(F) The drug is not an ineligible subpart H drug. For purposes of this section, a prescription drug is an 'ineligible subpart H drug' if the drug was approved by the Secretary under subpart H of part 314 of title 21, Code of Federal Regulations (relating to accelerated approval), with restrictions under section 520 of such part to assure safe use, and the Secretary has published in the Federal Register a notice that the Secretary has determined that good cause exists to prohibit the drug from being imported pursuant to this subsection.

''(2) NOTICE REGARDING DRUG REFUSED ADMISSION.—If a registered exporter ships a drug to an individual pursuant to subsection (a)(2)(B) and the drug is refused admission to the United States, a written notice shall be sent to the individual and to the exporter that informs the individual and the exporter of such refusal and the reason for the refusal.

''(j) MAINTENANCE OF RECORDS AND SAMPLES.—

''(1) IN GENERAL.—A registration condition is that the importer or exporter involved shall—

''(A) maintain records required under this section for not less than 2 years; and

''(B) maintain samples of each lot of a qualifying drug required under this section for not more than 2 years.

''(2) PLACE OF RECORD MAINTENANCE.—The records described under paragraph (1) shall be maintained—

''(A) in the case of an importer, at the place of business of the importer at which the importer initially receives the qualifying drug after importation; or

''(B) in the case of an exporter, at the facility from which the exporter ships the qualifying drug to the United States.

''(k) DRUG RECALLS.—

''(1) MANUFACTURERS.—A person that manufactures a qualifying drug imported from a permitted country under this section shall promptly inform the Secretary—

''(A) if the drug is recalled or withdrawn from the market in a permitted country;

''(B) how the drug may be identified, including lot number; and

''(C) the reason for the recall or withdrawal.

''(2) SECRETARY.—With respect to each permitted country, the Secretary shall—

''(A) enter into an agreement with the government of the country to receive information about recalls and withdrawals of qualifying drugs in the country; or

''(B) monitor recalls and withdrawals of qualifying drugs in the country using any information that is available to the public in any media.

''(3) NOTICE.—The Secretary may notify, as appropriate, registered exporters, registered importers, wholesalers, pharmacies, or the public of a recall or withdrawal of a qualifying drug in a permitted country.

''(l) DRUG LABELING AND PACKAGING.—

''(1) IN GENERAL.—When a qualifying drug that is imported into the United States by an importer under subsection (a) is dispensed by a pharmacist to an individual, the pharmacist shall provide that the packaging and labeling of the drug complies with all applicable regulations promulgated under sections 3 and 4 of the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.) and shall include with any other labeling provided to the individual the following:

''(A) The lot number assigned by the manufacturer.

''(B) The name and registration number of the importer.

''(C) If required under paragraph (2)(B)(vi)(III) of subsection (g), a prominent advisory that the drug is safe and effective but not bioequivalent to the U.S. label drug.

''(D) If the inactive ingredients of the drug are different from the inactive ingredients for the U.S. label drug—

''(i) a prominent advisory that persons with allergies should check the ingredient list of the drug because the ingredients of the drug differ from the ingredients of the U.S. label drug; and

''(ii) a list of the ingredients of the drug as would be required under section 502(e).

''(2) PACKAGING.—A qualifying drug that is packaged in a unit-of-use container (as those terms are defined in the United States Pharmacopeia and National Formulary) shall not be repackaged, provided that—

''(A) the packaging complies with all applicable regulations under sections 3 and 4 of the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.); or

''(B) the consumer consents to waive the requirements of such Act, after being informed that the packaging does not comply with such Act and that the pharmacist will provide the drug in packaging that is compliant at no additional cost.

''(m) CHARITABLE CONTRIBUTIONS.—Notwithstanding any other provision of this section, this section does not authorize the importation into the United States of a qualifying drug donated or otherwise supplied for free or at nominal cost by the manufacturer of the drug to a charitable or humanitarian organization, including the United Nations and affiliates, or to a government of a foreign country.

''(n) UNFAIR AND DISCRIMINATORY ACTS AND PRACTICES.—

''(1) IN GENERAL.—It is unlawful for a manufacturer, directly or indirectly (including by being a party to a licensing agreement or other agreement), to—

''(A) discriminate by charging a higher price for a prescription drug sold to a registered exporter or other person in a permitted country that exports a qualifying drug to the United States under this section than the price that is charged, inclusive of rebates or other incentives to the permitted country or other person, to another person that is in the same country and that does not export a qualifying drug into the United States under this section;

''(B) discriminate by charging a higher price for a prescription drug sold to a registered importer or other person that distributes, sells, or uses a qualifying drug imported into the United States under this section than the price that is charged to another person in the United States that does not import a qualifying drug under this section, or that does not distribute, sell, or use such a drug;

''(C) discriminate by denying, restricting, or delaying supplies of a prescription drug to a registered exporter or other person in a permitted country that exports a qualifying drug to the United States under this section or to a registered importer or other person that distributes, sells, or uses a qualifying drug imported into the United States under this section;

''(D) discriminate by publicly, privately, or otherwise refusing to do business with a registered exporter or other person in a permitted country that exports a qualifying drug to the United States under this section or with a registered importer or other person that distributes, sells, or uses a qualifying drug imported into the United States under this section;

''(E) knowingly fail to submit a notice under subsection (g)(2)(B)(i), knowingly fail to submit such a notice on or before the date specified in subsection (g)(2)(B)(v) or as otherwise required under paragraphs (3), (4), and (5) of section 3004(e) of the Pharmaceutical Market Access and Drug Safety Act of 2010, knowingly submit such a notice that makes a materially false, fictitious, or fraudulent statement, or knowingly fail to provide promptly any information requested by the Secretary to review such a notice;

''(F) knowingly fail to submit an application required under subsection (g)(2)(F), knowingly fail to submit such an application on or before the date specified in subsection (g)(2)(F)(iii), knowingly submit such an application that makes a materially false, fictitious, or fraudulent statement, or knowingly fail to provide promptly any information requested by the Secretary to review such an application;

''(G) cause there to be a difference (including a difference in active ingredient, route of administration, dosage form, strength, formulation, manufacturing establishment, manufacturing process, or person that manufactures the drug) between a prescription drug for distribution in the United States and the drug for distribution in a permitted country;

''(H) refuse to allow an inspection authorized under this section of an establishment that manufactures a qualifying drug that is, or will be, introduced for commercial distribution in a permitted country;

''(I) fail to conform to the methods used in, or the facilities used for, the manufacturing, processing, packing, or holding of a qualifying drug that is, or will be, introduced for commercial distribution in a permitted country to good manufacturing practice under this Act;

''(J) become a party to a licensing agreement or other agreement related to a qualifying drug that fails to provide for compliance with all requirements of this section with respect to such drug;

''(K) enter into a contract that restricts, prohibits, or delays the importation of a qualifying drug under this section;

''(L) engage in any other action to restrict, prohibit, or delay the importation of a qualifying drug under this section; or

''(M) engage in any other action that the Federal Trade Commission determines to discriminate against a person that engages or attempts to engage in the importation of a qualifying drug under this section.

''(2) REFERRAL OF POTENTIAL VIOLATIONS.—The Secretary shall promptly refer to the Federal Trade Commission each potential violation of subparagraph (E), (F), (G), (H), or (I) of paragraph (1) that becomes known to the Secretary.

''(3) AFFIRMATIVE DEFENSE.—

''(A) DISCRIMINATION.—It shall be an affirmative defense to a charge that a manufacturer has discriminated under subparagraph (A), (B), (C), (D), or (M) of paragraph (1) that the higher price charged for a prescription drug sold to a person, the denial, restriction, or delay of supplies of a prescription drug to a person, the refusal to do business with a person, or other discriminatory activity against a person, is not based, in whole or in part, on—

''(i) the person exporting or importing a qualifying drug into the United States under this section; or

''(ii) the person distributing, selling, or using a qualifying drug imported into the United States under this section.

''(B) DRUG DIFFERENCES.—It shall be an affirmative defense to a charge that a manufacturer has caused there to be a difference described in subparagraph (G) of paragraph (1) that—

''(i) the difference was required by the country in which the drug is distributed;

''(ii) the Secretary has determined that the difference was necessary to improve the safety or effectiveness of the drug;

''(iii) the person manufacturing the drug for distribution in the United States has given notice to the Secretary under subsection (g)(2)(B)(i) that the drug for distribution in the United States is not different from a drug for distribution in permitted countries whose combined population represents at least 50 percent of the total population of all permitted countries; or

''(iv) the difference was not caused, in whole or in part, for the purpose of restricting importation of the drug into the United States under this section.

''(4) EFFECT OF SUBSECTION.—

''(A) SALES IN OTHER COUNTRIES.—This subsection applies only to the sale or distribution of a prescription drug in a country if the manufacturer of the drug chooses to sell or distribute the drug in the country. Nothing in this subsection shall be construed to compel the manufacturer of a drug to distribute or sell the drug in a country.

''(B) DISCOUNTS TO INSURERS, HEALTH PLANS, PHARMACY BENEFIT MANAGERS, AND COVERED ENTITIES.—Nothing in this subsection shall be construed to—

''(i) prevent or restrict a manufacturer of a prescription drug from providing discounts to an insurer, health plan, pharmacy benefit manager in the United States, or covered entity in the drug discount program under section 340B of the Public Health Service Act (42 U.S.C. 256b) in return for inclusion of the drug on a formulary;

''(ii) require that such discounts be made available to other purchasers of the prescription drug; or

''(iii) prevent or restrict any other measures taken by an insurer, health plan, or pharmacy benefit manager to encourage consumption of such prescription drug.

''(C) CHARITABLE CONTRIBUTIONS.—Nothing in this subsection shall be construed to—

''(i) prevent a manufacturer from donating a prescription drug, or supplying a prescription drug at nominal cost, to a charitable or humanitarian organization, including the United Nations and affiliates, or to a government of a foreign country; or

''(ii) apply to such donations or supplying of a prescription drug.

''(5) ENFORCEMENT.—

''(A) UNFAIR OR DECEPTIVE ACT OR PRACTICE.—A violation of this subsection shall be treated as a violation of a rule defining an unfair or deceptive act or practice prescribed under section 18(a)(1)(B) of the Federal Trade Commission Act (15 U.S.C. 57a(a)(1)(B)).

''(B) ACTIONS BY THE COMMISSION.—The Federal Trade Commission—

''(i) shall enforce this subsection in the same manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this section; and

''(ii) may seek monetary relief threefold the damages sustained, in addition to any other remedy available to the Federal Trade Commission under the Federal Trade Commission Act (15 U.S.C. 41 et seq.).

''(6) ACTIONS BY STATES.—

''(A) IN GENERAL.—

''(i) CIVIL ACTIONS.—In any case in which the attorney general of a State has reason to believe that an interest of the residents of that State have been adversely affected by any manufacturer that violates paragraph (1), the attorney general of a State may bring a civil action on behalf of the residents of the State, and persons doing business in the State, in a district court of the United States of appropriate jurisdiction to—

''(I) enjoin that practice;

''(II) enforce compliance with this subsection;

''(III) obtain damages, restitution, or other compensation on behalf of residents of the State and persons doing business in the State, including threefold the damages; or

''(IV) obtain such other relief as the court may consider to be appropriate.

''(ii) NOTICE.—

''(I) IN GENERAL.—Before filing an action under clause (i), the attorney general of the State involved shall provide to the Federal Trade Commission—

''(aa) written notice of that action; and

''(bb) a copy of the complaint for that action.

''(II) EXEMPTION.—Subclause (I) shall not apply with respect to the filing of an action by an attorney general of a State under this paragraph, if the attorney general determines that it is not feasible to provide the notice described in that subclause before filing of the action. In such case, the attorney general of a State shall provide notice and a copy of the complaint to the Federal Trade Commission at the same time as the attorney general files the action.

''(B) INTERVENTION.—

''(i) IN GENERAL.—On receiving notice under subparagraph (A)(ii), the Federal Trade Commission shall have the right to intervene in the action that is the subject of the notice.

''(ii) EFFECT OF INTERVENTION.—If the Federal Trade Commission intervenes in an action under subparagraph (A), it shall have the right—

''(I) to be heard with respect to any matter that arises in that action; and

''(II) to file a petition for appeal.

''(C) CONSTRUCTION.—For purposes of bringing any civil action under subparagraph (A), nothing in this subsection shall be construed to prevent an attorney general of a State from exercising the powers conferred on the attorney general by the laws of that State to—

''(i) conduct investigations;

''(ii) administer oaths or affirmations; or

''(iii) compel the attendance of witnesses or the production of documentary and other evidence.

''(D) ACTIONS BY THE COMMISSION.—In any case in which an action is instituted by or on behalf of the Federal Trade Commission for a violation of paragraph (1), a State may not, during the pendency of that action, institute an action under subparagraph (A) for the same violation against any defendant named in the complaint in that action.

''(E) VENUE.—Any action brought under subparagraph (A) may be brought in the district court of the United States that meets applicable requirements relating to venue under section 1391 of title 28, United States Code.

''(F) SERVICE OF PROCESS.—In an action brought under subparagraph (A), process may be served in any district in which the defendant—

''(i) is an inhabitant; or

''(ii) may be found.

''(G) MEASUREMENT OF DAMAGES.—In any action under this paragraph to enforce a cause of action under this subsection in which there has been a determination that a defendant has violated a provision of this subsection, damages may be proved and assessed in the aggregate by statistical or sampling methods, by the computation of illegal overcharges or by such other reasonable system of estimating aggregate damages as the court in its discretion may permit without the necessity of separately proving the individual claim of, or amount of damage to, persons on whose behalf the suit was brought.

''(H) EXCLUSION ON DUPLICATIVE RELIEF.—The district court shall exclude from the amount of monetary relief awarded in an action under this paragraph brought by the attorney general of a State any amount of monetary relief which duplicates amounts which have been awarded for the same injury.

''(7) EFFECT ON ANTITRUST LAWS.—Nothing in this subsection shall be construed to modify, impair, or supersede the operation of the antitrust laws. For the purpose of this subsection, the term 'antitrust laws' has the meaning given it in the first section of the Clayton Act, except that it includes section 5 of the Federal Trade Commission Act to the extent that such section 5 applies to unfair methods of competition.

''(8) MANUFACTURER.—In this subsection, the term 'manufacturer' means any entity, including any affiliate or licensee of that entity, that is engaged in—

''(A) the production, preparation, propagation, compounding, conversion, or processing of a prescription drug, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis; or

''(B) the packaging, repackaging, labeling, relabeling, or distribution of a prescription drug.''.

(b) PROHIBITED ACTS.—The Federal Food, Drug, and Cosmetic Act is amended—

(1) in section 301 (21 U.S.C. 331), by striking paragraph (aa) and inserting the following:

''(aa)(1) The sale or trade by a pharmacist, or by a business organization of which the pharmacist is a part, of a qualifying drug that under section 804(a)(2)(A) was imported by the pharmacist, other than—

''(A) a sale at retail made pursuant to dispensing the drug to a customer of the pharmacist or organization; or

''(B) a sale or trade of the drug to a pharmacy or a wholesaler registered to import drugs under section 804.

''(2) The sale or trade by an individual of a qualifying drug that under section 804(a)(2)(B) was imported by the individual.

''(3) The making of a materially false, fictitious, or fraudulent statement or representation, or a material omission, in a notice under clause (i) of section 804(g)(2)(B) or in an application required under section 804(g)(2)(F), or the failure to submit such a notice or application.

''(4) The importation of a drug in violation of a registration condition or other requirement under section 804, the falsification of any record required to be maintained, or provided to the Secretary, under such section, or the violation of any registration condition or other requirement under such section.''; and

(2) in section 303(a) (21 U.S.C. 333(a)), by striking paragraph (6) and inserting the following:

''(6) Notwithstanding subsection (a), any person that knowingly violates section 301(i)(2) or (3) or section 301(aa)(4) shall be imprisoned not more than 10 years, or fined in accordance with title 18, United States Code, or both.''.

(c) AMENDMENT OF CERTAIN PROVISIONS.—

(1) IN GENERAL.—Section 801 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381) is amended by striking subsection (g) and inserting the following:

''(g) With respect to a prescription drug that is imported or offered for import into the United States by an individual who is not in the business of such importation, that is not shipped by a registered exporter under section 804, and that is refused admission under subsection (a), the Secretary shall notify the individual that—

''(1) the drug has been refused admission because the drug was not a lawful import under section 804;

''(2) the drug is not otherwise subject to a waiver of the requirements of subsection (a);

''(3) the individual may under section 804 lawfully import certain prescription drugs from exporters registered with the Secretary under section 804; and

''(4) the individual can find information about such importation, including a list of registered exporters, on the Internet website of the Food and Drug Administration or through a toll-free telephone number required under section 804.''.

(2) ESTABLISHMENT REGISTRATION.—Section 510(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360(i)) is amended in paragraph (1) by inserting after ''import into the United States'' the following: '', including a drug that is, or may be, imported or offered for import into the United States under section 804,''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the date that is 90 days after the date of enactment of this Act.

(d) EXHAUSTION.—

(1) IN GENERAL.—Section 271 of title 35, United States Code, is amended—

(A) by redesignating subsections (h) and (i) as (i) and (j), respectively; and

(B) by inserting after subsection (g) the following:

''(h) It shall not be an act of infringement to use, offer to sell, or sell within the United States or to import into the United States any patented invention under section 804 of the Federal Food, Drug, and Cosmetic Act that was first sold abroad by or under authority of the owner or licensee of such patent.''.

(2) RULE OF CONSTRUCTION.—Nothing in the amendment made by paragraph (1) shall be construed to affect the ability of a patent owner or licensee to enforce their patent, subject to such amendment.

(e) EFFECT OF SECTION 804.—

(1) IN GENERAL.—Section 804 of the Federal Food, Drug, and Cosmetic Act, as added by subsection (a), shall permit the importation of qualifying drugs (as defined in such section 804) into the United States without regard to the status of the issuance of implementing regulations—

(A) from exporters registered under such section 804 on the date that is 90 days after the date of enactment of this Act; and

(B) from permitted countries, as defined in such section 804, by importers registered under such section 804 on the date that is 1 year after the date of enactment of this Act.

(2) REVIEW OF REGISTRATION BY CERTAIN EXPORTERS.—

(A) REVIEW PRIORITY.—In the review of registrations submitted under subsection (b) of such section 804, registrations submitted by entities in Canada that are significant exporters of prescription drugs to individuals in the United States as of the date of enactment of this Act will have priority during the 90 day period that begins on such date of enactment.

(B) PERIOD FOR REVIEW.—During such 90-day period, the reference in subsection (b)(2)(A) of such section 804 to 90 days (relating to approval or disapproval of registrations) is, as applied to such entities, deemed to be 30 days.

(C) LIMITATION.—That an exporter in Canada exports, or has exported, prescription drugs to individuals in the United States on or before the date that is 90 days after the date of enactment of this Act shall not serve as a basis, in whole or in part, for disapproving a registration under such section 804 from the exporter.

(D) FIRST YEAR LIMIT ON NUMBER OF EXPORTERS.—During the 1-year period beginning on the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') may limit the number of registered exporters under such section 804 to not less than 50, so long as the Secretary gives priority to those exporters with demonstrated ability to process a high volume of shipments of drugs to individuals in the United States.

(E) SECOND YEAR LIMIT ON NUMBER OF EXPORTERS.—During the 1-year period beginning on the date that is 1 year after the date of enactment of this Act, the Secretary may limit the number of registered exporters under such section 804 to not less than 100, so long as the Secretary gives priority to those exporters with demonstrated ability to process a high volume of shipments of drugs to individuals in the United States.

(F) FURTHER LIMIT ON NUMBER OF EXPORTERS.—During any 1-year period beginning on a date that is 2 or more years after the date of enactment of this Act, the Secretary may limit the number of registered exporters under such section 804 to not less than 25 more than the number of such exporters during the previous 1-year period, so long as the Secretary gives priority to those exporters with demonstrated ability to process a high volume of shipments of drugs to individuals in the United States.

(3) LIMITS ON NUMBER OF IMPORTERS.—

(A) FIRST YEAR LIMIT ON NUMBER OF IMPORTERS.—During the 1-year period beginning on the date that is 1 year after the date of enactment of this Act, the Secretary may limit the number of registered importers under such section 804 to not less than 100 (of which at least a significant number shall be groups of pharmacies, to the extent feasible given the applications submitted by such groups), so long as the Secretary gives priority to those importers with demonstrated ability to process a high volume of shipments of drugs imported into the United States.

(B) SECOND YEAR LIMIT ON NUMBER OF IMPORTERS.—During the 1-year period beginning on the date that is 2 years after the date of enactment of this Act, the Secretary may limit the number of registered importers under such section 804 to not less than 200 (of which at least a significant number shall be groups of pharmacies, to the extent feasible given the applications submitted by such groups), so long as the Secretary gives priority to those importers with demonstrated ability to process a high volume of shipments of drugs into the United States.

(C) FURTHER LIMIT ON NUMBER OF IMPORTERS.—During any 1-year period beginning on a date that is 3 or more years after the date of enactment of this Act, the Secretary may limit the number of registered importers under such section 804 to not less than 50 more (of which at least a significant number shall be groups of pharmacies, to the extent feasible given the applications submitted by such groups) than the number of such importers during the previous 1-year period, so long as the Secretary gives priority to those importers with demonstrated ability to process a high volume of shipments of drugs to the United States.

(4) NOTICES FOR DRUGS FOR IMPORT FROM CANADA.—The notice with respect to a qualifying drug introduced for commercial distribution in Canada as of the date of enactment of this Act that is required under subsection (g)(2)(B)(i) of such section 804 shall be submitted to the Secretary not later than 30 days after the date of enactment of this Act if—

(A) the U.S. label drug (as defined in such section 804) for the qualifying drug is 1 of the 100 prescription drugs with the highest dollar volume of sales in the United States based on the 12 calendar month period most recently completed before the date of enactment of this Act; or

(B) the notice is a notice under subsection (g)(2)(B)(i)(II) of such section 804.

(5) NOTICE FOR DRUGS FOR IMPORT FROM OTHER COUNTRIES.—The notice with respect to a qualifying drug introduced for commercial distribution in a permitted country other than Canada as of the date of enactment of this Act that is required under subsection (g)(2)(B)(i) of such section 804 shall be submitted to the Secretary not later than 180 days after the date of enactment of this Act if—

(A) the U.S. label drug for the qualifying drug is 1 of the 100 prescription drugs with the highest dollar volume of sales in the United States based on the 12 calendar month period that is first completed on the date that is 120 days after the date of enactment of this Act; or

(B) the notice is a notice under subsection (g)(2)(B)(i)(II) of such section 804.

(6) NOTICE FOR OTHER DRUGS FOR IMPORT.—

(A) GUIDANCE ON SUBMISSION DATES.—The Secretary shall by guidance establish a series of submission dates for the notices under subsection (g)(2)(B)(i) of such section 804 with respect to qualifying drugs introduced for commercial distribution as of the date of enactment of this Act and that are not required to be submitted under paragraph (4) or (5).

(B) CONSISTENT AND EFFICIENT USE OF RESOURCES.—The Secretary shall establish the dates described under subparagraph (A) so that such notices described under subparagraph (A) are submitted and reviewed at a rate that allows consistent and efficient use of the resources and staff available to the

Secretary for such reviews. The Secretary may condition the requirement to submit such a notice, and the review of such a notice, on the submission by a registered exporter or a registered importer to the Secretary of a notice that such exporter or importer intends to import such qualifying drug to the United States under such section 804.

(C) PRIORITY FOR DRUGS WITH HIGHER SALES.—The Secretary shall establish the dates described under subparagraph (A) so that the Secretary reviews the notices described under such subparagraph with respect to qualifying drugs with higher dollar volume of sales in the United States before the notices with respect to drugs with lower sales in the United States.

(7) NOTICES FOR DRUGS APPROVED AFTER EFFECTIVE DATE.—The notice required under subsection (g)(2)(B)(i) of such section 804 for a qualifying drug first introduced for commercial distribution in a permitted country (as defined in such section 804) after the date of enactment of this Act shall be submitted to and reviewed by the Secretary as provided under subsection (g)(2)(B) of such section 804, without regard to paragraph (4), (5), or (6).

(8) REPORT.—Beginning with the first full fiscal year after the date of enactment of this Act, not later than 90 days after the end of each fiscal year during which the Secretary reviews a notice referred to in paragraph (4), (5), or (6), the Secretary shall submit a report to Congress concerning the progress of the Food and Drug Administration in reviewing the notices referred to in paragraphs (4), (5), and (6).

(9) USER FEES.—

(A) EXPORTERS.—When establishing an aggregate total of fees to be collected from exporters under subsection (f)(2) of such section 804, the Secretary shall, under subsection (f)(3)(C)(i) of such section 804, estimate the total price of drugs imported under subsection (a) of such section 804 into the United States by registered exporters during the first fiscal year in which this title takes effect to be an amount equal to the amount which bears the same ratio to $1,000,000,000 as the number of days in such fiscal year during which this title is effective bears to 365.

(B) IMPORTERS.—When establishing an aggregate total of fees to be collected from importers under subsection (e)(2) of such section 804, the Secretary shall, under subsection (e)(3)(C)(i) of such section 804, estimate the total price of drugs imported under subsection (a) of such section 804 into the United States by registered importers during—

(i) the first fiscal year in which this title takes effect to be an amount equal to the amount which bears the same ratio to $1,000,000,000 as the number of days in such fiscal year during which this title is effective bears to 365; and

(ii) the second fiscal year in which this title is in effect to be $3,000,000,000.

(C) SECOND YEAR ADJUSTMENT.—

(i) REPORTS.—Not later than February 20 of the second fiscal year in which this title is in effect, registered importers shall report to the Secretary the total price and the total volume of drugs imported to the United States by the importer during the 4-month period from October 1 through January 31 of such fiscal year.

(ii) REESTIMATE.—Notwithstanding subsection (e)(3)(C)(ii) of such section 804 or subparagraph (B), the Secretary shall reestimate the total price of qualifying drugs imported under subsection (a) of such section 804 into the United States by registered importers during the second fiscal year in which this title is in effect. Such reestimate shall be equal to—

(I) the total price of qualifying drugs imported by each importer as reported under clause (i); multiplied by

(II) 3.

(iii) ADJUSTMENT.—The Secretary shall adjust the fee due on April 1 of the second fiscal year in which this title is in effect, from each importer so that the aggregate total of fees collected under subsection (e)(2) for such fiscal year does not exceed the total price of qualifying drugs imported under subsection (a) of such section 804 into the United States by registered importers during such fiscal year as reestimated under clause (ii).

(D) FAILURE TO PAY FEES.—Notwithstanding any other provision of this section, the Secretary may prohibit a registered importer or exporter that is required to pay user fees under subsection (e) or (f) of such section 804 and that fails to pay such fees within 30 days after the date on which it is due, from importing or offering for importation a qualifying drug under such section 804 until such fee is paid.

(E) ANNUAL REPORT.—

(i) FOOD AND DRUG ADMINISTRATION.—Not later than 180 days after the end of each fiscal year during which fees are collected under subsection (e), (f), or (g)(2)(B)(iv) of such section 804, the Secretary shall prepare and submit to the House of Representatives and the Senate a report on the implementation of the authority for such fees during such fiscal year and the use, by the Food and Drug Administration, of the fees collected for the fiscal year for which the report is made and credited to the Food and Drug Administration.

(ii) CUSTOMS AND BORDER PROTECTION.—Not later than 180 days after the end of each fiscal year during which fees are collected under subsection (e) or (f) of such section 804, the Secretary of Homeland Security, in consultation with the Secretary of the Treasury, shall prepare and submit to the House of Representatives and the Senate a report on the use, by the Bureau of Customs and Border Protection, of the fees, if any, transferred by the Secretary to the Bureau of Customs and Border Protection for the fiscal year for which the report is made.

(10) SPECIAL RULE REGARDING IMPORTATION BY INDIVIDUALS.—

(A) IN GENERAL.—Notwithstanding any provision of this title (or an amendment made by this title), the Secretary shall expedite the designation of any additional permitted countries from which an individual may import a qualifying drug into the United States under such section 804 if any action implemented by the Government of Canada has the effect of limiting or prohibiting the importation of qualifying drugs into the United States from Canada.

(B) TIMING AND CRITERIA.—The Secretary shall designate such additional permitted countries under subparagraph (A)—

(i) not later than 6 months after the date of the action by the Government of Canada described under such subparagraph; and

(ii) using the criteria described under subsection (a)(4)(D)(i)(II) of such section 804.

(f) IMPLEMENTATION OF SECTION 804.—

(1) INTERIM RULE.—The Secretary may promulgate an interim rule for implementing section 804 of the Federal Food, Drug, and Cosmetic Act, as added by subsection (a) of this section.

(2) NO NOTICE OF PROPOSED RULEMAKING.—The interim rule described under paragraph (1) may be developed and promulgated by the Secretary without providing general notice of proposed rulemaking.

(3) FINAL RULE.—Not later than 1 year after the date on which the Secretary promulgates an interim rule under paragraph (1), the Secretary shall, in accordance with procedures under section 553 of title 5, United States Code, promulgate a final rule for implementing such section 804, which may incorporate by reference provisions of the interim rule provided for under paragraph (1), to the extent that such provisions are not modified.

(g) CONSUMER EDUCATION.—The Secretary shall carry out activities that educate consumers—

(1) with regard to the availability of qualifying drugs for import for personal use from an exporter registered with and approved by the Food and Drug Administration under section 804 of the Federal Food, Drug, and Cosmetic Act, as added by this section, including information on how to verify whether an exporter is registered and approved by use of the Internet website of the Food and Drug Administration and the toll-free telephone number required by this title;

(2) that drugs that consumers attempt to import from an exporter that is not registered with and approved by the Food and Drug Administration can be seized by the United States Customs Service and destroyed, and that such drugs may be counterfeit, unapproved, unsafe, or ineffective;

(3) with regard to the suspension and termination of any registration of a registered importer or exporter under such section 804; and

(4) with regard to the availability at domestic retail pharmacies of qualifying drugs imported under such section 804 by domestic wholesalers and pharmacies registered with and approved by the Food and Drug Administration.

(h) EFFECT ON ADMINISTRATION PRACTICES.—Notwithstanding any provision of this title (and the amendments made by this title), the practices and policies of the Food and Drug Administration and Bureau of Customs and Border Protection, in effect on January 1, 2004, with respect to the importation of prescription drugs into the United States by an individual, on the person of such individual, for personal use, shall remain in effect.

(i) REPORT TO CONGRESS.—The Federal Trade Commission shall, on an annual basis, submit to Congress a report that describes any action taken during the period for which the report is being prepared to enforce the provisions of section 804(n) of the Federal Food, Drug, and Cosmetic Act (as added by this title), including any pending investigations or civil actions under such section.

SEC. 3005. DISPOSITION OF CERTAIN DRUGS DENIED ADMISSION INTO UNITED STATES.

(a) IN GENERAL.—Chapter VIII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381 et seq.), as amended by section 3004, is further amended by adding at the end the following section:

"SEC. 805. DISPOSITION OF CERTAIN DRUGS DENIED ADMISSION.

''(a) IN GENERAL.—The Secretary of Homeland Security shall deliver to the Secretary a shipment of drugs that is imported or offered for import into the United States if—

''(1) the shipment has a declared value of less than $10,000; and

''(2)(A) the shipping container for such drugs does not bear the markings required under section 804(d)(2); or

''(B) the Secretary has requested delivery of such shipment of drugs.

''(b) NO BOND OR EXPORT.—Section 801(b) does not authorize the delivery to the owner or consignee of drugs delivered to the Secretary under subsection (a) pursuant to the execution of a bond, and such drugs may not be exported.

''(c) DESTRUCTION OF VIOLATIVE SHIPMENT.—The Secretary shall destroy a shipment of drugs delivered by the Secretary of Homeland Security to the Secretary under subsection (a) if—

''(1) in the case of drugs that are imported or offered for import from a registered exporter under section 804, the drugs are in violation of any standard described in section 804(g)(5); or

''(2) in the case of drugs that are not imported or offered for import from a registered exporter under section 804, the drugs are in violation of a standard referred to in section 801(a) or 801(d)(1).

''(d) CERTAIN PROCEDURES.—

''(1) IN GENERAL.—The delivery and destruction of drugs under this section may be carried out without notice to the importer, owner, or consignee of the drugs except as required by section 801(g) or section 804(i)(2). The issuance of receipts for the drugs, and recordkeeping activities regarding the drugs, may be carried out on a summary basis.

''(2) OBJECTIVE OF PROCEDURES.—Procedures promulgated under paragraph (1) shall be designed toward the objective of ensuring that, with respect to efficiently utilizing Federal resources available for carrying out this section, a substantial majority of shipments of drugs subject to described in subsection (c) are identified and destroyed.

''(e) EVIDENCE EXCEPTION.—Drugs may not be destroyed under subsection (c) to the extent that the Attorney General of the United States determines that the drugs should be preserved as evidence or potential evidence with respect to an offense against the United States.

''(f) RULE OF CONSTRUCTION.—This section may not be construed as having any legal effect on applicable law with respect to a shipment of drugs that is imported or offered for import into the United States and has a declared value equal to or greater than $10,000.''.

(b) PROCEDURES.—Procedures for carrying out section 805 of the Federal Food, Drug, and Cosmetic Act, as added by subsection (a), shall be established not later than 90 days after the date of the enactment of this Act.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is 90 days after the date of enactment of this Act.

SEC. 3006. WHOLESALE DISTRIBUTION OF DRUGS; STATEMENTS REGARDING PRIOR SALE, PURCHASE, OR TRADE.

(a) STRIKING OF EXEMPTIONS; APPLICABILITY TO REGISTERED EXPORTERS.—Section 503(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(e)) is amended—

(1) in paragraph (1)—

(A) by striking ''and who is not the manufacturer or an authorized distributor of record of such drug'';

(B) by striking ''to an authorized distributor of record or''; and

(C) by striking subparagraph (B) and inserting the following:

''(B) The fact that a drug subject to subsection (b) is exported from the United States does not with respect to such drug exempt any person that is engaged in the business of the wholesale distribution of the drug from providing the statement described in subparagraph (A) to the person that receives the drug pursuant to the export of the drug.

''(C)(i) The Secretary shall by regulation establish requirements that supersede subparagraph (A) (referred to in this subparagraph as 'alternative requirements') to identify the chain of custody of a drug subject to subsection (b) from the manufacturer of the drug throughout the wholesale distribution of the drug to a pharmacist who intends to sell the drug at retail if the Secretary determines that the alternative requirements, which may include standardized anti-counterfeiting or track-and-trace technologies, will identify such chain of custody or the identity of the discrete package of the drug from which the drug is dispensed with equal or greater certainty to the requirements of subparagraph (A), and that the alternative requirements are economically and technically feasible.

''(ii) When the Secretary promulgates a final rule to establish such alternative requirements, the final rule in addition shall, with respect to the registration condition established in clause (i) of section 804(c)(3)(B), establish a condition equivalent to the alternative requirements, and such equivalent condition may be met in lieu of the registration condition established in such clause (i).'';

(2) in paragraph (2)(A), by adding at the end the following: ''The preceding sentence may not be construed as having any applicability with respect to a registered exporter under section 804.''; and

(3) in paragraph (3), by striking ''and subsection (d)—'' in the matter preceding subparagraph (A) and all that follows through ''the term 'wholesale distribution' means'' in subparagraph (B) and inserting the following: ''and subsection (d), the term 'wholesale distribution' means''.

(b) CONFORMING AMENDMENT.—Section 503(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(d)) is amended by adding at the end the following:

''(4) Each manufacturer of a drug subject to subsection (b) shall maintain at its corporate offices a current list of the authorized distributors of record of such drug.

''(5) For purposes of this subsection, the term 'authorized distributors of record' means those distributors with whom a manufacturer has established an ongoing relationship to distribute such manufacturer's products.''.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by paragraphs (1) and (3) of subsection (a) and by subsection (b) shall take effect on January 1, 2012.

(2) DRUGS IMPORTED BY REGISTERED IMPORTERS UNDER SECTION 804.—Notwithstanding paragraph (1), the amendments made by paragraphs (1) and (3) of subsection (a) and by subsection (b) shall take effect on the date that is 90 days after the date of enactment of this Act with respect to qualifying drugs imported under section 804 of the Federal Food, Drug, and Cosmetic Act, as added by section 3004.

(3) EFFECT WITH RESPECT TO REGISTERED EXPORTERS.—The amendment made by subsection (a)(2) shall take effect on the date that is 90 days after the date of enactment of this Act.

(4) ALTERNATIVE REQUIREMENTS.—The Secretary shall issue regulations to establish the alternative requirements, referred to in the amendment made by subsection (a)(1), that take effect not later than January 1, 2012.

(5) INTERMEDIATE REQUIREMENTS.—The Secretary shall by regulation require the use of standardized anti-counterfeiting or track-and-trace technologies on prescription drugs at the case and pallet level effective not later than 1 year after the date of enactment of this Act.

(6) ADDITIONAL REQUIREMENTS.—

(A) IN GENERAL.—Notwithstanding any other provision of this section, the Secretary shall, not later than 18 months after the date of enactment of this Act, require that the packaging of any prescription drug incorporates—

(i) a standardized numerical identifier unique to each package of such drug, applied at the point of manufacturing and repackaging (in which case the numerical identifier shall be linked to the numerical identifier applied at the point of manufacturing); and

(ii)(I) overt optically variable counterfeit-resistant technologies that—

(aa) are visible to the naked eye, providing for visual identification of product authenticity without the need for readers, microscopes, lighting devices, or scanners;

(bb) are similar to that used by the Bureau of Engraving and Printing to secure United States currency;

(cc) are manufactured and distributed in a highly secure, tightly controlled environment; and

(dd) incorporate additional layers of nonvisible convert security features up to and including forensic capability, as described in subparagraph (B); or

(II) technologies that have a function of security comparable to that described in subclause (I), as determined by the Secretary.

(B) STANDARDS FOR PACKAGING.—For the purpose of making it more difficult to counterfeit the packaging of drugs subject to this paragraph, the manufacturers of such drugs shall incorporate the technologies described in subparagraph (A) into at least 1 additional element of the physical packaging of the drugs, including blister packs, shrink wrap, package labels, package seals, bottles, and boxes.

SEC. 3007. INTERNET SALES OF PRESCRIPTION DRUGS.

(a) IN GENERAL.—Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 503B the following:

''SEC. 503C. INTERNET SALES OF PRESCRIPTION DRUGS.

''(a) REQUIREMENTS REGARDING INFORMATION ON INTERNET SITE.—

''(1) IN GENERAL.—A person may not dispense a prescription drug pursuant to a sale of the drug by such person if—

''(A) the purchaser of the drug submitted the purchase order for the drug, or conducted any other part of the sales transaction for the drug, through an Internet site;

''(B) the person dispenses the drug to the purchaser by mailing or shipping the drug to the purchaser; and

''(C) such site, or any other Internet site used by such person for purposes of sales of a prescription drug, fails to meet each of the requirements specified in paragraph (2), other than a site or pages on a site that—

''(i) are not intended to be accessed by purchasers or prospective purchasers; or

''(ii) provide an Internet information location tool within the meaning of section 231(e)(5) of the Communications Act of 1934 (47 U.S.C. 231(e)(5)).

''(2) REQUIREMENTS.—With respect to an Internet site, the requirements referred to in subparagraph (C) of paragraph (1) for a person to whom such paragraph applies are as follows:

''(A) Each page of the site shall include either the following information or a link to a page that provides the following information:

''(i) The name of such person.

''(ii) Each State in which the person is authorized by law to dispense prescription drugs.

''(iii) The address and telephone number of each place of business of the person with respect to sales of prescription drugs through the Internet, other than a place of business that does not mail or ship prescription drugs to purchasers.

''(iv) The name of each individual who serves as a pharmacist for prescription drugs that are mailed or shipped pursuant to the site, and each State in which the individual is authorized by law to dispense prescription drugs.

''(v) If the person provides for medical consultations through the site for purposes of providing prescriptions, the name of each individual who provides such consultations;

each State in which the individual is licensed or otherwise authorized by law to provide such consultations or practice medicine; and the type or types of health professions for which the individual holds such licenses or other authorizations.

''(B) A link to which paragraph (1) applies shall be displayed in a clear and prominent place and manner, and shall include in the caption for the link the words 'licensing and contact information'.

''(b) INTERNET SALES WITHOUT APPROPRIATE MEDICAL RELATIONSHIPS.—

''(1) IN GENERAL.—Except as provided in paragraph (2), a person may not dispense a prescription drug, or sell such a drug, if—

''(A) for purposes of such dispensing or sale, the purchaser communicated with the person through the Internet;

''(B) the patient for whom the drug was dispensed or purchased did not, when such communications began, have a prescription for the drug that is valid in the United States;

''(C) pursuant to such communications, the person provided for the involvement of a practitioner, or an individual represented by the person as a practitioner, and the practitioner or such individual issued a prescription for the drug that was purchased;

''(D) the person knew, or had reason to know, that the practitioner or the individual referred to in subparagraph (C) did not, when issuing the prescription, have a qualifying medical relationship with the patient; and

''(E) the person received payment for the dispensing or sale of the drug.

For purposes of subparagraph (E), payment is received if money or other valuable consideration is received.

''(2) EXCEPTIONS.—Paragraph (1) does not apply to—

''(A) the dispensing or selling of a prescription drug pursuant to telemedicine practices sponsored by—

''(i) a hospital that has in effect a provider agreement under title XVIII of the Social Security Act (relating to the Medicare program); or

''(ii) a group practice that has not fewer than 100 physicians who have in effect provider agreements under such title; or

''(B) the dispensing or selling of a prescription drug pursuant to practices that promote the public health, as determined by the Secretary by regulation.

''(3) QUALIFYING MEDICAL RELATIONSHIP.—

''(A) IN GENERAL.—With respect to issuing a prescription for a drug for a patient, a practitioner has a qualifying medical relationship with the patient for purposes of this section if—

''(i) at least one in-person medical evaluation of the patient has been conducted by the practitioner; or

''(ii) the practitioner conducts a medical evaluation of the patient as a covering practitioner.

''(B) IN-PERSON MEDICAL EVALUATION.—A medical evaluation by a practitioner is an in-person medical evaluation for purposes of this section if the practitioner is in the physical presence of the patient as part of conducting the evaluation, without regard to whether portions of the evaluation are conducted by other health professionals.

''(C) COVERING PRACTITIONER.—With respect to a patient, a practitioner is a covering practitioner for purposes of this section if the practitioner conducts a medical evaluation of the patient at the request of a practitioner who has conducted at least one in-person medical evaluation of the patient and is temporarily unavailable to conduct the evaluation of the patient. A practitioner is a covering practitioner without regard to whether the practitioner has conducted any in-person medical evaluation of the patient involved.

''(4) RULES OF CONSTRUCTION.—

''(A) INDIVIDUALS REPRESENTED AS PRACTITIONERS.—A person who is not a practitioner (as defined in subsection (e)(1)) lacks legal capacity under this section to have a qualifying medical relationship with any patient.

''(B) STANDARD PRACTICE OF PHARMACY.—Paragraph (1) may not be construed as prohibiting any conduct that is a standard practice in the practice of pharmacy.

''(C) APPLICABILITY OF REQUIREMENTS.—Paragraph (3) may not be construed as having any applicability beyond this section, and does not affect any State law, or interpretation of State law, concerning the practice of medicine.

''(c) ACTIONS BY STATES.—

''(1) IN GENERAL.—Whenever an attorney general of any State has reason to believe that the interests of the residents of that State have been or are being threatened or adversely affected because any person has engaged or is engaging in a pattern or practice that violates section 301(l), the State may bring a civil action on behalf of its residents in an appropriate district court of the United States to enjoin such practice, to enforce compliance with such section (including a nationwide injunction), to obtain damages, restitution, or other compensation on behalf of residents of such State, to obtain reasonable attorneys fees and costs if the State prevails in the civil action, or to obtain such further and other relief as the court may deem appropriate.

''(2) NOTICE.—The State shall serve prior written notice of any civil action under paragraph (1) or (5)(B) upon the Secretary and provide the Secretary with a copy of its complaint, except that if it is not feasible for the State to provide such prior notice, the State shall serve such notice immediately upon instituting such action. Upon receiving a notice respecting a civil action, the Secretary shall have the right—

''(A) to intervene in such action;

''(B) upon so intervening, to be heard on all matters arising therein; and

''(C) to file petitions for appeal.

''(3) CONSTRUCTION.—For purposes of bringing any civil action under paragraph (1), nothing in this chapter shall prevent an attorney general of a State from exercising the powers conferred on the attorney general by the laws of such State to conduct investigations or to administer oaths or affirmations or to compel the attendance of witnesses or the production of documentary and other evidence.

''(4) VENUE; SERVICE OF PROCESS.—Any civil action brought under paragraph (1) in a district court of the United States may be brought in the district in which the defendant is found, is an inhabitant, or transacts business or wherever venue is proper under section 1391 of title 28, United States Code. Process in such an action may be served in any district in which the defendant is an inhabitant or in which the defendant may be found.

''(5) ACTIONS BY OTHER STATE OFFICIALS.—

''(A) Nothing contained in this section shall prohibit an authorized State official from proceeding in State court on the basis of an alleged violation of any civil or criminal statute of such State.

''(B) In addition to actions brought by an attorney general of a State under paragraph (1), such an action may be brought by officers of such State who are authorized by the State to bring actions in such State on behalf of its residents.

''(d) EFFECT OF SECTION.—This section shall not apply to a person that is a registered exporter under section 804.

''(e) GENERAL DEFINITIONS.—For purposes of this section:

''(1) The term 'practitioner' means a practitioner referred to in section 503(b)(1) with respect to issuing a written or oral prescription.

''(2) The term 'prescription drug' means a drug that is described in section 503(b)(1).

''(3) The term 'qualifying medical relationship', with respect to a practitioner and a patient, has the meaning indicated for such term in subsection (b).

''(f) INTERNET-RELATED DEFINITIONS.—

''(1) IN GENERAL.—For purposes of this section:

''(A) The term 'Internet' means collectively the myriad of computer and telecommunications facilities, including equipment and operating software, which comprise the interconnected world-wide network of networks that employ the transmission control protocol/internet protocol, or any predecessor or successor protocols to such protocol, to communicate information of all kinds by wire or radio.

''(B) The term 'link', with respect to the Internet, means one or more letters, words, numbers, symbols, or graphic items that appear on a page of an Internet site for the purpose of serving, when activated, as a method for executing an electronic command—

''(i) to move from viewing one portion of a page on such site to another portion of the page;

''(ii) to move from viewing one page on such site to another page on such site; or

''(iii) to move from viewing a page on one Internet site to a page on another Internet site.

''(C) The term 'page', with respect to the Internet, means a document or other file accessed at an Internet site.

''(D)(i) The terms 'site' and 'address', with respect to the Internet, mean a specific location on the Internet that is determined by Internet Protocol numbers. Such term includes the domain name, if any.

''(ii) The term 'domain name' means a method of representing an Internet address without direct reference to the Internet Protocol numbers for the address, including methods that use designations such as '.com', '.edu', '.gov', '.net', or '.org'.

''(iii) The term 'Internet Protocol numbers' includes any successor protocol for determining a specific location on the Internet.

''(2) AUTHORITY OF SECRETARY.—The Secretary may by regulation modify any definition under paragraph (1) to take into account changes in technology.

''(g) INTERACTIVE COMPUTER SERVICE; ADVERTISING.—No provider of an interactive computer service, as defined in section 230(f)(2) of the Communications Act of 1934 (47 U.S.C. 230(f)(2)), or of advertising services shall be liable under this section for dispensing or selling prescription drugs in violation of this section on account of another person's selling or dispensing such drugs, provided that the provider of the interactive computer service or of advertising services does not own or exercise corporate control over such person.

''(h) NO EFFECT ON OTHER REQUIREMENTS; COORDINATION.—The requirements of this section are in addition to, and do not supersede, any requirements under the Controlled Substances Act or the Controlled Substances Import and Export Act (or any regulation promulgated under either such Act) regarding Internet pharmacies and controlled substances. In promulgating regulations to carry out this section, the Secretary shall coordinate with the Attorney General to ensure that such regulations do not duplicate or conflict with the requirements described in the previous sentence, and that such regulations and requirements coordinate to the extent practicable.''.

(b) INCLUSION AS PROHIBITED ACT.—Section 301 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331) is amended by inserting after paragraph (k) the following:

''(l) The dispensing or selling of a prescription drug in violation of section 503C.''.

(c) INTERNET SALES OF PRESCRIPTION DRUGS; CONSIDERATION BY SECRETARY OF PRACTICES AND PROCEDURES FOR CERTIFICATION OF LEGITIMATE BUSINESSES.—In carrying out section 503C of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a) of this section), the Secretary of Health and Human Services shall take into consideration the practices and procedures of public or private entities that certify that businesses selling prescription drugs through Internet sites are legitimate businesses, including practices and procedures regarding disclosure formats and verification programs.

(d) REPORTS REGARDING INTERNET-RELATED VIOLATIONS OF FEDERAL AND STATE LAWS ON DISPENSING OF DRUGS.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this subsection as the ''Secretary'') shall, pursuant to the submission of an application meeting the criteria of the Secretary, make an award of a grant or contract to the National Clearinghouse on Internet Prescribing (operated by the Federation of State Medical Boards) for the purpose of—

(A) identifying Internet sites that appear to be in violation of Federal or State laws concerning the dispensing of drugs;

(B) reporting such sites to State medical licensing boards and State pharmacy licensing boards, and to the Attorney General and the Secretary, for further investigation; and

(C) submitting, for each fiscal year for which the award under this subsection is made, a report to the Secretary describing investigations undertaken with respect to violations described in subparagraph (A).

(2) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out paragraph (1), there is authorized to be appropriated $100,000 for each of the first 3 fiscal years in which this section is in effect.

(e) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) take effect 90 days after the date of enactment of this Act, without regard to whether a final rule to implement such amendments has been promulgated by the Secretary of Health and Human Services under section 701(a) of the Federal Food, Drug, and Cosmetic Act. The preceding sentence may not be construed as affecting the authority of such Secretary to promulgate such a final rule.

SEC. 3008. PROHIBITING PAYMENTS TO UNREGISTERED FOREIGN PHARMACIES.

(a) IN GENERAL.—Section 303 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 333) is amended by adding at the end the following:

''(h) RESTRICTED TRANSACTIONS.—

''(1) IN GENERAL.—The introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system is prohibited.

''(2) PAYMENT SYSTEM.—

''(A) IN GENERAL.—The term 'payment system' means a system used by a person described in subparagraph (B) to effect a credit transaction, electronic fund transfer, or money transmitting service that may be used in connection with, or to facilitate, a restricted transaction, and includes—

''(i) a credit card system;

''(ii) an international, national, regional, or local network used to effect a credit transaction, an electronic fund transfer, or a money transmitting service; and

''(iii) any other system that is centrally managed and is primarily engaged in the transmission and settlement of credit transactions, electronic fund transfers, or money transmitting services.

''(B) PERSONS DESCRIBED.—A person referred to in subparagraph (A) is—

''(i) a creditor;

''(ii) a credit card issuer;

''(iii) a financial institution;

''(iv) an operator of a terminal at which an electronic fund transfer may be initiated;

''(v) a money transmitting business; or

''(vi) a participant in an international, national, regional, or local network used to effect a credit transaction, electronic fund transfer, or money transmitting service.

''(3) RESTRICTED TRANSACTION.—The term 'restricted transaction' means a transaction or transmittal, on behalf of an individual who places an unlawful drug importation request to any person engaged in the operation of an unregistered foreign pharmacy, of—

''(A) credit, or the proceeds of credit, extended to or on behalf of the individual for the purpose of the unlawful drug importation request (including credit extended through the use of a credit card);

''(B) an electronic fund transfer or funds transmitted by or through a money transmitting business, or the proceeds of an electronic fund transfer or money transmitting service, from or on behalf of the individual for the purpose of the unlawful drug importation request;

''(C) a check, draft, or similar instrument which is drawn by or on behalf of the individual for the purpose of the unlawful drug importation request and is drawn on or payable at or through any financial institution; or

''(D) the proceeds of any other form of financial transaction (identified by the Board by regulation) that involves a financial institution as a payor or financial intermediary on behalf of or for the benefit of the individual for the purpose of the unlawful drug importation request.

''(4) UNLAWFUL DRUG IMPORTATION REQUEST.—The term 'unlawful drug importation request' means the request, or transmittal of a request, made to an unregistered foreign pharmacy for a prescription drug by mail (including a private carrier), facsimile, phone, or electronic mail, or by a means that involves the use, in whole or in part, of the Internet.

''(5) UNREGISTERED FOREIGN PHARMACY.—The term 'unregistered foreign pharmacy' means a person in a country other than the United States that is not a registered exporter under section 804.

''(6) OTHER DEFINITIONS.—

''(A) CREDIT; CREDITOR; CREDIT CARD.—The terms 'credit', 'creditor', and 'credit card' have the meanings given the terms in section 103 of the Truth in Lending Act (15 U.S.C. 1602).

''(B) ACCESS DEVICE; ELECTRONIC FUND TRANSFER.—The terms 'access device' and 'electronic fund transfer'—

''(i) have the meaning given the term in section 903 of the Electronic Fund Transfer Act (15 U.S.C. 1693a); and

''(ii) the term 'electronic fund transfer' also includes any fund transfer covered under Article 4A of the Uniform Commercial Code, as in effect in any State.

''(C) FINANCIAL INSTITUTION.—The term 'financial institution'—

''(i) has the meaning given the term in section 903 of the Electronic Transfer Fund Act (15 U.S.C. 1693a); and

''(ii) includes a financial institution (as defined in section 509 of the Gramm-Leach-Bliley Act (15 U.S.C. 6809)).

''(D) MONEY TRANSMITTING BUSINESS; MONEY TRANSMITTING SERVICE.—The terms 'money transmitting business' and 'money transmitting service' have the meaning given the terms in section 5330(d) of title 31, United States Code.

''(E) BOARD.—The term 'Board' means the Board of Governors of the Federal Reserve System.

''(7) POLICIES AND PROCEDURES REQUIRED TO PREVENT RESTRICTED TRANSACTIONS.—

''(A) REGULATIONS.—The Board shall promulgate regulations requiring—

''(i) an operator of a credit card system;

''(ii) an operator of an international, national, regional, or local network used to effect a credit transaction, an electronic fund transfer, or a money transmitting service;

''(iii) an operator of any other payment system that is centrally managed and is primarily engaged in the transmission and settlement of credit transactions, electronic transfers or money transmitting services where at least one party to the transaction or transfer is an individual; and

''(iv) any other person described in paragraph (2)(B) and specified by the Board in such regulations,

to establish policies and procedures that are reasonably designed to prevent the introduction of a restricted transaction into a payment system or the completion of a restricted transaction using a payment system

''(B) REQUIREMENTS FOR POLICIES AND PROCEDURES.—In promulgating regulations under subparagraph (A), the Board shall—

''(i) identify types of policies and procedures, including nonexclusive examples, that shall be considered to be reasonably designed to prevent the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system; and

''(ii) to the extent practicable, permit any payment system, or person described in paragraph (2)(B), as applicable, to choose among alternative means of preventing the introduction or completion of restricted transactions.

''(C) NO LIABILITY FOR BLOCKING OR REFUSING TO HONOR RESTRICTED TRANSACTION.—

''(i) IN GENERAL.—A payment system, or a person described in paragraph (2)(B) that is subject to a regulation issued under this subsection, and any participant in such payment system that prevents or otherwise refuses to honor transactions in an effort to implement the policies and procedures required under this subsection or to otherwise comply with this subsection shall not be liable to any party for such action.

''(ii) COMPLIANCE.—A person described in paragraph (2)(B) meets the requirements of this subsection if the person relies on and complies with the policies and procedures of a payment system of which the person is a member or in which the person is a participant, and such policies and procedures of the payment system comply with the requirements of the regulations promulgated under subparagraph (A).

''(D) ENFORCEMENT.—

''(i) IN GENERAL.—This subsection, and the regulations promulgated under this subsection, shall be enforced exclusively by the Federal functional regulators and the Federal Trade Commission under applicable law in the manner provided in section 505(a) of the Gramm-Leach-Bliley Act (15 U.S.C. 6805(a)).

''(ii) FACTORS TO BE CONSIDERED.—In considering any enforcement action under this subsection against a payment system or person described in paragraph (2)(B), the Federal functional regulators and the Federal Trade Commission shall consider the following factors:

''(I) The extent to which the payment system or person knowingly permits restricted transactions.

''(II) The history of the payment system or person in connection with permitting restricted transactions.

''(III) The extent to which the payment system or person has established and is maintaining policies and procedures in compliance with regulations prescribed under this subsection.

''(8) TRANSACTIONS PERMITTED.—A payment system, or a person described in paragraph (2)(B) that is subject to a regulation issued under this subsection, is authorized to engage in transactions with foreign pharmacies in connection with investigating violations or potential violations of any rule or requirement adopted by the payment system or person in connection with complying with paragraph (7). A payment system, or such a person, and its agents and employees shall not be found to be in violation of, or liable under, any Federal, State or other law by virtue of engaging in any such transaction.

''(9) RELATION TO STATE LAWS.—No requirement, prohibition, or liability may be imposed on a payment system, or a person described in paragraph (2)(B) that is subject to a regulation issued under this subsection, under the laws of any state with respect to any payment transaction by an individual because the payment transaction involves a payment to a foreign pharmacy.

''(10) TIMING OF REQUIREMENTS.—A payment system, or a person described in paragraph (2)(B) that is subject to a regulation issued under this subsection, must adopt policies and procedures reasonably designed to comply with any regulations required under paragraph (7) within 60 days after such regulations are issued in final form.

''(11) COMPLIANCE.—A payment system, and any person described in paragraph (2)(B), shall not be deemed to be in violation of paragraph (1)—

''(A)(i) if an alleged violation of paragraph (1) occurs prior to the mandatory compliance date of the regulations issued under paragraph (7); and

''(ii) such entity has adopted or relied on policies and procedures that are reasonably designed to prevent the introduction of restricted transactions into a payment system or the completion of restricted transactions using a payment system; or

''(B)(i) if an alleged violation of paragraph (1) occurs after the mandatory compliance date of such regulations; and

''(ii) such entity is in compliance with such regulations.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall take effect on the day that is 90 days after the date of enactment of this Act.

(c) IMPLEMENTATION.—The Board of Governors of the Federal Reserve System shall promulgate regulations as required by subsection (h)(7) of section 303 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 333), as added by subsection (a), not later than 90 days after the date of enactment of this Act.

SEC. 3009. IMPORTATION EXEMPTION UNDER CONTROLLED SUBSTANCES IMPORT AND EXPORT ACT.

Section 1006(a)(2) of the Controlled Substances Import and Export Act (21 U.S.C. 956(a)(2)) is amended by striking ''not import the controlled substance into the United States in an amount that exceeds 50 dosage units of the controlled substance.'' and inserting ''import into the United States not more than 10 dosage units combined of all such controlled substances.''.

SEC. 3010. SEVERABILITY.

If any provision of this title, an amendment by this title, or the application of such provision or amendment to any person or circumstance is held to be unconstitutional, the remainder of this title, the amendments made by this title, and the application of the provisions of such to any person or circumstance shall not affected thereby.

SA 3689. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 1502. NO PAY RAISE FOR MEMBERS OF CONGRESS UNTIL THEY BALANCE THE BUDGET.

(a) RESTRICTION ON COLA ADJUSTMENTS.—Notwithstanding any other provision of law, no adjustment shall be made under section 601(a) of the Legislative Reorganization Act of 1946 (2 U.S.C. 31) (relating to cost of living adjustments for Members of Congress) during fiscal year 2011 or any succeeding fiscal year, until the fiscal year following the first fiscal year that the annual Federal budget deficit is $0 as determined in the report submitted under subsection (b).

(b) DETERMINATIONS AND REPORTS.—

(1) IN GENERAL.—Not later than 30 days after the end of each fiscal year, the Secretary of the Treasury shall—

(A) make a determination of whether or not the annual Federal budget deficit was $0 for that fiscal year; and

(B) if the determination is that the annual Federal budget deficit was $0 for that fiscal year, submit a report to Congress of that determination.

(2) RESTRICTION OF COLA ADJUSTMENTS.—Not later than the end of each calendar year, the Secretary of the Treasury shall submit a report to the Secretary of the Senate and the Chief Administrative Officer of the House of Representatives on—

(A) any determination made under paragraph (1); and

(B) whether or not the restriction under subsection (a) shall apply to the succeeding fiscal year.

SA 3690. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 113, after line 21, add the following:

SEC. 1502. RELOCATION OF THE UNITED STATES EMBASSY TO JERUSALEM.

(a) REMOVAL OF WAIVER AUTHORITY.—The Jerusalem Embassy Act of 1995 (Public Law 104–45; 109 Stat. 398) is amended—

(1) by striking section 7; and

(2) by redesignating section 8 as section 7.

(b) TIMETABLE.—Not more than 50 percent of the funds appropriated to the Department of State for fiscal year 2012 for ''Acquisition and Maintenance of Buildings Abroad'' may be obligated until the Secretary of State determines and reports to Congress that the United States Embassy in Jerusalem has officially opened.

(c) FISCAL YEARS 2010 AND 2011 FUNDING.—

(1) FISCAL YEAR 2010.—Of the funds authorized to be appropriated for ''Acquisition and Maintenance of Buildings Abroad'' for the Department of State for fiscal year 2010, such sums as may be necessary shall be made available until expended only for construction and other costs associated with the establishment of the United States Embassy in Israel in the capital of Jerusalem.

(2) FISCAL YEAR 2011.—Of the funds authorized to be appropriated for ''Acquisition and Maintenance of Buildings Abroad'' for the Department of State for fiscal year 2011, such sums as may be necessary shall be made available until expended only for construction and other costs associated with the establishment of the United States Embassy in Israel in the capital of Jerusalem.

(d) DEFINITION.—In this section, the term ''United States Embassy'' means the offices of the United States diplomatic mission and the residence of the United States chief of mission.

SA 3691. Mr. GRASSLEY submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, add the following:

SEC. 1502. PAYMENT FOR ILLEGAL UNAPPROVED DRUGS.

(a) LISTING OF DRUGS AND DEVICES.—Section 510 of the Food, Drug and Cosmetic Act (21 U.S.C. 360) is amended—

(1) in subsection (j)(1)(B)—

(A) in clause (i), by inserting ''in the case of a drug, the authority under this Act that does not require such drug to be subject to section 505 and section 512,'' after ''labeling for such drug or device,''; and

(B) in clause (ii), by inserting '', in the case of a drug, the authority under this Act that does not require such drug to be subject to section 505 and section 512,'' after ''for such drug or device''; and

(2) in subsection (f)—

(A) by striking ''(f) The Secretary'' and inserting the following:

''(f) INSPECTION BY PUBLIC OF REGISTRATION.—

''(1) IN GENERAL.—The Secretary''; and

(B) by adding at the end the following:

''(2) LIST OF DRUGS THAT ARE NOT APPROVED UNDER SECTION 505 OR 512.—Not later than January 1, 2011, the Secretary shall make available to the public on the Internet website of the Food and Drug Administration a list that includes, for each drug described in subsection (j)(1)(B)—

''(A) the drug;

''(B) the person who listed such drug; and

''(C) the authority under this Act that does not require such drug to be subject to section 505 and section 512, as provided by such person in such list.''.

(b) PAYMENT FOR COVERED OUTPATIENT DRUGS.—Section 1927 of the Social Security Act (42 U.S.C. 1396r-8) is amended by inserting at the end the following:

''(l) CONDITION.—Beginning January 1, 2011, no State shall make any payment under this section for any covered outpatient drug unless such State first verifies with the Food and Drug Administration that such covered outpatient drug has been approved by the Food and Drug Administration under a new drug application under section 505(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)) or an abbreviated new drug application under section 505(j) of such Act, or that such drug is not subject to such section 505 or section 512 due to the application of section 201(p) of such Act (21 U.S.C. 321(p)). The Secretary shall have the authority to proscribe regulations to create an information sharing protocol to allow States to verify that a covered outpatient drug has been approved by the Food and Drug Administration.''.

SA 3692. Mr. GRASSLEY submitted an amendment intended to be proposed

by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 82, after line 9, insert the following:

SEC. _____. EXTENSION AND EXPANSION OF OVERSIGHT FOR CLAIMS OF DME SUPPLIERS.

Section 1866(j) of the Social Security Act, as amended by section 1304, is further amended—

(1) in paragraph (4)—

(A) in the heading, by striking ''90-DAY'' and inserting ''180-DAY''; and

(B) by striking ''90-day'' and inserting ''180-day'';

(2) by redesignating paragraphs (5) through (8) as paragraphs (6) through (9), respectively; and

(3) by inserting after paragraph (4) the following new paragraph:

''(5) 180-DAY PERIOD OF ENHANCED OVERSIGHT AND ADDITIONAL REVIEW FOR OTHER CLAIMS OF DME SUPPLIERS.—For periods beginning after January 1, 2011, if the Secretary determines that there is a significant risk of fraudulent activity among suppliers of durable medical equipment, in the case of a supplier of durable medical equipment not described in paragraph (4) who is within a category or geographic area under title XVIII identified pursuant to such determination, the Secretary shall, notwithstanding sections 1816(c), 1842(c), and 1869(a)(2)—

''(A) withhold payment under such title with respect to durable medical equipment furnished by such supplier during the 180-day period beginning on the date of such determination; and

''(B) conduct a review of claims for payment under such title with respect to durable medical equipment furnished by such supplier submitted during the 12-month period prior to the date of such determination.''.

SA 3693. Ms. MURKOWSKI submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

In section 1402, strike subsection (a).

SA 3694. Mr. GRAHAM submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

On page 144, between lines 2 and 3, insert the following:

SEC. 2214. SAVINGS TO FUND FEDERAL PELL GRANTS.

Notwithstanding any other provision of this Act, the savings resulting from this subtitle that are spent on healthcare under subtitle B shall instead be used to provide additional funding for the Federal Pell Grant program under section 401 of the Higher Education Act of 1965 (20 U.S.C. 1070a), in order to address budgetary shortfalls for such program for fiscal years 2010 through 2019.

SA 3695. Mr. ALEXANDER submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

On page 143, strike lines 1 through 13 and insert the following:

''(7) INTEREST RATE DISCLOSURE.—

''(A) PROVISION OF ASSISTANCE.—The Secretary shall provide annual disclosures to student and parent borrowers of student loans under this part on the annual and cumulative difference of the interest rate and amounts owed in interest paid by the student, as compared to the interest rate paid by the Department of Education to the Department of the Treasury.

''(B) FUNDS.—There are authorized to be appropriated, and there are appropriated, to carry out this paragraph (in addition to any other amounts appropriated to carry out this paragraph and out of any money in the Treasury not otherwise appropriated), $5,000,000 for each of the fiscal years 2010 through 2019.''.

SA 3696. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1002 and insert the following:

SEC. 1002. REPEAL OF INDIVIDUAL MANDATE.

Sections 1501 and 1502 and subsections (a), (b), (c), and (d) of section 10106 of the Patient Protection and Affordable Care Act (and the amendments made by such sections and subsections) are repealed and the Internal Revenue Code of 1986 shall be applied and administered as if such provisions and amendments had never been enacted.

SA 3697. Mr. BROWNBACK submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of section 1402(a), insert the following:

(5) INFLATION ADJUSTMENT.—Section 1411 of the Internal Revenue Code of 1986, as added by paragraph (1), is amended by adding at the end the following new subsection:

''(f) ADJUSTMENT FOR INFLATION.—In the case of any taxable year beginning after December 31, 2013, each of the dollar amounts under paragraphs (1) and (3) of subsection (b), subparagraphs (A) and (C) of section 3101(b)(2), and clauses (i) and (iii) of section 1401(b)(2)(A) shall be increased by an amount equal to—

''(1) such amount, multiplied by

''(2) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which such taxable year begins by substituting 'calendar year 2012' for 'calendar year 1992' in subparagraph (B) thereof. If any increase determined under this subsection is not a multiple of $1,000, such increase shall be rounded to the next lowest multiple of $1,000.''.

SA 3698. Mr. CORNYN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, insert the following:

SEC. 1___. LIMITATION ON APPLICATION OF ACTS.

Notwithstanding any other provision of law, the Secretary of Health and Human Services shall not implement the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2011 until the Office of the Actuary at the Centers for Medicare & Medicaid Services certifies to Congress that such Acts will reduce National health expenditures relative to the level of such expenditures under current law.

SA 3699. Mr. GRASSLEY submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of the bill, insert:

TITLE III—TEMPORARY EXTENSION OF CERTAIN PROGRAMS

SEC. 300. SHORT TITLE.

This title may be cited as the ''Continuing Extension Act of 2010''.

SEC. 301. EXTENSION OF UNEMPLOYMENT INSURANCE PROVISIONS.

(a) IN GENERAL.—(1) Section 4007 of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended—

(A) by striking ''April 5, 2010'' each place it appears and inserting ''May 5, 2010'';

(B) in the heading for subsection (b)(2), by striking ''APRIL 5, 2010'' and inserting ''MAY 5, 2010''; and

(C) in subsection (b)(3), by striking ''September 4, 2010'' and inserting ''October 2, 2010''.

(2) Section 2002(e) 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), is amended—

(A) in paragraph (1)(B), by striking ''April 5, 2010'' and inserting ''May 5, 2010'';

(B) in the heading for paragraph (2), by striking ''APRIL 5, 2010'' and inserting ''MAY 5, 2010''; and

(C) in paragraph (3), by striking ''October 5, 2010'' and inserting ''November 5, 2010''.

(3) Section 2005 of the Assistance for Unemployed Workers and Struggling Families Act, as contained in Public Law 111–5 (26 U.S.C. 3304 note; 123 Stat. 444), is amended—

(A) by striking ''April 5, 2010'' each place it appears and inserting ''May 5, 2010''; and

(B) in subsection (c), by striking ''September 4, 2010'' and inserting ''October 2, 2010''.

(4) Section 5 of the Unemployment Compensation Extension Act of 2008 (Public Law 110–449; 26 U.S.C. 3304 note) is amended by striking ''September 4, 2010'' and inserting ''October 2, 2010''.

(b) FUNDING.—Section 4004(e)(1) of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended—

(1) in subparagraph (C), by striking ''and'' at the end;

(2) by inserting after subparagraph (D) the following new subparagraph:

''(E) the amendments made by section 2(a)(1) of the Continuing Extension Act of 2010; and''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the amendments made by section 2 of the Temporary Extension Act of 2010 (Public Law 111–144).

SEC. 302. EXTENSION AND IMPROVEMENT OF PREMIUM ASSISTANCE FOR COBRA BENEFITS.

Subsection (a)(3)(A) of section 3001 of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5), as amended by section 3(a) of the Temporary Extension Act of 2010 (Public Law 111–144), is amended by striking ''March 31, 2010'' and inserting ''April 30, 2010''.

SEC. 303. INCREASE IN THE MEDICARE PHYSICIAN PAYMENT UPDATE.

Paragraph (10) of section 1848(d) of the Social Security Act, as added by section 1011(a) of the Department of Defense Appropriations Act, 2010 (Public Law 111–118) and as amended by section 5 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended—

(1) in subparagraph (A), by striking ''March 31, 2010'' and inserting ''April 30, 2010''; and

(2) in subparagraph (B), by striking ''April 1, 2010'' and inserting ''May 1, 2010''.

SEC. 304. EHR CLARIFICATION.

(a) QUALIFICATION FOR CLINIC-BASED PHYSICIANS.—

(1) MEDICARE.—Section 1848(o)(1)(C)(ii) of the Social Security Act (42 U.S.C. 1395w–4(o)(1)(C)(ii)) is amended by striking ''setting (whether inpatient or outpatient)'' and inserting ''inpatient or emergency room setting''.

(2) MEDICAID.—Section 1903(t)(3)(D) of the Social Security Act (42 U.S.C. 1396b(t)(3)(D)) is amended by striking ''setting (whether inpatient or outpatient)'' and inserting ''inpatient or emergency room setting''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be effective as if included in the enactment of the HITECH Act (included in the American Recovery and Reinvestment Act of 2009 (Public Law 111–5)).

(c) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary of Health and Human Services may implement the amendments made by this section by program instruction or otherwise.

SEC. 305. ELIMINATION OF A SWEETHEART DEAL THAT INCREASES MEDICARE REIMBURSEMENT JUST FOR FRONTIER STATES.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, section 10324 of such Act (and the amendments made by such section) is repealed.

SEC. 306. EXTENSION OF USE OF 2009 POVERTY GUIDELINES.

Section 1012 of the Department of Defense Appropriations Act, 2010 (Public Law 111–118), as amended by section 7 of the Temporary Extension Act of 2010 (Public Law 111–144), is amended by striking ''March 31, 2010'' and inserting ''April 30, 2010''.

SEC. 307. EXTENSION OF NATIONAL FLOOD INSURANCE PROGRAM.

(a) EXTENSION.—Section 129 of the Continuing Appropriations Resolution, 2010 (Public Law 111–68), as amended by section 8 of Public Law 111–144, is amended by striking ''by substituting'' and all that follows through the period at the end and inserting ''by substituting April 30, 2010, for the date specified in each such section.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be considered to have taken effect on February 28, 2010.

SEC. 308. SATELLITE TELEVISION EXTENSION.

(a) AMENDMENTS TO SECTION 119 OF TITLE 17, UNITED STATES CODE.—

(1) IN GENERAL.—Section 119 of title 17, United States Code, is amended—

(A) in subsection (c)(1)(E), by striking ''March 28, 2010'' and inserting ''April 30, 2010''; and

(B) in subsection (e), by striking ''March 28, 2010'' and inserting ''April 30, 2010''.

(2) TERMINATION OF LICENSE.—Section 1003(a)(2)(A) of Public Law 111–118 is amended by striking ''March 28, 2010'', and inserting ''April 30, 2010''.

(b) AMENDMENTS TO COMMUNICATIONS ACT OF 1934.—Section 325(b) of the Communications Act of 1934 (47 U.S.C. 325(b)) is amended—

(1) in paragraph (2)(C), by striking ''March 28, 2010'' and inserting ''April 30, 2010''; and

(2) in paragraph (3)(C), by striking ''March 29, 2010'' each place it appears in clauses (ii) and (iii) and inserting ''May 1, 2010''.

SEC. 309. COMPENSATION AND RATIFICATION OF AUTHORITY RELATED TO LAPSE IN HIGHWAY PROGRAMS.

(a) COMPENSATION FOR FEDERAL EMPLOYEES.—Any Federal employees furloughed as a result of the lapse in expenditure authority from the Highway Trust Fund after 11:59 p.m. on February 28, 2010, through March 2, 2010, shall be compensated for the period of that lapse at their standard rates of compensation, as determined under policies established by the Secretary of Transportation.

(b) RATIFICATION OF ESSENTIAL ACTIONS.—All actions taken by Federal employees, contractors, and grantees for the purposes of maintaining the essential level of Government operations, services, and activities to protect life and property and to bring about orderly termination of Government functions during the lapse in expenditure authority from the Highway Trust Fund after 11:59 p.m. on February 28, 2010, through March 2, 2010, are hereby ratified and approved if otherwise in accord with the provisions of the Continuing Appropriations Resolution, 2010 (division B of Public Law 111–68).

(c) FUNDING.—Funds used by the Secretary to compensate employees described in subsection (a) shall be derived from funds previously authorized out of the Highway Trust Fund and made available or limited to the Department of Transportation by the Consolidated Appropriations Act, 2010 (Public Law 111–117) and shall be subject to the obligation limitations established in such Act.

(d) EXPENDITURES FROM HIGHWAY TRUST FUND.—To permit expenditures from the Highway Trust Fund to effectuate the purposes of this section, this section shall be deemed to be a section of the Continuing Appropriations Resolution, 2010 (division B of Public Law 111–68), as in effect on the date of the enactment of the last amendment to such Resolution.

SEC. 310. USE OF STIMULUS FUNDS TO OFFSET SPENDING.

The unobligated balance of each amount appropriated or made available under the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) (other than under title X of division A of such Act) is rescinded pro rata such that the aggregate amount of such rescissions equals $9,200,000,000 in order to offset the net increase in spending resulting from the provisions of, and amendments made by, sections 2 through 10. The Director of the Office of Management and Budget shall report to each congressional committee the amounts so rescinded within the jurisdiction of such committee.

SEC. 311. ELIMINATION OF ADVANCE REFUNDABILITY OF EARNED INCOME CREDIT.

(a) IN GENERAL.—Section 3507, subsection (g) of section 32, and paragraph (7) of section 6051(a) are repealed.

(b) CONFORMING AMENDMENTS.—

(1) Section 6012(a) is amended by striking paragraph (8) and by redesignating paragraph (9) as paragraph (8).

(2) Section 6302 is amended by striking subsection (i).

(c) EFFECTIVE DATE.—The repeals and amendments made by this section shall apply to taxable years beginning after December 31, 2010.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on March 24, 2010, at 10 a.m.

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

SUBCOMMITTEE ON PERSONNEL

Mr. REED. Mr. President, I ask unanimous consent that the Subcommittee on Personnel of the Committee on Armed Services be authorized to meet during the session of the Senate on March 24, 2010, at 10 a.m.

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

PRIVILEGES OF THE FLOOR

Mr. BINGAMAN. Mr. President, I ask unanimous consent that Nassim Zecavati and Jason Ackleson, who are fellows in my office, be granted the privilege of the floor during the pendency of H.R. 4872, the health care reconciliation bill.

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

Mr. GRASSLEY. Mr. President, I ask unanimous consent that Brittney Balduf of my staff be granted floor privileges for the duration of the debate.

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

Mr. CASEY. Mr. President, I ask unanimous consent that a fellow in my office, Avni Shridharani, be granted floor privileges for the remainder of the Senate's consideration of H.R. 4872.

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

ORDERS FOR THURSDAY, MARCH 25, 2010

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that when the Senate completes its business, it adjourn until 9:45 a.m. today, Thursday, March 25; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate resume consideration of H.R. 4872, as provided for under the previous order.

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

PROGRAM

Mr. WHITEHOUSE. Mr. President, Senators should expect a series of rollcall votes in relation to amendments and motions to the reconciliation bill at approximately 9:45 a.m.

Under the agreement reached tonight, we expect to complete action on the bill around 2 o'clock tomorrow. There are other matters that need to be considered during tomorrow's session. Therefore, Senators should be prepared for additional votes upon disposition of the bill.

ADJOURNMENT UNTIL 9:45 A.M.

Mr. WHITEHOUSE. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 2:56 a.m., adjourned until Thursday, March 25, 2010, at 9:45 a.m.

NOMINATIONS

Executive nominations received by the Senate:

EXECUTIVE OFFICE OF THE PRESIDENT

CARL WIEMAN, OF COLORADO, TO BE AN ASSOCIATE DIRECTOR OF THE OFFICE OF SCIENCE AND TECHNOLOGY POLICY, VICE SHARON LYNN HAYS, RESIGNED.

CHEMICAL SAFETY AND HAZARD INVESTIGATION BOARD

RAFAEL MOURE-ERASO, OF MASSACHUSETTS, TO BE CHAIRPERSON OF THE CHEMICAL SAFETY AND HAZARD INVESTIGATION BOARD FOR A TERM OF FIVE YEARS, VICE JOHN S. BRESLAND, RESIGNED.

RAFAEL MOURE-ERASO, OF MASSACHUSETTS, TO BE A MEMBER OF THE CHEMICAL SAFETY AND HAZARD INVESTIGATION BOARD FOR A TERM OF FIVE YEARS, VICE GARY LEE VISSCHER, TERM EXPIRED.

MARK A. GRIFFON, OF NEW HAMPSHIRE, TO BE A MEMBER OF THE CHEMICAL SAFETY AND HAZARD INVESTIGATION BOARD FOR A TERM OF FIVE YEARS, VICE CAROLYN W. MERRITT, TERM EXPIRED.

ASIAN DEVELOPMENT BANK

ROBERT M. ORR, OF FLORIDA, TO BE UNITED STATES DIRECTOR OF THE ASIAN DEVELOPMENT BANK, WITH THE RANK OF AMBASSADOR, VICE CURTIS S. CHIN.

DISCHARGED NOMINATION

The Senate Committee on Homeland Security and Governmental Affairs was discharged from further consideration of the following nomination under the authority of the order of the Senate of 01/07/2009 and the nomination was placed on the Executive Calendar:

*ARTHUR ALLEN ELKINS, JR., OF MARYLAND, TO BE INSPECTOR GENERAL, ENVIRONMENTAL PROTECTION AGENCY.

*Nominee has committed to respond to requests to appear and testify before any duly constituted committee of the Senate.

EXTENSIONS OF REMARKS

RYAN EDDY HOUGHTALING

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Ryan Eddy Houghtaling. Ryan is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 376, and earning the most prestigious award of Eagle Scout.

Ryan has been very active with his troop, participating in many Scout activities. Over the many years Ryan has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Ryan has earned the rank of Warrior in the Tribe of Mic-O-Say. Ryan has also contributed to his community through his Eagle Scout project. Ryan planned and coordinated the construction of two 8x8 cement pads for bench swings for the Immacolata Manor home for developmentally disabled women in Liberty, Missouri.

Madam Speaker, I proudly ask you to join me in commending Ryan Eddy Houghtaling for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. STARK. Mr. Speaker, I, on behalf of myself and Ms. SLAUGHTER, rise to speak about the Independent Payment Advisory Board, IPAB, which is a new executive branch body created in the Senate-passed health reform bill and charged with constraining Medicare spending. The IPAB is given unprecedented power to make sweeping changes to the Medicare program without going to Congress for approval. I and many of my colleagues in the House are concerned about some of the specific provisions and procedural changes included in section 3403 of H.R. 3590.

Since its inception in 1965, Medicare has guaranteed access to health care for 115 million Americans who would otherwise find it nearly impossible to obtain affordable health insurance in the private market: senior citizens, people with disabilities, and those with end-stage renal disease. Medicare is a critical part of this nation's social compact, and it is our obligation as elected representatives of our constituents to protect and preserve the program now and in the future. The health care reform legislation fulfills this responsibility by making a number of substantial improvements to Medicare, including provisions that improve benefits, extend solvency by at least 9 years and winnow out waste, fraud and abuse.

As part of the effort to make improvements to the Senate-passed bill, key chairmen and Members of the House and Senate, along with the administration, were also working on a number of important and necessary changes to the IPAB policy. Unfortunately, the Senate Parliamentarian indicated that any attempt to improve IPAB in the reconciliation bill would be ruled out of order, and could jeopardize the status of the entire reconciliation bill.

Since we were unable to make any changes to the IPAB as part of the reconciliation bill, I would like to identify critical improvements that need to be made in subsequent legislation. Many of these changes had been agreed to by our colleagues in the Senate, as well as the administration, and I look forward to working with them to ensure they are enacted in the near future.

While IPAB is designed to help control growing costs in Medicare through swift implementation of payment and delivery reforms, the actions of the board will be driven by the need to meet targets for Medicare cost growth. As we have seen with prior attempts to control health care spending, limiting spending to arbitrary and unrealistically low growth caps is a recipe for failure. In order for IPAB to have any real hope of controlling Medicare cost growth without threatening access to care, as is required, the growth targets must be rational and realistic. The current spending targets mandated by IPAB are neither. They fail to fully take into account the three variables that drive health spending growth: price, volume of services, and intensity of services. The target only accounts for price growth, and does so at an unrealistically low rate. Controlling costs in the health care system is important, and I am committed to doing so. In fact, Medicare growth has typically been below private sector health care cost growth. However, the growth targets established by IPAB need to be revised and increased to reflect a more realistic expectation about how much growth can be slowed in order to ensure continued access to care and a strong program infrastructure in the future.

The IPAB policy as written by the Senate also tips the balance of power too far in favor of the executive branch. In the event that IPAB cannot agree on Medicare recommendations required by the targets, the Senate bill requires the Health and Human Services Secretary to make recommendations instead. Like IPAB's proposal, the Secretary's proposal would become law unless Congress passes an alternative. It is one thing to give an independent board of health care experts such sweeping power to change the Medicare program, but it is quite another to give that power to a partisan political figure who reports directly to the President. I say this not as a negative comment directed toward our current Secretary or President, but a general concern about whether we should empower one person with the ability to make such potentially sweeping changes to the Nation's signature health program.

Furthermore, by placing unprecedented procedural barriers to congressional consideration of alternatives to the IPAB or secretarial proposals, the bill attempts to virtually lock Congress out of the process of making changes to Medicare. In the event IPAB or the Secretary mandates implementation of draconian cuts to Medicare, Congress will encounter procedural barriers to changing those recommendations in a meaningful way.

Thus, in order to maintain a proper balance between Congress and the executive branch, all parties had agreed to use a sequestration process to meet the mandated savings targets should IPAB fail to make recommendations on how to meet those targets. Instead of the decisions going to the executive branch, the onus would fall on Congress to arrive at thoughtful ways of reducing spending. If Congress failed to agree on ways to reduce spending, sequestration would go into effect. But it would be my hope and expectation that this would not happen, and that Congress would instead be spurred to action by the threat of sequestration.

Another important flaw with IPAB that needs to be addressed is the fact that it ignores the broken system used to update Medicare physician payment rates. Under current law, the sustainable growth rate formula will require physician payment rates to be reduced by more than 30 percent over the next decade. Yet, the IPAB could decide to make additional cuts on top of those already set to take place. The House has passed legislation that would make comprehensive permanent reforms to the physician payment formula, but that bill has not been taken up by the Senate. As such, all parties agreed that physician payment rates should be off limits to IPAB until the sustainable growth rate is replaced with a permanent, stable way of updating payments to physicians.

I also want to clarify legislative intent with regard to one issue in IPAB. Section 1899A(c)(2)(A)(iii) of the Social Security Act, as added by Section 3403 of PPACA, states that in the case of IPAB proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing extra downward adjustments in their payments and thus should not be subject to "double jeopardy" by also being subject to IPAB recommendations which will further reduce spending. In creating this exclusion, it is the intent of Congress to exclude all payment reductions applicable to providers captured by this language in all the relevant years. Therefore, in the case of inpatient hospitals, the provision excludes from IPAB recommendations payment reductions applicable to hospitals including payment reductions for indirect medical education under 1886(d)(5)(B), graduate medical education under 1886(h), disproportionate share hospital payments under

1886(d)(5)(F), and capital payments, as well as incentives for adoption and maintenance of meaningful use of certified electronic health record technology under 1886(n). In addition, further clarifications are needed to ensure that IPAB is empowered to seek savings or payment improvements for all items and services provided to Medicare beneficiaries.

There are smaller, but no less important additional improvements that I believe need to be made. Changes made to the Medicare program by IPAB are granted broad exemption from judicial review. We should remove this exemption to ensure that IPAB is not above the law and its actions can be reviewed in a court of law.

The legislation also prevents IPAB from making changes that would increase premiums or ration care, but it is important to include the specific protections that are scattered through the Social Security Act. Medicare law contains an array of beneficiary protections that are designed to ensure that seniors and people with disabilities have access to affordable care. The IPAB should not be permitted to make changes to these key beneficiary protections.

Finally, as the legislation is written, IPAB would be required to reduce spending above the growth targets resulting from unforeseen and unavoidable health events, such as a flu pandemic, hurricane, or act of terrorism. Increases in spending from these kinds of catastrophic events should be excluded from the overall spending targets.

TRIBUTE TO VICTOR ROSADO, CARLOS ROSADO, AND QUINTON GUNDOLF

HON. PARKER GRIFFITH

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRIFFITH. Madam Speaker, I rise today to pay tribute to three brave Boy Scouts. These young men—two brothers, Victor and Carlos Rosado of Madison, Alabama, and their cousin, Quinton Gundolf of Camden, Arkansas—were on a family vacation in Puerto Rico. They were enjoying themselves on the beach when they noticed a man struggling amid the waves. Without regard for their own safety, these young men bravely swam out to help the man to shore. It was clear that, without their intervention, this man would not have survived this harrowing experience. These young men acted bravely and decisively to save a life. Entering the water to help a man who is struggling for his life is a very dangerous undertaking indeed. However, the American Spirit is epitomized by such selfless acts. For that, I commend them and wish them the best of luck in their future endeavors.

IN HONOR OF WILSON PICKETT

HON. BOBBY BRIGHT

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. BRIGHT. Madam Speaker, I come to the floor today to recognize the life and artistic contributions of a son of the Second District of Alabama—Wilson Pickett. Pickett was born March 18, 1941, in Prattville, Alabama, and first developed his musical talents singing in local Baptist church choirs. Despite a difficult childhood, Pickett used his undeniable talent to begin performing gospel music professionally and soon transitioned into soul and R&B music, joining the Falcons in 1959. Pickett quickly gained recognition for his songwriting skills as well as his powerful and distinctive voice. While Pickett was successful with various singles in the early sixties, he achieved his first national chart-topping single with the hit ''In the Midnight Hour'' in 1965. This hit launched Pickett onto the soul and R&B scene and his Billboard success continued with such hits as ''Land of 1,000 Dances,'' ''Mustang Sally,'' and ''Funky Broadway.''

In acknowledgment of his unique contributions to American soul and R&B music, Wilson Pickett was inducted into the Rock & Roll Hall of Fame in 1991. Wilson Pickett remains an integral part of the rich musical heritage of Southeast Alabama that includes Hank Williams, Lionel Richie, Martha Reeves, and Nat King Cole. Pickett passed away in 2006 and left behind a legacy of soulful melodies and gifted songwriting that will be enjoyed by his legions of fans for many years to come.

ZACHARY WILLIAM KESNER

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Zachary William Kesner. Zachary is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 376, and earning the most prestigious award of Eagle Scout.

Zachary has been very active with his troop, participating in many Scout activities. Over the many years Zachary has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Zachary has earned the rank of Tom-tom Beater in the Tribe of Mic-O-Say. Zachary has also contributed to his community through his Eagle Scout project. Zachary planned and coordinated the construction of handicap accessible deer blinds at Kelsey Short Youth Camp at Smithville Lake.

Madam Speaker, I proudly ask you to join me in commending Zachary William Kesner for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

STATEMENT IN SUPPORT OF H.R. 4840, A BILL TO NAME A POST OFFICE IN HONOR OF CLARENCE D. LUMPKIN

HON. MARY JO KILROY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Ms. KILROY. Madam Speaker, I rise today in strong support of H.R. 4840, a bill to designate the facility of the United States Postal Service located at 1979 Cleveland Avenue in Columbus, Ohio, as the ''Clarence D. Lumpkin Post Office'' in honor of Clarence Lumpkin, a long-time community activist who has worked tirelessly on behalf of his Columbus neighborhood of Linden. Mr. Lumpkin has had a profound impact on many families in central Ohio, and his community involvement and activism have helped ensure that the Linden community retains its post office.

Growing up in the rural South, Clarence Lumpkin first moved to the Linden neighborhood after serving in the Army during World War II. Proving to be a tireless community activist, Mr. Lumpkin became affectionately known as ''the Mayor of Linden'' for his efforts. He successfully advocated for the needs of his community numerous times over the past several decades, persuading the city to separate storm and sanitation sewers to stop basement flooding, to build a long-needed new fire station, and ensuring the Department of Transportation did not divide the Linden community with interstate highway construction. His many accomplishments also include his work with the Community Development Block Grant task force to secure home improvement grants for seniors and low-interest loans for Linden residents, leading anti-drug marches, and making Linden the first inner city community with lights on every residential street.

Mr. Lumpkin once presented a speech before the Columbus City Council in 1974 regarding the needs of the Linden community, calling for ''a point of pride'' to be developed to motivate interest in Linden and give the community a sense of direction. His vision became reality in 2007 with the dedication of the ''Clarence D. Lumpkin Point of Pride Building,'' the last building to be built by the Greater Linden Development Corporation as a part of its Four Corners Vision Plan for commercial redevelopment, and a testament to his diligence and activism.

As a father, grandfather, and mentor, Mr. Lumpkin worked to instill in others the same virtues of hard work and community involvement that drive him. His son, Doug, and his daughter, Carolyn, who worked with me during my time as a county commissioner, continue his legacy of public service through their work in state and local government. Mr. Lumpkin also had a tremendous impact as a mentor through the Simba program, a program in which African-American men mentor African-American boys, most of whom have no father or other adult male in their lives. Because of his efforts, a young man Mr. Lumpkin mentored is expected to graduate from college in 2011.

I am proud to be a cosponsor of this legislation and to recognize Mr. Lumpkin's many achievements and decades of service to his community. I urge my colleagues to join me in honoring Clarence Lumpkin and his lifetime of community involvement and activism by supporting the passage of H.R. 4840.

STARKS, A LEGEND IN POLITICS, DIES

HON. TIM RYAN

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. RYAN of Ohio. Madam Speaker, I submit the following.

STARKS, ''A LEGEND IN POLITICS,'' DIES

By David Skolnick

Even though Herman ''Pete'' Starks last held office in 1985, he remained a local political force. Starks, 80, died Sunday.

The local political icon served 22 years as the city's 2nd Ward councilman, representing most of the East side. Sparks spent 17 of those years as chairman of the council's powerful finance committee.

''He was very instrumental in my campaign,'' said Councilman DeMaine Kitchen, D-2nd, elected in 2007. ''He was a sounding board for my campaign. He was a legend in politics in the Mahoning Valley.''

Starks was elected to his first two-year term on council in 1963. When he was reelected in 1973, he became the first person to serve six consecutive terms as a representative of any ward in the city.

Starks was elected 11 straight times before opting not to run for his council seat in 1985. Instead, Starks ran for mayor that year, losing the Democratic Primary to Patrick Ungaro.

Ungaro served on council with Starks for six years as council president. Ungaro was elected mayor in 1983, serving 14 years in the capacity, and is Liberty Township's administrator.

''We fought like cats and dogs, but we shook hands when we were done,'' Ungaro said. ''He was a dominant person in government. Even after Pete left office, his influence was enormous and overwhelming with council. He was still the person you had to work with.''

James E. Fortune Sr., a former 24-year council member, served six of those years with Starks.

''He was a teacher,'' Fortune said, ''I learned so much from Pete, particularly about finances. When he was on council, he was practically the leader of the city. We had the utmost respect for him.''

George M. McKelvey, a former 3rd Ward councilman and eight-year mayor, started his political career sitting next to Starks at council meetings.

''I am, still to this day impressed with his knowledge,'' he said. ''When he talked, I listened. His best qualities were his loyalty and honesty. With Pete Starks, his word was his bond.''

When Jay Williams announced he was running for mayor in 2005, Starks called him.

''He said, 'You're going to be mayor,' '' said Williams, who won that race and was reelected to a second four-year term last year. ''He said it so matter of fact like the sun will come up tomorrow.''

Williams said Starks ''was never shy about offering his advice and perspective. You always knew where Pete stood.''

Councilman Jamael Tito Brown, D-3rd, and currently chairman of the finance committee, said the would speak with Starks from time to time about city finances.

''He was legendary in the city,'' Brown said. ''He was still on top of things in city government'' before his death.

Funeral arrangements being handled by L.E. Black Phillips & Holden.

HONORING JOHN KOHLER

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. HIGGINS. Madam Speaker, I rise today to pay tribute to the years of service given to the people of Chautauqua County by Mr. John Kohler. Mr. Kohler served his constituency faithfully and just during his tenure as the Hannover Town Justice.

Public service is a difficult and fulfilling career. Any person with a dream may enter but only a few are able to reach the end. Mr. Kohler served his term with his head held high and a smile on his face the entire way. I have no doubt that his kind demeanor left a lasting impression on the people of Chautauqua County.

We are truly blessed to have such strong individuals with a desire to make this county the wonderful place that we all know it can be. Mr. Kohler is one of those people and that is why Madam Speaker I rise in tribute to him today.

HONORING LAVERNE JONES-FERRETTE

HON. DONNA M. CHRISTENSEN

OF THE VIRGIN ISLANDS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mrs. CHRISTENSEN. Madam Speaker, I rise to proudly offer my congratulations, on behalf of Virgin Islanders everywhere, to Laverne Jones-Ferrette, number one in the world in the 60 meters with a time of 6.97, the first woman to run under the 7.00 seconds barrier in over a decade and a semi-finalist at the IAAF World Indoor Championships in Doha, Qatar. I also congratulate Tabarie Henry, a third year student at Texas A&M University who is listed by the International Association of Athletic Federations as the number one 400 meter runner in the world.

The Virgin Islands, with a population of roughly 120,000, has produced legends in every field who continue to be part of the fabric of America, and these two outstanding native Virgin Islanders, through their hard work, have made their contributions in sports that have brought worldwide recognition to them and to U.S. Virgin Islands.

There are also other outstanding members of the V.I National Track and Field Team who continue to excel in their respective events: Adrian Durant—100 meter; Leslie Murray—400 meter hurdles; Calvin Dascent—400 × 400 meter and 4 × 100 meter relay; David Walters—4 × 100 meter relay; Terry Charles—4 × 400 meter relay; Leon Hunt—long jump; Muhammid Halim—triple jump; Allison Peter—200 meter; Courtney Patterson—100 meter; Wyanetta Kirby—long jump and 100 meter hurdles and Desiree King—800 meter and 400 meter hurdles.

Madam Speaker, I ask my colleagues to join me in saluting Laverne on earning a silver medal at the IAAF World Indoor Championships in Quatar, Tabarie, and all of our athletes and wish them god-speed as they continue to shine.

PERSONAL EXPLANATION

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. KENNEDY. Madam Speaker, on rollcall Nos. 172—Previous Question to H. Res. 1205; 173—H. Res. 1205; 174—H.J. Res. 80; 175—H. Res. 1186; 176—H.R. 3976; 177—H.R. 4592; I was keynote Speaker at L.A.S.A. Dinner hosted by former H.E.W. Secretary Joe Califano. Had I been present, I would have voted ''yes.''

HONORING REV. VINCENT M. COOKE

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. HIGGINS. Madam Speaker, I rise today to recognize the many accomplishments of Rev. Vincent M. Cooke, S.J. Since becoming President of Buffalo's Canisius College in 1993, Rev. Cooke has steadily advanced everything from the school's faculty to its residence halls, making Canisius into the distinguished institution it is today.

Rev. Cooke began his Presidency at Canisius with the mantra, ''nothing less than quality would be acceptable.'' He has certainly followed through on these words. During his time at Canisius, Rev. Cooke has restored and enhanced the school's residence halls, Old Main and Lyons Hall, as well as its award-winning Montante Cultural Center. He began a 17 month, $22 million upgrade of Canisius' technological resources, creating more than 50 state-of-the-art classrooms.

Rev. Cooke's dedication to excellence extends far beyond Canisius' facilities; not only did he raise the school's academic standards, Rev. Cooke also increased Canisius' applicant pool outside of Western New York and offered additional merit-based aid and scholarship assistance to the most qualified students. He dedicated himself to hiring the best possible faculty and, over the past decade, has increased the number of courses taught by full-time faculty while decreasing Canisius' student-to-faculty ratio.

Rev. Cooke's successes have meant so much for Canisius College; however the benefits of his work have extended to the surrounding community as well. Through his win-win approach to community relations Rev. Cooke helped to establish a partnership with Fannie Mae and Hunt Real Estate, creating the Employer Assisted Housing Program which provides incentives for college employees to buy homes close to campus. His efforts to preserve historic campus buildings have invigorated the surrounding community while an increase in policing efforts have made the campus and neighboring communities a safer place.

Madam Speaker, it is my honor to recognize Rev. Cooke for his copious achievements. His work as an educator, innovator, and leader has bettered not only Canisius College but all of Western New York as well.

H.R. 4840, TO DESIGNATE THE FACILITY OF THE UNITED STATES POSTAL SERVICE LOCATED AT 1979 CLEVELAND AVENUE IN COLUMBUS, OHIO, AS THE ''CLARENCE D. LUMPKIN POST OFFICE''

HON. PATRICK J. TIBERI

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. TIBERI. Madam Speaker, I rise today to express my support for H.R. 4840, the bill to designate the facility of the United States Postal Service located at 1979 Cleveland Avenue in Columbus, Ohio, as the ''Clarence D. Lumpkin Post Office.''

Mr. Lumpkin has long been a pillar in Columbus and the Linden community. Born in 1925, he grew up in the South in a family of sharecroppers. After high school, Mr. Lumpkin joined the United States Army where he served his country honorably in World War II. After the War, Clarence Lumpkin moved to the South Linden community in Columbus where he was elected to the South Linden Area Commission, and has been a driving force and a leader in the community ever since. His work and outstanding presence have touched many lives and are very much appreciated by his fellow central Ohioans. This post office was saved from closing with the help of Mr. Lumpkin's tireless work, so it is appropriate that this post office bears his name.

I hope you will join me in honoring the life and accomplishments of Clarence D. Lumpkin and recognizing his dedication to the Central Ohio community.

IN HONOR AND REMEMBRANCE OF FRANK D. CELEBREZZE

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. KUCINICH. Madam Speaker, I rise today in honor and remembrance of Frank D. Celebrezze, a dedicated husband, father, grandfather, an Army Veteran and a former Ohio Supreme Court Chief Justice.

A third-generation Italian-American, Judge Celebrezze learned early the importance of family, faith and service to community. From 1956 to 1958, he served in the Ohio Senate. In 1964, he was elected to serve as a Cuyahoga County Common Pleas Court judge, a position he held until 1972, when he was elected to the Ohio Supreme Court. Judge Celebrezze became Chief Justice in 1978 and held that position until 1986.

Judge Celebrezze was highly admired by those serving in the judicial system. He served with honor, integrity and recognition of those who served before him. He was a mentor and friend to numerous attorneys, clerks and colleagues.

Above all else, Judge Celebrezze was a devoted husband, father and grandfather. He and his wife, Mary Ann, were married for 62 years. Together, they raised their children Rebecca ''Judith Ann'', Frank D., Laura, David, Jeffrey, Keith, Matthew and the late Brian and Steven. He was a devoted grandfather to Miranda, Christina, Nicole, Keith Jr., Daniel, Ashley, Jessica, Jaime and Adam.

Madam Speaker and colleagues, please join me in remembrance of the Honorable Judge Frank D. Celebrezze. His legacy as a jurist and as a man will not be forgotten.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. MICHAEL R. TURNER

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. TURNER. Mr. Speaker, I strongly oppose a government takeover of our nation's healthcare system. It is irresponsible for Congress to approve a vastly unpopular and costly measure at a time of unprecedented budget deficits and uncertainty about the future of the economy. Despite overwhelming opposition by the American people, the Majority in Congress, led by Speaker PELOSI, has resorted to manipulating longstanding procedural rules to rush through an overhaul of our nation's healthcare system. My constituents understand that any bill that requires backroom special deals to pass is fundamentally flawed.

Obtaining quality medical care is a top priority for Ohioans and their families. Instead of forcing an unpopular, one-size-fits-all approach to healthcare reform, Congress and the White House should listen to the American people and return to the drawing board to negotiate a real bipartisan agreement in order to achieve true reform.

Real health care reform does not have to undermine the strengths of our current system, nor limit doctor choice or care availability. A series of commonsense measures will go a long way toward improving health care for all Americans. For example, insurance companies should be prohibited from excluding a person for coverage based on pre-existing conditions.

Medical research is also essential to bringing health care costs down. Private ingenuity is the strength of our current system and should be preserved and encouraged. The federal bureaucracy cannot stand in the way of such important research.

When employees change jobs, they should be able to take their health insurance with them. Continuity of coverage can be critical for a person in the midst of important health-related treatment.

Our litigation system forces doctors and hospitals to raise operating costs. For decades, the cost of medical liability has risen much more rapidly than actual medical care. Limiting frivolous lawsuits would have a significant effect on containing health care costs and promoting accessibility to care.

Individuals should be allowed to deduct the full cost of their health insurance premiums from their federal income taxes. Furthermore, we should expand the ability to put tax-free dollars into Health Savings Accounts (HSAs) to be used for lifetime medical expenses. These measures alone would make health care more affordable for many.

These are reasonable reforms that don't rely upon the creation of a new, massive government health system. Although I oppose this bill, I will continue to fight to replace this government takeover of our healthcare system, and I remain committed to supporting Southwest Ohioans' call for commonsense solutions.

RECOGNIZING JIN LEE FOR REPRESENTING VIRGINIA AT THE ''SCHOOL FLAGS ACROSS THE U.S. . . . FLYING HIGH'' EVENT ON MARCH 25, 2010

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today to recognize Jin Lee, a resident of Woodbridge, who is representing Virginia at the National Youth Art Month event, ''School Flags Across the U.S. . . . Flying High.''

Jin is a talented 10th grade student from Forest Park High School in Prince William County. He is being recognized along with participants from every other state in the Youth Art Month flag design program. Jin and the rest of the winners will be honored at the Library of Congress on March 25, 2010. Jin will be attending the ceremony with his family and his teacher.

The Council for Art Education sponsors National Youth Art Month, an advocacy program held each March to emphasize the value of art and art education for all children. Students from all over the country participate in the Youth Art Month flag design program with each state selecting the flag that best represents their state and the creative spirit of Youth Art Month.

Madam Speaker, I ask my colleagues to join me in congratulating Jin Lee and all the winners of the Youth Art Month flag design program. I also want to recognize every participant for symbolizing the creative spirit of our youth. Their efforts in promoting the importance of art education in this country deserve our highest praise.

HONORING BILL O'CONNOR

HON. FRANK D. LUCAS

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. LUCAS. Madam Speaker, I would like to take the time to recognize the retirement of a longtime Republican aide on the House Agriculture Committee: Bill O'Conner. For more than 30 years, Bill O'Conner has come to be known as a highly knowledgeable staffer who could work with members and aides from both sides of the aisle, respected for his professionalism, and appreciated for the experience and expertise he contributed to policy discussions.

Although Bill was raised in Kansas, I am proud to recognize that he was born in my home state of Oklahoma. He graduated from Wichita State University. And after serving a tour with the Marines, he earned his master's degree at Wichita State University and continued to do doctoral work at Ohio State University.

Bill's long career on Capitol Hill began in 1979 when he first worked as an analyst for the House Republican Conference. In 1981, he became the Executive Director of the House Republican Research Committee under the Chairmanship of Rep. Ed Madigan of Illinois. Two years later when Rep. Madigan became the Ranking Republican on the House

Agriculture Committee, Bill was appointed the Deputy Minority Staff Director.

For the next seven years, Bill was responsible for policy and legislative development for Agriculture Committee Republicans. In 1991, Rep. Madigan became the Secretary of Agriculture and appointed Bill as his Chief of Staff. Bill served in that role through the balance of President George H.W. Bush's administration.

In 1993, Bill returned to the Republican House Agriculture Committee as Policy Director under Rep. Pat Roberts of Kansas. He continued as Policy Director or Staff Director for the remainder of his career working under Rep. Bob Smith of Oregon, Rep. Larry Combest of Texas, Rep. BOB GOODLATTE of Virginia, and Rep. FRANK LUCAS of Oklahoma.

Bill's knowledge and experience made him an essential staffer in the development and implementation of U.S. agriculture policy. He played a key role in the reauthorization of five farm bills. And, he has been regarded as an expert on agriculture policy matters by both Republicans and Democrats, House and Senate members.

One story that highlights the trust Bill earned from members of Congress happened in 2003 when the Agriculture Committee received reconciliation instructions. Rep. Dennis Hastert, then Speaker of the House, called a members meeting to discuss the instructions, which included Bill as staff director of the committee. Prior to starting the meeting, Speaker Hastert announced to the group that he wanted everyone to know that in 1986 Ed Madigan dispatched Bill O'Conner to assist with his first campaign to Congress. Madigan advised him to quote ''listen to everything this man tells you.'' Hastert continued to say that he did then and has done so every day since.

It is fair to say that every Chairman and Ranking Member on the Agriculture Committee for whom Bill has worked was also wise to follow Mr. Madigan's advice. We remain grateful for Bill's dedication and service. His leadership, knowledge, experience, and professionalism will be missed, but we do wish him and his family the very best in the future.

RECOGNIZING THE GEORGE MASON UNIVERSITY SCHOOL OF PUBLIC POLICY, RECIPIENT OF TWO AWARDS FROM THE LIBRARY OF CONGRESS OPEN WORLD LEADERSHIP CENTER

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise to recognize the School of Public Policy at George Mason University in Fairfax, Virginia, which has received special recognition from the Open World Leadership Center at the Library of Congress. The Terrorism, Transnational Crime and Corruption Center in George Mason's School of Public Policy and the Academy for Education Development have demonstrated exceptional support to the Open World Program and the Congress by acting as national grantees.

The Open World program aims to increase U.S.-Eurasian understanding and partnerships. Since its inception in 1999, the program has introduced more than 15,000 current and future decision makers from Russia and other countries of the former Soviet Union to American political and civic life. In addition to Russia, the program includes the former Soviet states of Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, and Turkmenistan.

On March 8, 2010, the Open World Leadership Center presented the 2010 Open World National Grantee of Merit Award to the Terrorism, Transnational Crime and Corruption Center and the Open World Award for Service to Congress to the Academy for Education Development.

Madam Speaker, I ask that my colleagues join me in recognizing George Mason's School of Public Policy for its exceptional service to Congress and the Open World Program. The school's actions have a profound impact on increasing political and civic discourse between the United States and former Soviet states.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. LAURA RICHARDSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Ms. RICHARDSON. Mr. Speaker, I rise today in strong support of H.R. 4872, the Reconciliation Act of 2010, because this bill is good for seniors, good for women, good for small businesses, and good for all Americans. Today we have the opportunity to take a historic vote that will forever change the face, health, and life of America for the better. H.R. 4872 will provide access to affordable, quality health care for over 30 million Americans and will reign in the ever-escalating costs of health care. Today, history will be made and a legacy left behind for generations to come. 435 Members who represent over 300 million people will be remembered for beginning to fulfill the promise all Americans were pledged, the unalienable rights to life, liberty and the pursuit of happiness which adequate healthcare embodies.

For the people I represent in the 37th District of California, H.R. 4872 will improve coverage for 299,000 residents who already have insurance. It will give tax credits and other assistance to up to 146,000 families and 15,100 small businesses to help them afford coverage. H.R. 4872 will improve Medicare for 63,000 beneficiaries in my district, including closing the donut hole for them. This legislation will extend coverage to 92,500 uninsured residents of the 37th District and will guarantee that 17,500 residents with preexisting conditions can obtain the health insurance they need. H.R. 4872 will protect 1,100 families from bankruptcy due to unaffordable health care costs and will allow 59,000 young adults to obtain coverage on their parents' insurance plans. This bill will provide millions of dollars in new funding for 11 community health centers in my district. And finally, it will reduce the cost of uncompensated care for hospitals and other health care providers by $125 million annually.

H.R. 4872 helps seniors by ensuring that they will not be forced out of Medicare, that their doctors will continue to care for Medicare patients because of increased payment levels, and that the prescription donut hole will be completely closed by 2020. H.R. 4872 helps women by eliminating the discriminatory gender rating system, making sure that insurance companies do not consider pregnancy grounds for denying coverage, and doing away with all preexisting conditions. H.R. 4872 helps the uninsured by extending coverage to 95% percent of Americans. Furthermore, it increases access and choice for all Americans by providing $11 billion in new funding for community health centers, of which there are 11 in my district alone. Finally, H.R. 4872 helps small businesses by eliminating price and benefit discrimination, providing tax credits for up to 50 percent of the cost of insuring their employees, and giving them greater control over the spiraling costs of health care coverage.

As I participated in countless debates, caucuses, and meetings over the past year, I knew that each step we took put us one step closer to what Theodore Roosevelt proposed in 1908 over 100 years ago: quality, affordable healthcare for all Americans. Our health care system up until now has not worked for most people, whether it be the physician as provider, the employer as payer, or the patient as recipient.

Mr. Speaker, this bill provides American families with stability and peace of mind. Never again will they have to choose between their health and their livelihood. H.R. 4872 provides all American families with the possibility of better healthcare.

It is time for us to move forward. H.R. 4872 is a new direction for this great country. I urge my colleagues to be a part of this historic heatlh care policy change, and to be part of the days ahead in which we will work to further strengthen it.

HONORING EAST LANSING HIGH SCHOOL GIRL'S BASKETBALL TEAM

HON. MIKE ROGERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. ROGERS of Michigan. Madam Speaker, I rise to pay tribute to East Lansing High School and in particular the East Lansing High School girl's basketball team. On March 20, 2010 the Trojans won the Michigan Class A state championship. This victory capped an outstanding season as the Trojans completed a 27–1 season.

Madam Speaker, these extraordinary young women deserve special recognition not only for their success on the basketball court, but also for their excellent work in the classroom. Congratulations to Head Coach Robert Smith and players Natalie Rose Brogan, Hannah Fitzpatrick, Malika Glover, Zakiya Minifee, Kelsey Deshambo, Kaitlin Lapka, Klarissa Bell, Shayna Allen, Alex Trecha, Alex Green, Libby Meyer, and Gracie Whelan.

I ask that the House of Representatives join me in congratulating the East Lansing Trojan's on their state championship and I wish all of these young ladies luck in their future endeavors.

RECOGNIZING DIDLAKE, INC. AND THE ABILITYONE PROGRAM

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise to recognize a program which in the last several years has helped more than 40,000 Americans who are blind or who have significant disabilities gain skills and training that ultimately led to gainful employment: The AbilityOne Program.

The AbilityOne Program harnesses the purchasing power of the Federal Government to buy products and services from participating community-based nonprofit agencies that are dedicated to training and employing individuals with disabilities. This program affords Americans with disabilities the opportunity to acquire job skills and training, receive good wages and benefits and gain greater independence and quality of life.

This comes within a segment of the population that has suffered from significant, chronic and unacceptable unemployment. However, opportunities realized through the AbilityOne Program have done much in helping to bring people who are blind or have significant disabilities into a working society. I am proud to recognize Didlake, Inc., located in Virginia's 11th district, as one shining example of a nonprofit agency working through the AbilityOne Program to enrich the lives of people with disabilities.

For more than 40 years, Didlake has provided a wide-range of resources to expand opportunities for people with disabilities in Virginia, Maryland and the District of Columbia. Didlake offers training and support services to people with significant disabilities leading to employment on federal, state and local contracts such as facility management, mailroom operations, administrative services, fleet management, product packaging and more.

The mission of Didlake stands as a true example of why community nonprofit agencies and programs like AbilityOne are a winning proposition for all parties involved. For an individual with a significant disability who has never had the opportunity to hold a job, be independent, participate in the community, or play an important role in society; the training and support that organizations like Didlake offer, and the employment opportunities afforded through partnership with the AbilityOne Program are truly invaluable.

Madam Speaker, it is with great pleasure that I extend my support to the AbilityOne Program. I also want to commend the dedication and commitment of Didlake President and CEO Rex Parr and his staff for helping individuals who have significant disabilities find employment. Their work helps people live fuller lives and become more active members of society. I also commend each AbilityOne employee who works every day to improve their lives and support our federal government's mission.

CONGRATULATING JAMES J. FLAHERTY, VICE PRESIDENT AND GENERAL MANAGER OF GENERAL DYNAMICS IN SCRANTON UPON HIS RETIREMENT

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. KANJORSKI. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to Mr. James J. Flaherty, who is retiring as Vice President and General Manager at General Dynamics in Scranton, Pennsylvania, after a long and distinguished career in the Army munitions industry.

A son of James Flaherty, Sr. and Jean Joyce Flaherty, Mr. Flaherty was raised in Pittston, Pennsylvania, where he graduated from St. John's High School in 1960. A 1963 graduate of Penn State University, Mr. Flaherty joined Chamberlain Manufacturing Corporation, Scranton Division, where he held numerous engineering positions until 1969 when he was promoted to engineering supervisor of the forging operations.

In 1972, he was promoted to operations manager after which he was elevated to Assistant General Manager in 1976. In 1978 he was transferred to Chamberlain's New Bedford, Massachusetts, operations where he remained, until 1986 when he was promoted to Vice President and General Manager. He served in that post until 1991 when the New Bedford operations ceased production and he was relocated back to Scranton as Vice President and General Manager of that division.

In 2000, he was promoted to Executive Vice President and, in April, 2003, he was named President of Chamberlain Manufacturing Corporation. In 2006, after General Dynamics acquired Chamberlain, Mr. Flaherty was named Vice President and General Manager of the Scranton operations.

Mr. Flaherty was a member of the ARMS Public Private Task Force, Executive Advisory Committee, and the Industrial Committee of Ammunition Producers. He is also Past President of the Board of Directors of the Northeast Pennsylvania Industrial Resource Center. He serves on the Board of Directors of the local chapter of the Salvation Army, is a member of the Lions Club and was an elected member of the Moscow Borough Council.

In February, 2009, Mr. Flaherty was inducted into the Honorable Order of St. Barbara by the U.S. Field Artillery Association and that same year was awarded the W. Francis Swingle Award by the Greater Pittston Friendly Sons of St. Patrick.

Mr. Flaherty is married to the former Sheila Redding of Pittston. The couple has two children and five grandchildren and plan to reside in Oriental, North Carolina.

Madam Speaker, please join me in congratulating Mr. Flaherty for an outstanding career. His contributions to his profession, his community and his nation have been exemplary and he has been responsible for inspiring many others to emulate his example and his achievements.

HONORING THE LIFE AND WORK OF LIZ CARPENTER

HON. EDDIE BERNICE JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, it is with a heavy heart that I rise today to honor and remember my dear friend and women's rights crusader, Liz Carpenter, who passed away recently at the age of 89.

When I think about Liz Carpenter, I cannot help but be reminded of her colorful personality and her remarkable fortitude. At a time when women were just beginning to tear down gender barriers, she was working tirelessly to prove that she was capable, even overly-capable, of the jobs that were assigned to her. Her tireless spirit eventually paid off, and it is impossible to remember her without remembering her countless accomplishments for women and all Americans.

A sixth-generation Texas, Mrs. Carpenter was born in Salado, Texas. She went on to study at the University of Texas, and in 1942, shortly after graduating, she moved to Washington, D.C. where she found a job working at an independent news bureau. Her early years were spent working in journalism, and after marrying her husband, Leslie Carpenter, they opened the Carpenter News Service. Together they gathered news in Washington, D.C. and grew their business until they had 18 newspaper clients across the South and Southwest. With her husband, she had two children.

In 1960, Mrs. Carpenter joined Lyndon B. Johnson's vice presidential campaign, and after the assassination of President Kennedy, she penned the 58 words that President Johnson spoke shortly after receiving the oath of office. She remained with President Johnson until 1969 when he decided against seeking a second term as President. She remained in Washington until 1976 at which time she moved to Austin where she lectured on journalism at the University of Texas and was involved with the Lyndon B. Johnson Library. In 1981, after the death of her brother, she took in his three children and raised them to adulthood. Additionally, she was the author of four books.

A strong supporter of the Equal Rights Amendment, Ms. Carpenter actively worked to see the rights of women enshrined in the Constitution. She was a passionate feminist and was a co-founder of the National Women's Political Caucus.

Madam Speaker, only 30 short days ago, I visited with Liz Carpenter. She was alert and well and still had as her number one interest the status of women. She suggested a state wide meeting on women, and was primarily concerned about the education of younger women. At the time, she encouraged me to continue the fight for more and better opportunities for all women across the country.

Madam Speaker, I am saddened by the loss of Ms. Carpenter, but I am grateful for her work, longevity, and strength. We will miss her vibrant personality, and I am heartened to know the world is a better place because of her. I ask my fellow colleagues to join me today in honoring her memory and celebrating her life.

RECOGNIZING THE DISTINGUISHED SERVICE OF DR. JUDITH FALKENRATH

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, it is my great honor to rise today to recognize Dr. Judith Falkenrath for her distinguished service to the Annandale Christian Community for Action (ACCA) and her years of dedicated service to the well-being and educational development of children in Northern Virginia.

During the last 24 years, Dr. Falkenrath has had immeasurable impacts on the lives of countless children and their families. Beginning in 1986 and continuing for 12 years, Dr. Falkenrath worked with the Fairfax County Office for Children. There she served as Early Childhood Specialist for Community Education as well as Education Coordinator for Fairfax County Head Start.

In 1998, Dr. Falkenrath joined ACCA. Founded in 1967, ACCA was created to address the needs of the working poor in our community. Since that time, ACCA has grown and diversified the services that they offer. Currently ACCA is an alliance of 26 churches in the Annandale area and together they provide assistance in areas such as Child Development Center, Family Emergency Services, Housing Repair, Furniture, Meals on Wheels, Scholarships, Shelter Assistance, and Transportation.

Believing that all children deserve quality care and education, Dr. Falkenrath, as Director of the Child Development Center, has provided leadership and dedication in providing quality preschool education and in furthering the goals of ACCA in reaching out to the poor and disadvantaged in our community. All children are accepted regardless of their circumstances or background.

Although Dr. Falkenrath is retiring from ACCA, where I know she will be sorely missed, I am pleased to note she is continuing to serve the children of Fairfax County as a member of the Child Care Advisory Council.

Madam Speaker, I ask my colleagues to join me in thanking Dr. Judith Falkenrath for her years of service and also in congratulating her on the occasion of her retirement. Her efforts and leadership have been a great benefit to the children of our community, and truly merit our highest praise.

HONORING CAROL A. MEISSNER

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. HIGGINS. Madam Speaker, I rise today to recognize the dedicated service of Ms. Carol A. Meissner. In her 32 years of service to the Town of Evans, Ms. Meissner has helped to advance many important initiatives and has tirelessly served her community.

As Evans Town Clerk she helped modernize the Clerks office and improved both efficiency and quality of service. She served two terms as the president of the Erie County Town Clerk's Association and she was honored as the New York State Town Clerk of the year in 2001.

Ms. Meissner's service to her community goes well above her role as Town Clerk. She also has been active in local schools, working to register graduating seniors and teaching younger students about the value of being an engaged citizen. Working with local youth is a passion of Ms. Meissner's, she sponsors a youth baseball and soccer team, and she is a guest reader at her local elementary school.

In addition to serving the young adults of her community Ms. Meissner also serves honorably as a member of The Town of Evans Volunteer Fire Company's Ladies Auxiliary. Throughout her years of service Ms. Meissner has had an impact on countless projects and programs, and she has assuredly made her community a better place. For her service she has received Certificates of Appreciation from the Town of Evans Lions Club, and The Future Business Leaders of America.

Madam Speaker, it is my honor to recognize Ms. Carol A. Meissner for her dedication to her community. She is an excellent role model for the young adults she works with, a leader for her fellow community members, and a shinning example of what it means to be a public servant. I ask my colleagues in the House to join me in congratulating Carol Meissner on her retirement from the Town of Evans Office of the Clerk.

HONORING ZANE ERIC CLARK

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Zane Eric Clark, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 87, and in earning the most prestigious award of Eagle Scout.

Zane has been very active with his troop participating in many Scout activities. Over the many years Zane has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending Zane Eric Clark for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

COMMEMORATING MARCH AS RED CROSS MONTH

HON. LAURA RICHARDSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Ms. RICHARDSON. Madam Speaker, I rise today to recognize March as National Red Cross Month. The American Red Cross has provided assistance and comfort to communities stricken by disasters large and small since it was founded in 1881 by Clara Barton. For over 100 years, the American Red Cross has continued to help ensure our communities are prepared and resilient in the face of future disasters.

Madam Speaker, at home and abroad, one in five Americans is touched by the Red Cross every single year. On September 29, an 8.0 earthquake in the Pacific Ocean generated tsunami waves in American Samoa, Samoa and Tonga, killing more than 170 people. The district I represent, the 37th of California, has the largest population of Samoans in the continental United States, so this tragedy directly impacted many families in my district. I would like to recognize the American Red Cross for their invaluable assistance and quick response in providing relief after this event. I can attest to the good work they did when I traveled to American Samoa to deliver supplies donated by my constituents. The American Red Cross mobilized 90 volunteers to provide food, water, and relief supplies, as well as tracing services for families separated during the disaster. The Samoan Red Cross mobilized 200 volunteers to distribute relief items and support camps sheltering the homeless, with the goal of assisting 15,000 people.

In my district, the Greater Long Beach Chapter of the American Red Cross has 590 registered volunteers. They have certified 32,160 people in CPR/first aid, AED and water safety skills, and more than 4,330 people have received disaster preparedness training through health fairs, speaking engagements or trained in preparedness classes. In addition, the Disaster Action Teams (DAT) responded to 33 local emergency operations, opened 3 shelters and provided disaster shelter and food to 58 individuals, and financial support to 39 families. Finally, our volunteer youth group served 1,000 needy adults and children at their annual Holiday Project.

In conclusion, Madam Speaker, I ask that you and my distinguished colleagues join me in applauding the hard work of the American Red Cross volunteers and celebrating March as American Red Cross Month.

CONGRATULATIONS TO UMB BANK

HON. EMANUEL CLEAVER

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. CLEAVER. Madam Speaker, Chairman FRANK and I would like to extend our congratulations to UMB Bank, its officers, directors, shareholders and employees on being designated by Forbes magazine as the second-best bank in America in 2009. UMB Financial Corporation headquartered in Kansas City, Missouri, is a $10.2 billion bank founded in 1913 with first day deposits of $1,100.00. Six generations of the Kemper family have owned and/or operated UMB. Currently Mariner Kemper is the Chairman and Chief Executive Officer, Peter deSilva, is the President and Chief Operating Officer, Peter Genovese is the Vice Chairman and Michael Hagedorn is the Chief Financial Officer. UMB operates in seven states—Missouri, Illinois, Colorado, Kansas, Oklahoma, Nebraska and Arizona and is the second largest bank holding company headquartered in Missouri.

The Bank's shared corporate vision is ''To be recognized for THE unparalleled customer experience.'' One of the corporation's shared values is ''Customers First—We do the unparalleled to create an environment that consistently exceeds the expectations of our customers.''

UMB Bank embodies strong community involvement in all the communities it serves. From financing for small businesses, to providing working capital loans to companies that support job creation and retention, to employee volunteerism and corporate donations UMB stands tall with their communities. In fact UMB just received an ''Outstanding'' rating from the Office of the Comptroller of the Currency in their most recent public evaluation of UMB's community lending and participation.

When the largest banks in America were trying to repay billions of dollars in TARP funds and to improve their balance sheets and to deal with the impact of severe economic problems in the states where they do business, UMB was keeping to their business strategy, conservative with slow, steady growth. Their non-performing loans as a percent to total loans was 0.7 percent, the fourth best in this category in the country; reserves as a percentage of nonperforming loans was 210 percent; and their Tier 1 capital ratio was 13.5 percent. Their stock trades at 1.5 times its book value. In a September 2009 TheStreet.com article ''UMB's Kemper Proves Boring Is Better: Best In Class'', Mariner Kemper said ''The Street, the investor population, believed that we . . . could leverage [our] earnings streams more, if we had taken the same risks as the rest of the industry. I'm thrilled to be able to stand up and say: Those strategies worked for us! We didn't erase 20 years of earnings by taking three years of risks.''

To be rated the second-best bank in America in 2009 by Forbes out of the 100 largest banks and thrifts in America is ''A great source of pride for everyone at UMB'', Mariner Kemper said in a January press release. He went on to say, ''This ranking also shows that the regional banking model works. UMB sticks to our time-tested prudent business practices, such as making loans within our territory, building relationships with our customers and understanding that strong underwriting practices produce quality results. Our standards have remained unchanged in all economic conditions. This principle, as well as a focus on a diversified income stream from fee-based businesses, affords us steady growth.''

Madam Speaker, again we offer UMB Bank and all its employees, officers, directors and shareholders our heartiest congratulations on a job well done.

HONORING W. GLENN WINFREY

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize W. Glenn Winfrey, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 82, and in earning the most prestigious award of Eagle Scout.

Glenn has been very active with his troop participating in many Scout activities. Over the many years Glenn has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending W. Glenn Winfrey for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. DENNIS A. CARDOZA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. CARDOZA. Mr. Speaker, I would like to submit for the record a letter sent to me by the Physician Insurers Association (PIAA) expressing their concerns that multiple provisions of H.R. 3590 could potentially create new causes of action for medical liability claims despite the assurances I received from the committees and others that there would be no impact.

Mr. Speaker, the House-passed H.R. 3962 prevented these causes of action from being created by adding Section 261. Section 261 stated that the development, recognition, or implementation of any guideline or other standard shall not be construed to establish the standard of care or the duty of care owed by healthcare providers to their patients in any malpractice action or claim.

Mr. Speaker, for the record, it was the legislative intent of Congress to insert Section 261 or similar language in any Conference Committee bill to prevent new causes of action. It was not and never has been the intent of this legislation to create any new causes of action or claims premised on the development of guidelines or other standards.

PHYSICIAN INSURERS
ASSOCIATION OF AMERICA,
Rockville, MD, March 9, 2010.

Hon. DENNIS CARDOZA,
Longworth Building,
Washington, DC.

DEAR CONGRESSMAN CARDOZA: On behalf of the 60 domestic primary medical professional liability insurance company members of the Physician Insurers Association of America (PIAA), I am writing regarding the healthcare reform legislation passed by the Senate. Specifically, I would like to share our concerns about the legislation creating new causes of action for medical liability claims.

The PIAA is the only trade association in the nation dedicated solely to the medical professional liability insurance industry. Our members are physician and other healthcare provider owned or operated professional liability insurers which provide indemnification for over 60% of America's doctors, as well as dentists, hospitals and other healthcare providers. Our member insurance companies were formed by state medical, dental and hospital associations over the past 30 years, to include 4 which are domiciled in California. They were formed with the specific goals of lowering insurance costs for providers and helping patients through sound underwriting and patient safety practices. In this regard, we are uniquely qualified to offer our perspective on medical liability issues.

As approved by the Senate, H.R. 3590 contains at least 14 provisions which could create new causes of action for medical liability claims. These include:

Section 2701 (adult health quality measures).

Section 2702 (payment adjustments for health care acquired conditions).

Section 3001 (Hospital Value-Based Purchase Program).

Section 3002 (improvements to the Physician Quality Reporting Initiative).

Section 3003 (improvements to the Physician Feedback Program).

Section 3007 (value based payment modifier under physician fee schedule).

Section 3008 (payment adjustment for conditions acquired in hospitals).

Section 3013 (quality measure development).

Section 3014 (quality measurement).

Section 3021 (Establishment of Center for Medicare and Medicaid Innovation).

Section 3025 (hospital readmission reduction program).

Section 3501 (health care delivery system research, quality improvement).

Section 4003 (Task Force on Clinical and Preventive Services).

Section 4301 (research to optimize deliver of public health services).

Sufficient questions were raised about these sections of H.R. 3590 that a provision was added to the bill commissioning a Government Accountability Office (GAO) study to see if these sections did indeed result in new avenues for medical liability claims to be filed. Quite simply, such a study is unnecessary and possibly harmful. If Congress intends to create multiple new avenues for the filing of medical liability claims, it does not need to commission the study. If, as we have been told, it does not intend to substantially increase medical liability litigation, a study will only needlessly create an opening for such cases to be filed until Congress finds the opportunity to correct the issue.

Congress should not wait for a study to be conducted—it should clearly state its intent in the legislation to not create new medical liability causes of action which could dramatically increase medical liability insurance premiums and potentially decrease access to healthcare providers in the process. The PIAA recommends the following legislation language to address this issue:

Sec. XXXX—Construction Regarding Standard of Care

The development, recognition, or implementation of any guideline or other standard under any provision of this Act shall not be construed to establish the standard of care or duty of care owed by healthcare providers to their patients in any medical malpractice action or claim (as defined in section 431(7) of the Health Care Quality Improvement Act of 1986 (42 U.S.C.10 11151(7)).

From the very beginning of the healthcare reform debate, there has been broad consensus that medical liability reform was a necessary component in making our healthcare system more efficient and effective. While the exact nature of that reform has been the source of some disagreement, no one has been suggesting that our medical system will be improved by having new opportunities for even more medical liability claims to be filed. Congress should ensure such opportunities are not created by healthcare reform legislation.

Thank you for your time and consideration of this critically important issue. Should you have any questions about these proposals, or need additional information, please do not hesitate to contact me. We look forward to working with you on this most important issue.

Sincerely,

LAWRENCE E. SMARR,
President.

HONORING DR. DOROTHY L. HEIGHT ON HER 98TH BIRTHDAY

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Ms. NORTON. Madam Speaker, I rise today to ask the House of Representatives to join me in honoring Dr. Dorothy L. Height, the President Emerita of the National Council of Negro Women, on her 98th birthday.

Dr. Dorothy L. Height has spent her extremely productive lifetime in service of African Americans, especially African-American women, and the people of the United States of America. She has been a visionary, championing every great effort for equality and racial justice that our nation has achieved, from equal pay and voting rights for women to the integration of the nation's governmental institutions and revision of societal norms.

Known as the ''Godmother of the Civil Rights Movement,'' Dr. Height has also organized the annual Black Family Reunion, a national celebration that she leads to celebrate African-American family values on the National Mall and throughout the nation.

Dr. Height has been recognized with virtually every significant national honor, from the NAACP Spingarn Medal, to the Presidential Medal of Freedom Award and the Congressional Gold Medal.

It is especially appropriate that Dr. Height's birthday occurs in March, during Women's History Month. Her contributions, not only to our country, but to women of every color and background, make Women's History Month a timely occasion to celebrate Dr. Height's life's work as President Emerita of the National Council of Negro Women. Madam Speaker, I ask the House of Representatives to join me in celebrating the lifetime contributions of Dr. Dorothy L. Height on her 98th birthday.

HONORING JOHN ZACHARY PARKS

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize John Zachary Parks, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 121, and in earning the most prestigious award of Eagle Scout.

Zach has been very active with his troop participating in many Scout activities. Over the many years Zach has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending John Zachary Parks for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

A TRIBUTE TO DR. DOROTHY I. HEIGHT

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition and celebration of Dr. Dorothy I. Height on her 98th Birthday for her unwavering dedication and contributions to society. Her commitment to social work and those who are underserved have been indelible.

Dorothy I. Height was born in Richmond, Virginia. At an early age, she moved with her family to Rankin, Pennsylvania. She graduated from Rankin High School. While in high school, she received a scholarship to Barnard College; however, upon her arrival, she was denied entrance. During that time, Barnard only admitted two African Americans per academic year and Ms. Height had arrived after the other two students had been admitted. She did not let this disappointment deter her; she would later attend New York University, where she earned a Bachelor's and Master's degree in only four years.

After college, Dr. Height worked as a teacher in Brownsville Community Center in Brooklyn, New York. She was also very active in the United Christian Youth Movement after its founding in 1935. Her undying commitment to women and families led her to her work as a case manager for the welfare department in New York. In 1937, she would join the National Council of Negro Women and her career as a pioneer in civil rights began to unfold.

In 1938, Dorothy Height was one of ten young people selected to help Eleanor Roosevelt plan a World Youth Conference. Through Ms. Roosevelt, she met Mary McLeod Bethune and became involved in the National Council of Negro Women. That same year, she was hired by the Young Women's Christian Association (YWCA). She worked for better conditions for black domestic workers, leading to her election to YWCA national leadership. She was active in developing its leadership training and interracial and ecumenical education programs.

Throughout her career, Dr. Dorothy I. Height has remained a tireless leader in the struggle for equality and human rights for all people. Her life exemplifies her passionate commitment for a just society and her vision of a better world. She has worked closely with Dr. Martin Luther King, Jr., Roy Wilkins, Whitney Young, A. Philip Randolph, and many others. Dr. Height has participated in virtually all of the major civil and human rights events in the 1950's and 1960's. For her tireless efforts on behalf of the less fortunate, President Ronald Reagan presented her the Citizens Medal Award for distinguished service to the country in 1989.

Dr. Height is known for her extensive international and developmental education work. She initiated the sole African American private voluntary organization working in Africa in 1975. In her numerous decades of national leadership, she has served on major policy-making bodies affecting women, social welfare, economic development, civil and human rights. She has received numerous recognition and awards. Recently, she was appointed to the Advisory Council of the White House Initiative on Historically Black Colleges and Universities by President Bush.

Dr. Height has remained a model of social consistency. She has inspired me as a social worker, community organizer and policy maker. She embodies the spirit of commitment. It is with immense honor and pleasure that I recognize her historic efforts and legacy and wish her a very happy birthday. May this year bring with it all the success and fulfillment her heart desires. Madam Speaker, I urge my colleagues to join me in wishing Dr. Dorothy I. Height a Happy Birthday.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. ALLYSON Y. SCHWARTZ

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Ms. SCHWARTZ. Mr. Speaker, I, on behalf of myself and Mr. NEAL, rise to speak about the Independent Payment Advisory Board (IPAB), which is a new executive branch entity created in the Senate passed health reform bill, H.R. 3590, the Patient Protection and Affordable Care Act.

In particular I want to clarify legislative intent with regard to one issue in IPAB. Section 1899A(c)(2)(A)(iii) of the Social Security Act, as added by Section 3403 of PPACA, states that in the case of IPAB proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing extra downward adjustments in their payments and thus should not be subject to ''double jeopardy'' by also being subject to IPAB recommendations which will further reduce spending.

In creating this exclusion, it is the intent of Congress to exclude all payment reductions applicable to providers captured by this language in all the relevant years. Therefore, in the case of inpatient hospitals, the provision excludes from IPAB recommendations payment reductions applicable to hospitals including payment reductions for indirect medical education under 1886(d)(5)(B), graduate medical education under 1886(h), disproportionate share hospital payments under 1886(d)(5)(F), and capital payments, as well as incentives for adoption and maintenance of meaningful use of certified electronic health record technology under 1886(n).

In addition, further clarifications are needed to ensure that IPAB is empowered to recommend payment improvements for all items and services provided to Medicare beneficiaries.

HONORING SABRINA DINOVO

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Sabrina Dinovo, a very special young lady who has exemplified the finest qualities of citizenship and leadership. Sabrina was recently invited to attend a People to People

World Leadership Forum in Washington, DC, where she will participate in daily educational activities focused on leadership.

Ashley's academic excellence, community involvement and leadership potential make her a worthy participant. She should be proud to be a model citizen amongst the youth in her community and my congressional district.

Madam Speaker, I am confident Sabrina will use the skills she gains from People to People International as tools for the betterment of her community and our nation. I respectfully urge you to join me in commending Sabrina on this monumental achievement.

PERSONAL EXPLANATION

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mrs. LOWEY. Madam Speaker, yesterday, I regrettably missed a rollcall vote. Had I been present, I would have voted in the following manner:

Rollcall No. 173—"yea."

MARCH 8TH, 2010 BOSTON GLOBE EDITORIAL: ''FDA LAX ON CONFLICTS OF INTEREST''

HON. VIRGINIA FOXX

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Ms. FOXX. Madam Speaker, I would like to submit an editorial published in the Boston Globe on March 8, 2010, entitled "FDA Lax on Conflicts of Interest." This editorial highlights the potential conflicts of interest inherent in the FDA's recent selection of Committee Members for their newly established Tobacco Products Scientific Advisory Committee, TPSAC. I understand the committee is responsible for advising the FDA on a broad range of topics, including nicotine levels in cigarettes and the development of reduced risk products.

I opposed H.R. 1256, the Family Smoking Prevention and Control Act when it passed through the Democrat-led Congress in the summer of 2009 before being signed into law. The bill, which provided the FDA with the authority to regulate tobacco products, defies logic and I have been monitoring the development of these new regulations carefully. Earlier this month the FDA finally announced the members they selected to serve on TPSAC. Alarmingly, as the Boston Globe editorial explains, two of the scientists selected as committee members have direct financial ties to the companies who could benefit from the recommendations they will be tasked with making. Having committee members who stand to gain financially from their own recommendations is unacceptable and represents disturbing conflicts of interest. This action and the resulting conflicts of interest are extremely threatening to the tobacco industry—an industry that provides hundreds of thousands of jobs in North Carolina and throughout our nation.

This Administration likes to talk about high ethical standards and transparency but we have yet to see those lofty promises put into action. The Administration can take its first step towards this goal by eliminating these conflicts of interest and ensuring the FDA takes the utmost precaution against selecting such members in the future.

FDA LAX ON CONFLICTS OF INTEREST

[From the Boston Globe, Mar. 8, 2010]

The Food and Drug Administration has done far too little to avoid conflicts of interest among those who serve on its scientific panels and advisory boards. The latest example came last Monday, when the agency appointed to a tobacco advisory committee two scientists who have financial ties to companies that sell smoking cessation products.

One of the scientists, Jack Henningfield, makes most of his income from a consulting company that has GlaxoSmithKline, which makes Nicorette gum, as a client, according to a Wall Street Journal report. The other, Neil L. Benowitz, formerly worked as a consultant for GlaxoSmithKline and still consults for Pfizer, which makes the quit-smoking drug Chantix.

It could be worse. The pair of scientists could have financial ties to cigarette makers—which would violate federal law since the two will vote on recommendations for how to regulate the tobacco industry. But no matter how honorable the individuals involved, there's a clear danger when those who decide whether menthol cigarettes should be banned and whether smokeless tobacco products are safe also stand to profit from the sale of products that help people quit smoking.

It's encouraging that the FDA asked the scientists to disclose their financial ties to the drug companies. The reason for their appointment is the same scientific expertise they also offer to the pharmaceutical industry. But the agency must justify why the nine voting members of the committee could not be selected from the many scientists who do not have such ties.

If the two scientists are indeed the best that can serve the committee, they should not be allowed to vote on whether particular tobacco products can come to market unless they agree not to receive profits related to smoking-cessation aids. In addition, the FDA, which promised to screen all panel members for conflicts of interest before each meeting, should make the criteria and results of those screenings public while the panel meets and before any of its recommendations become national policy.

HONORING SHERIDAN MOTTET

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Sheridan Mottet, a very special young lady who has exemplified the finest qualities of citizenship and leadership. Sheridan was recently invited to attend a People to People World Leadership Forum in Washington, DC, where she will participate in daily educational activities focused on leadership.

Sheridan's academic excellence, community involvement and leadership potential make her a worthy participant. She should be proud to be a model citizen amongst the youth in her community and my congressional district.

Madam Speaker, I am confident Sheridan will use the skills she gains from People to People International as tools for the betterment of her community and our nation. I respectfully urge you to join me in commending Sheridan on this monumental achievement.

HONORING MR. OTTO IGNACIO COELHO, SR.

HON. DENNIS A. CARDOZA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. CARDOZA. Madam Speaker, Congressman COSTA and I rise today to honor the life of our dear friend, Mr. Otto Ignacio Coelho, Sr., a long time resident of Hilmar, California. Mr. Coelho passed away at the age of 92. Mr. Coelho was a strong leader of the community and served on numerous Portuguese organizations. Although a native of Tulare, California, he made Hilmar his home. He was one of six children born to Pauline and Pedro Coelho who immigrated to the United States from Terceira, the Azores in Portugal.

Otto was raised on the family dairy until his family moved to Monterey. His father was a fisherman and Otto worked for a time selling the fish his father and brother caught. Otto eventually returned to the Central Valley and the dairy industry. On September 3, 1938, Otto married the love of his life, Alice Branco, whom he had known since childhood. Otto was involved in the dairy industry until the 1960s, after which time he did custom farming and later was active in farm equipment sales for N&S Tractor Company.

After retirement, Otto became even more involved in the Pentecost celebrations he had loved since a child. He was a member of the Dos Palos DES Stevinson Pentecost Association, Nossa Senhora do Rosario of Hilmar, and Our Lady of Fatima Los Banos. He greatly enjoyed making the rounds to collect for Festa celebrations throughout the valley, and proudly kept his route books. He was a member of the SES. Otto was also deeply devoted to his Catholic faith, and was a long-time member and officer of the YMI at Holy Rosary St. Mary's Catholic Church in Hilmar, where he lived since 1965. He also belonged to the Knights of Columbus and was active in Casa da Azores in Hilmar.

Otto and Alice raised four children, Otto Jr. (Claudette) of Madera, Gilbert (Carol) of Firebaugh, Tony (Phyllis) of Delaware, and Susan Mattos of Newman. He is also survived by 15 grandchildren, 24 great-grandchildren and one great-great-grandson. He is also survived by his sisters, Mercedes Martins of Watsonville, Nira Jean Perry (Joe) of Hollister, and Lee Coelho (Nancy) of Lemoore.

Otto Coelho was a pillar of our community. His strong sense of faith, family, and community speak volumes for generations to come. It is our honor to recognize Otto Coelho and to honor his legacy at this time. We extend our deepest sympathy to his family on their loss.

HONORING MARISA GARITZ

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Marisa Garitz, a very special young

lady who has exemplified the finest qualities of citizenship and leadership. Marisa was recently invited to attend a People to People World Leadership Forum in Washington, DC, where she will participate in daily educational activities focused on leadership.

Marisa's academic excellence, community involvement and leadership potential make her a worthy participant. She should be proud to be a model citizen amongst the youth in her community and my congressional district.

Madam Speaker, I am confident Marisa will use the skills she gains from People to People International as tools for the betterment of her community and our Nation. I respectfully urge you to join me in commending Marisa on this monumental achievement.

HONORING SOUTH DAKOTANS FIGHTING WIDESPREAD FLOODING

HON. STEPHANIE HERSETH SANDLIN

OF SOUTH DAKOTA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Ms. HERSETH SANDLIN. Madam Speaker, I rise today to pay tribute to the many South Dakotans who have helped fight the effects of widespread flooding throughout the northeast and southeast portions of the state in recent weeks.

About one month ago, South Dakota faced the threat of significant damage and cost due to flooding. The northeast and southeast portions of the state had high water tables and the winter's snow was beginning to melt. That meant rising water on our rivers and creeks and a danger of flooding that threatened our agricultural economy, roads and homes.

But South Dakotans didn't flinch in the face of these developments. Instead they banded together as they always do and developed plans to mitigate the worst of the dangers and deal with the smaller inconveniences.

County emergency managers worked with state officials from the Department of Public Safety and Office of Emergency Management. Red Cross volunteers worked with mayors of small towns. The National Guard mobilized to help the city of Aberdeen, and the Civil Air Patrol scouted flood damage from the air. Local law enforcement officials and the South Dakota Department of Game, Fish and Parks, as well as the U.S. Fish and Wildlife Department, patrolled and offered assistance to those in danger. And neighbors worked with and for each other, filling sandbags to protect their homes and their communities.

Our federal partners did their share as well. The Federal Emergency Management Agency helped train state Office of Emergency Management staff in the weeks before the heaviest flood activities and has already begun assisting the state in planning for recovery operations. The U.S. Army Corps of Engineers stepped up with a levee project to protect the city of Watertown, completing it on time and amidst concerns over flooding.

Today, I am proud to report that, while the danger is not entirely past and there remains much recovery work to do, South Dakota once again has come together to successfully meet a challenge head on.

We still have some roads closed, dozens of homes suffered some flooding damage and it may be some time until we can determine the extent of the damage. But we have, so far, avoided the kinds of catastrophic damage that was feared.

Madam Speaker, I remain proud as ever to represent the people of South Dakota and their enduring ability to rise to whatever challenge they must. I offer my sincere thanks to all who worked so hard to limit the effects of this flooding.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. BONNER. Mr. Speaker, I rise in strong opposition to H.R. 3590, The Patient Protection and Affordable Care Act, and H.R. 4872, The Health Care and Education Affordability Reconciliation Act of 2010. These severely misguided bills authorize $1.2 trillion in new mandatory spending over the next decade, impose costly unfunded mandates on States, increase taxes on small businesses and families by more than $500 billion over ten years, and provide a clear path for federal funding of abortions.

Both President Obama and Speaker PELOSI have talked about the ''historic'' nature of their health care legislation. While they claim to be acting upon the unrealized goals of a century of past Presidents and Congresses to expand health care access to all Americans, the real history that's being made by the passage of the legislation is less inspiring. Rather than seeking a national consensus to forge a truly historic, and badly needed reform of American health care, the President and the Speaker instead cynically crafted alone a one-sided, purely partisan bill that ignores the desires of the majority of the people.

Unlike the Social Security and Medicare Acts which enjoyed strong bipartisan support in their day, the President and the Speaker's health care legislation, which will impact nearly one-sixth of the economy, did not see one single Republican vote in support of their effort. Furthermore, 34 members of their own party joined Republicans in opposing this blatant power grab, dressed up as health care reform.

The reason for this lopsided vote is clear. The Democrat health care plan facilitates a backdoor takeover of American health care. The Federal Government would force small businesses and even individuals to buy health coverage or face stiff penalties. This mandate may well be unconstitutional and, in many states, including my State of Alabama, there are already attempts to challenge this in court.

This $1.2 trillion health care scheme will increase federal deficits by $59 billion over the next ten years, while inflicting a painful combination of Medicare cuts and tax increases, affecting millions of seniors, families and small businesses.

Ironically, the elderly—the most vulnerable to high medical costs—will suffer the loss of $200 billion from the popular Medicare Advantage program, upon which over 170,000 Alabama seniors rely. In all, a total of $500 billion will be taken from Medicare to pay for the broad health care expansion.

But that's not all. This bill will also, for the first time, levy Medicare taxes on investment income. It imposes a new tax of 3.8 percent on unearned income.

Small businesses would also be forced to provide a government-approved level of coverage or face a $2,000 penalty per employee. Businesses already providing coverage would face the same penalties if the government deems the coverage ''unaffordable.''

What's more, individuals would also have to buy government-approved insurance—whether they want it or not—or face fines. The IRS will become the health care enforcement agency, hiring up to 16,000 new workers to ensure that everyone buys federally approved coverage.

The Democrat health care bill will also place an unfunded mandate on States to expand Medicaid rolls. In my State, it will move an additional 400,000 people into an already cash-strapped Alabama Medicaid program. Alabama will have to come up with an additional $61 million annually to sustain this mandatory expansion of Medicaid, which will cost State and Federal taxpayers a total of nearly $1.1 billion a year. As Governor Bob Riley recently said, ''I am deeply concerned that sustaining this level of coverage would translate into a substantial tax increase on the people of Alabama.''

Equally troubling is this health care bill's green light for the federal funding of abortions. Despite the President's Executive Order barring the use of any Federal funds for abortion, there is no permanent prohibition over using Federal funds to pay for abortions. Whatever deal Rep. BART STUPAK and his group think they may have struck with the President, it does not carry the force of law. Executive orders are signed by the President and they can be revoked by the President—and frequently, they are.

Mr. Speaker, Republicans have been shut out of the President's and your health care bill from the beginning. We offered to sit down and start from scratch to write a bill the American people could actually support, including the ability to buy insurance across State lines, give small businesses the power to pool coverage, and address liability lawsuit abuse. The Congressional Budget Office said the Republican health care plan would increase access to care, lower premiums by up to ten percent and reduce the Federal deficit by $68 billion over ten years. Sadly, this kind of real reform was all but ignored by the administration and the Congress.

This is truly a sad day for this House and for our country. Americans wanted and deserve so much more than a cynical push for bigger government. I am committed to supporting efforts to fix this badly flawed legislation and replace it with true health care reform that Americans can support.

HONORING DELANEY NELSON

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Delaney Nelson, a very special young lady who has exemplified the finest qualities of citizenship and leadership. Delaney was recently invited to attend a People to People World Leadership Forum in Washington, DC, where she will participate in daily educational activities focused on leadership.

Delaney's academic excellence, community involvement and leadership potential make her a worthy participant. She should be proud to be a model citizen amongst the youth in her community and my congressional district.

Madam Speaker, I am confident Delaney will use the skills she gains from People to People International as tools for the betterment of her community and our Nation. I respectfully urge you to join me in commending Delaney on this monumental achievement.

RECOGNIZING AND CONGRATULATING ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH IN FORT WORTH, TEXAS ON THEIR 102ND ANNIVERSARY

HON. MICHAEL C. BURGESS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. BURGESS. Madam Speaker, I rise today to recognize and congratulate St. James African Methodist Episcopal Church in Fort Worth, Texas, as they celebrate 102 years of Christian Service.

St. James African Methodist Episcopal Church is the oldest black church in the Stop Six Area of Fort Worth. From its humble beginnings, where services were held in a tent, the church has served its community with passion. Their commitment to outreach has allowed them to influence not only those in their community, but throughout the country. As this congregation continues to grow under their dedicated leadership, there is no doubt it will maintain its long-standing reputation of service and devotion to those in Fort Worth's Stop Six Area.

To commemorate their 102 years of services, St. James African Methodist Episcopal Church is having a Church Anniversary Celebration. The celebration began on January 10th and will end on April 25th, the anniversary of the church's beginnings.

Madam Speaker, St. James African Methodist Episcopal Church is a shining light in Fort Worth, Texas. I am extremely proud to represent Reverend Damon Blakeley and the entire church congregation in the 26th Congressional District of Texas. Their service to the community is valued and appreciated, and I look forward to watching the church continue to grow, and observing the positive impact they will continue to have in North Texas.

A TRIBUTE TO DEACON VICTOR M. BOWES

HON. ROBERT A. BRADY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. BRADY of Pennsylvania. Madam Speaker, I rise today to honor Deacon Victor M. Bowes. I congratulate Deacon Bowes on the occasion of his 100th birthday and thank him for his long history of service to his community.

Born March 10, 1910, Deacon Bowes was born and raised in North Carolina. He moved to Chester, Pennsylvania in 1942 to work as a welder building ships for the defense of his country. He joined the Bethany Baptist Church in Chester three years later, beginning his more than 60-year relationship with the Church.

After being ordained a deacon, Deacon Bowes was appointed Chairman of the Board of Deacons on March 7, 1957. He served in this capacity for over 42 years, overseeing incredible progress and developments within his church. In recognition of his service, he was honored in 1999 with the title of Chairman Emeritus for the Board of Deacons.

Throughout his tenure at Bethany Baptist Church, Deacon Bowes has worked tirelessly to better his community. He served as church school treasurer for 30 years, taught Sunday School classes, and was a regular teacher of Wednesday Night Bible Study for many years. Deacon Bowes was Chairman of the Building Committee Ministry that oversaw the construction of a new church building.

Madam Speaker, I ask that you and my other distinguished colleagues join me in congratulating Deacon Bowes on the occasion of his 100th birthday, and thank the Deacon for his long history of work and involvement in his community.

DANNY ADKINS

HON. SHELLEY MOORE CAPITO

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mrs. CAPITO. Madam Speaker, I rise today to ask that we take a moment to honor Danny Adkins, who lost his life while giving rescue support to the flooded areas of Raleigh County, West Virginia.

In the early hours of March 13, 2010, Danny Adkins was part of a five-man crew of volunteer firefighters from Glasgow, West Virginia called upon to aid rescue crews in Raleigh County. Trained in swift water rescue, Danny's courageous efforts saved the lives of many before his boat capsized and he was swept away by the rapid floodwaters. After six days of searching by nearly a hundred volunteers, Danny's body was found Friday, March 19, 2010. Danny's courage and selflessness are known by all that knew him. He has been a hero to so many and will be missed dearly.

I take this time to remember Danny Adkins. He gave his life to save others. I want to thank all firefighters throughout West Virginia that sacrifice so much for their communities, with a special thank you to Glasgow Volunteer Fire Chief Marty Blankenship, Fire Captain Jay Slack, and the fellow firefighters of the Glasgow Volunteer Fire Department. My deepest thoughts and prayers are with his two sons, Devin and Ethan, his daughter, Allyssa, and his girlfriend, Bobbie Evans.

IN MEMORY OF BRENDAN BECK

HON. MICHAEL C. BURGESS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. BURGESS. Madam Speaker, on behalf of myself and Congresswoman KAY GRANGER, I rise today in memory of Brendan Beck, a casualty of the tragic earthquake that struck Port-au-Prince, Haiti on January 12, 2010. As a civil engineer, Brendan had traveled to Haiti to help the U.S. Agency for International Development to begin a project analyzing the infrastructure of Northern Haiti.

After studying engineering at the University of Florida, he went on to join the Peace Corps, where he served in the African nation of Mali. His adventurous spirit led him to travel the world, where he was able to utilize his knowledge of engineering to transform underprivileged nations. Brendan was always quick to lend a helping hand to those in need.

Brendan tragically lost his life in the collapse of the Hotel Montana. While helping study the infrastructure of Northern Haiti, Brendan was forced to make a stop in Port-au-Prince due to weather. He checked into the Hotel Montana hours before the earthquake struck.

After receiving the devastating news, Sally Baldwin, Brendan's mother, visited Washington, DC to share Brendan's story, and encouraged us to continue supporting the efforts of the recovery teams. She asked for search and rescue support to be specifically targeted at the site of the Hotel Montana.

Brendan's family was notified on February 15, 2010, 34 days after the earthquake struck Port-au-Prince, that Brendan had been found. Although his family was extremely grateful to have him returned, they were devastated they lost such an incredible son. His family and friends have expressed their grief in the loss of a son, brother and friend, whose fervor for life was indescribable.

Madam Speaker, it is with great honor that we rise today to honor the memory of Brendan Beck. Brendan exemplified the qualities of a model citizen, and I am proud to represent such an outstanding individual in the United States House of Representatives.

HONORING MR. CY GLUECK

HON. JO ANN EMERSON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mrs. EMERSON. Madam Speaker, I rise today to pay tribute to a renowned member of my district, a great Missourian and a great American. Mr. Cy Glueck passed away on Monday, March 22, after a lifetime of service to Southern Missouri.

Mr. Glueck may be best known throughout the region as the inventor of the Original Bologna Burger at Schindler's Tavern in New Hamburg. If you haven't ever had one, they are well worth the trip. Mr. Glueck and his wife operated the tavern for 28 years and are directly responsible for its stellar reputation. Cherished as a true gathering place for the community, Mr. Glueck made sure everyone felt welcome in his establishment, whether it was for family meals or euchre card games or turkey shoots.

As part of his philanthropy, Mr. Glueck hosted the Kow Pasture Klassic golf tournament—played in a pasture with tennis balls hit by any instrument from golf clubs to baseball bats. The point was to have fun and celebrate, but also to benefit a local charity. No annual event in the community was more anticipated than that one.

Yet Mr. Glueck's contributions to the community extend far beyond bologna. He was a

member of St. Vincent de Paul Catholic Church, advanced in the Knights of Columbus Council, active in the Elk's Lodge, and on the board of the Kenny Rogers Children's Center. Mr. Glueck was a mainstay in the community, and he will be remembered well for his good humor, kind nature, and boundless energy.

I want to commend his life to the U.S. House of Representatives as a model of community service. Our thoughts and prayers are with Mr. Glueck's wife, Dorothy, and the many family and friends who today mourn a great loss.

PERSONAL EXPLANATION

HON. GABRIELLE GIFFORDS

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Ms. GIFFORDS. Madam Speaker, yesterday I was absent and missed rollcall vote 175. Had I been present, I would have voted ''aye'' on rollcall 175.

IN MEMORY OF SPC. LAWRENCE ALDRICH

HON. MICHAEL C. BURGESS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. BURGESS. Madam Speaker, I proudly rise today in memory of one of our nation's bravest and finest men, who gave his life protecting our nation and its citizens—Army Specialist Lawrence Lee Aldrich of Fort Worth, Texas. Spc. Aldrich was killed on May 6, 1968, fighting in the Vietnam War, and after more than 40 years, he has finally been reunited with his family and loved ones.

Spc. Aldrich was a fearless young man who joined the Army in 1967. Those who served alongside him remember him as brave and selfless. He gave his life for this country and should be honored for upholding the high standards we have set for our Armed Forces.

On the day Spc. Aldrich was killed, he was serving as a member of a search-and-clear mission in Binh Dinh Province, in what was then South Vietnam. He was last seen with two other Americans engaged in a battle with enemy forces while manning an M–60 machine gun position. An air strike was called in, but one of the bombs inadvertently landed on Spc. Aldrich's position, killing the three soldiers. Members of his unit later recovered the remains of the two other men, but Aldrich could not be found.

Spc. Aldrich is one of 58,000 soldiers' names that appear on the Vietnam Memorial. His family's greatest wish was to have his body returned. Although his parents have passed on, his siblings know that this would have made them extremely happy.

Madam Speaker, it is with great honor that I rise today to honor the memory of Spc. Lawrence Lee Aldrich for his bravery and courage while defending and protecting our nation during the Vietnam War. I am proud to represent such outstanding soldiers from my district, and the nation as a whole, in the United States House of Representatives.

HELEN PEDOTTI TRIBUTE

HON. LOIS CAPPS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mrs. CAPPS. Madam Speaker, I rise today to honor a tremendous woman.

Helen Pedotti was a rancher, business owner, activist, philanthropist, educator, wife and mother. She died on January 25 and with her passing, our community lost a wonderful friend whose talents were as limitless as her generosity.

Throughout the Central and South Coasts of California, Helen was known in many circles. Along with her husband Pida, she ran Rancho Arbolado on the Gaviota Coast, where they also raised their four children: Holly, Tina, Jon and Chico. Active in the ranching community, Helen was known as a bighearted neighbor, efficient business partner and loyal friend.

Helen was known in many circles for her support of community colleges, progressive politics, the environment, immigration reform, civic justice, and the right for all children to have a quality education. Her friend Robert Isaacson described her perfectly when he said ''her passions, values, and politics were integrated fully into a powerful force, and she was utterly fearless in her beliefs.''

Despite so many interests, Helen was never satisfied with just lending her support to a particular issue. She would tirelessly contribute her time, resources and innovative ideas to everything she felt passionately about. All of us who knew and worked with Helen were challenged to think greater and do better than we thought possible of ourselves. I will always be grateful to her for instilling that kind of confidence.

Madam Speaker, it is an honor to pay tribute to this remarkable woman and friend. I know I speak on behalf of my entire community when I say she leaves an irreplaceable gap in our community and our hearts.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. SOLOMON P. ORTIZ

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. ORTIZ. Mr. Speaker, I rise today in support H.R. 4872, the Health Care and Education Affordability Reconciliation Act of 2010 and H.R. 3590, the Patient Protection and Affordable Act, which promise to bring economic prosperity for the betterment of this country and our people.

Tonight, we vote to expand health care to 32 million Americans, including more than 150,000 of my constituents who do not currently have any type of health insurance.

I must remind my friends on both sides of the aisle that this is not the first time we take up a tough vote.

Nobody said that this would be easy. These past days days remind me of a critical vote I took in 1993. The atmosphere and rhetoric was much the same as today. In 1993, we were told voting in favor of President Clinton's budget deficit reduction would destroy our country and no member would survive re-election if they voted in favor.

Despite the negative rhetoric, I carefully examined the proposal and voted in favor of the legislation. This was a responsible vote. We ultimately benefited by balancing the deficit and creating one of the largest debt reductions in the history of our great country. Fiscal responsibility led us to more than $400 billion in deficit reduction, without destroying our country and providing us a prosperous economy with global competitiveness.

Today, I am faced with another pressing historic vote just as I was seventeen years ago.

Growing up in south Texas and working as a migrant worker without health insurance, I understand this issue first-hand. I remember what that was like and can empathize with the uninsured and underinsured. I remember having asthma, a pre-existing condition, which prohibited me from obtaining health care insurance before entering military service.

More than 45,000 annual deaths occur due to lack of insurance and health services. Therefore, I support legislation that reduces the number of uninsured people by 32 million and presents a net reduction in the deficit of $138 billion over 10 years with a total net reduction of $1.3 trillion over the next 20 years. That is a responsible vote.

I support increasing competition and offering additional affordable insurance options to consumers. This legislation will improve coverage for 296,000 residents with health insurance and extend coverage to 158,000 uninsured residents in the 27th District of Texas. Small businesses will be able to pool together to obtain lower insurance premiums, a benefit that has only been available to large employers. Small businesses will be eligible for tax credits to help provide employer-based insurance to ensure a healthy competitive workforce.

After much evaluation, this legislation will benefit the 27th District of Texas and I will support the measure when brought to the House floor.

WORLD TUBERCULOSIS DAY

HON. SILVESTRE REYES

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. REYES. Madam Speaker, I rise today on World Tuberculosis Day in support of local community efforts to raise awareness of tuberculosis, TB. World TB Day commemorates the date in 1882 when Dr. Robert Koch announced his discovery of Mycobacterium tuberculosis, the bacteria that causes TB.

On World TB Day, I encourage citizens to take the opportunity to learn about this disease, which infects one third of the world's population and causes almost two billion deaths worldwide. TB bacteria, which is spread through the air, usually attack the lungs, but can also attack the kidney, spine and brain. If not properly treated, the disease can be fatal.

According to the Centers for Disease Control, there were 12,904 reported cases of TB in the United States in 2008. Although both the number of TB cases reported and the case rate decreased in the United States in 2008, we still must work toward the elimination of TB.

Although my district in El Paso has a TB rate that is lower than the average border rate,

people in border communities like mine are particularly susceptible to this disease. Community organizations in my district such as the Alliance of Border Collaboratives, the TB Program at the Mexican Consulate in El Paso, the Pan American Health Organization, the University of Texas at El Paso TB Photovoice Project and a number of cross-border partners, work hard every day to eliminate TB.

I encourage all Americans to participate in community events that raise awareness of this issue. As awareness of this disease increases, together we can work toward the elimination of the disease.

CELEBRATING THE 98TH BIRTHDAY OF DR. DOROTHY I. HEIGHT

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. RANGEL. Madam Speaker, I rise today to celebrate the life of a very special and extraordinary individual; a woman who embodies the best of mankind and who has dedicated her whole life to improving the lives of others. The woman of whom I speak is none other than Dr. Dorothy Irene Height.

Today, Dr. Height celebrates her 98th birthday and I couldn't be more proud and honored to call her my friend.

This African-American administrator, teacher, and social activist, has been a leader in the struggle for equality and human rights for all people her whole life. Her life exemplifies her passionate commitment for a just society and her vision of a better world.

Born in Richmond, Virginia, Dr. Height moved with her parents to Ranklin, Pennsylvania at an early age and attended public schools. Winner of a scholarship for her exceptional oratorical skills, she entered New York University where she earned both a Bachelors and Masters Degree in four years. It was while she was working as a caseworker for the welfare department in New York that Dr. Height joined the National Council for Negro Women, NCNW. It was this single act that helped launch her career in civil rights.

In 1965, Dr. Height inaugurated the Center for Racial Justice, which is still a major initiative of the National YWCA. She served as the 10th National President of the Delta Sigma Theta Sorority, Inc., from 1946 to 1957, before becoming President of the NCNW in 1958. Working closely with civil rights giants such as Dr. Martin Luther King, Jr., Roy Wilkins, Whitney Young, and A. Philip Randolph, Dorothy Height participated in nearly all of the major civil and human rights events in the 1950s and 1960s. It was for her many tireless efforts on behalf of the less fortunate, that President Ronald Reagan presented her the Citizens Medal Award for distinguished service to the country in 1989.

Dr. Height is known for her work in international and developmental education. In three decades of national leadership, she has served on major policy-making bodies affecting women, social welfare, economic development, civil and human rights, and has received numerous appointments and awards.

Dr. Height continues to enjoy a lifetime of achievements. Her continuous devotion and work to advance the rights of women, and her efforts to empower the poor and the powerless, speak volumes for this is truly a woman whose life is the epitome of courage, vision, and deep faith—an inspiration to us all.

To my colleagues here in the House . . . please join me in extending to Dr. Height, congratulations and warmest wishes on this her "special day."

Dr. Height, "Happy Birthday."

HONORING THE RED PUMP PROJECT

HON. BOBBY L. RUSH

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. RUSH. Madam Speaker, I rise today to pay tribute to and recognize The Red Pump Project on the occasion of their one year anniversary. The Red Pump Project is an initiative of The Red Project Collaborative (RPC), a Chicago non-profit organization that seeks to raise awareness about the impact of HIV/AIDS on minority communities. Through its initiatives, The Red Pump Project and The Red Tie Project, RPC is doing work online, with over 135 bloggers and on the ground to motivate action and encourage dialogue about the effects of the disease.

Through their work, co-founders and noted bloggers Karyn Brianne Watkins and Lovette Ajayi have spent countless hours and endless energy to raise awareness of this life-altering disease. Their work has been so fruitful, Madam Speaker, that The Red Pump Project is now a national initiative, raising and donating funds to the Chicago Women's AIDS Project, the AIDS Foundation of Chicago and Project VIDA. Currently The Red Pump Project features 40 ambassadors in 20 states around the country "Rocking the Red Pump" to raise awareness about this epidemic and is continuously moving toward its goal of having representation in all 50 states.

As the Red Pump Project celebrates their 1 year anniversary in fashion and style on March 25, 2010, they will also be honoring Emmy Award-winning HIV/AIDS activist Rae Lewis-Thornton with the "Ultimate Red Pump Rocker" Award for being a living legacy. Ms. Lewis-Thornton has faced the disease with dignity, class and undeniable courage for over 20 years, and has been on an endless crusade to raise awareness about HIV/AIDS around the world.

Madam Speaker, as the Centers for Disease Control reports African-Americans account for 13% of the United States population but a staggering 49% of HIV/AIDS infections, it is through initiatives like The Red Pump Project that transmission can be reduced and ultimately this disease eventually eliminated. I am honored to recognize The Red Project Collective (RPC) and privileged to enter these words into the CONGRESSIONAL RECORD of the U.S. House of Representatives.

DR. ROYCE MONEY—ABILENE CHRISTIAN UNIVERSITY

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. POE of Texas. Madam Speaker, I would like to recognize a man that has tirelessly served the great state of Texas and tens of thousands of university students at my alma mater, Abilene Christian University. It is rare that a person selflessly gives of himself and his family for the good of others, and I am pleased to acknowledge my esteemed colleague and dear friend Dr. Royce Money, a true example of a lifetime servant-leader.

Dr. Money is the 10th president (1991–2010) of Abilene Christian University, and has served the university in various capacities for nearly three decades. He will be transitioning on May 31, 2010 to continue his university service in a new role as chancellor. He will be greatly missed as ACU's 10th president for his visionary leadership and personal commitment to modeling ACU's mission of "Educating students for Christian service and leadership throughout the world."

Dr. Money, like myself, was born in Temple, Texas. Interestingly, my grandmother, Lucy Hill, was his Sunday school teacher when he was a child. Dr. Money comes from a long line of faith, with a strong work ethic and a generous spirit. These values have served him throughout his childhood into his professional life.

During Dr. Money's tenure, the campus has taken on a massive building program. ACU has become a first class institution. It truly is a university set on a hill in West Texas that shines influence throughout the world.

Dr. Money says that one of the most pivotal roles as president is to tell the story of ACU to as many people who will listen. He is an ambassador for this unique university.

Dr. Money's story in higher education began at Abilene Christian in 1960 where he enrolled as an undergraduate student and served as vice president of the Students' Association his senior year. In 1964, he earned a Bachelor of Arts degree and went on to earn a Master of Divinity degree in 1967 from ACU. He completed his Doctorate of Philosophy in religion in 1975 from Baylor University and in 1982 he earned an additional Master of Science degree in human development from the University of Nebraska.

After completing his education, Dr. Money joined the Abilene Christian faculty in 1981 as an associate professor of marriage and family therapy. In 1986, he became chairman of the undergraduate Bible and ministry department and then became chair of the graduate Bible and ministry department in 1987.

Just a year later in 1988, Dr. Money became vice president and provost of the university, and since 1991, he has been ACU's 10th president. Though his primary roles within the university have changed over the years, Dr. Money has always remained committed to the classroom, serving as a professor of the College of Biblical Studies. He plans to continue teaching after retirement through study abroad trips to Oxford and Leipzig with his wife Pam.

On January 23, 1965 Dr. Money married Pam Handy in San Antonio, Texas. Dr. Money and his wife Pam are both extremely committed to education. Mrs. Money, a licensed

marriage and family therapist has served as an adjunct professor in the College of Biblical Studies while taking on various duties and privileges as First Lady of ACU. As education has played an invaluable role in their lives, Dr. and Mrs. Money want to provide other young, achieving minds with the same opportunities they have had. The recently established Royce and Pam Money Fund for Excellence in Education provides scholarships for top-ranking students to continue their educational endeavors at ACU with a goal of $1.9 million in aid.

Royce and Pam are deeply involved in the university community. They frequently extend a personal invitation to students to share a meal together. It is not uncommon to find Dr. Money eating lunch in the Bean Cafeteria with students, getting their perspective. The Moneys are both committed members of the Church of Christ and attend University Church of Christ, which is directly across the street from the university.

Dr. Money has enriched the educational system across Texas and throughout the country through memberships, chairmanships and board positions. More importantly, lives have been influenced in a positive way because students crossed paths with this remarkable man—Royce Money.

Beyond his commitment to academia, Dr. Money is an esteemed author, an outstanding role model and community member. He has served as chair of Abilene Chamber of Commerce and as president of the Lone Star Conference, as well as in positions on countless other boards throughout the community. Dr. Money's dedication to the community was honored when he was named Abilene's Citizen of the Year in 2007.

I am humbled to have had the pleasure to know Royce and Pam during my time on the board at ACU. Dr. Money is a man of integrity, who lives by his principles and stands up for his beliefs. Dr. Money will always hold a place in the hearts and minds of everyone whose life he has touched.

We honor Dr. and Mrs. Money for their lifetime service to this educational institution whose university goal is to ''Change the World.'' We look forward to seeing more great things come in the story of Abilene Christian University as Dr. Royce Money's influence does in fact help university students to change the world for the better.

And that's just the way it is.

CONGRATULATIONS TO COMMERCE BANK

HON. EMANUEL CLEAVER

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. CLEAVER. Madam Speaker, Chairman FRANK and I would like to extend our congratulations to Commerce Bank, its officers, directors, shareholders and employees on being designated by Forbes magazine as the third-best bank in America in 2009. Commerce Financial Corporation head-quartered in Kansas City, Missouri, is an $18 billion bank founded in 1865. It is the largest bank ranked in the top 10 by Forbes. Five generations of the Kemper family have owned and/or operated Commerce Bank. Currently David Kemper is the Chairman, Chief Executive Officer and President of Commerce Bancshares, Inc., Jonathan Kemper is Chairman and Chief Executive Officer of Commerce Bank, N.A. and Vice Chairman of Commerce Bancshares, Inc. Commerce Bank operates in five states—Missouri, Kansas, Illinois, Oklahoma and Colorado. The Bank's corporate mission is ''To raise the voice of the customer and, in doing so, create a differentiating experience which encourages our customers to develop a relationship with Commerce and then become long-tenured, loyal customers.'' The company's customer promise is ''ask listen solve. That means the company promises to ask the right questions, listen carefully to what our customer is telling us, then solve for the appropriate solution to meet our customers' specific needs.''

Commerce Bank embodies strong community involvement in all the communities it serves. Commerce Bancshares Foundation invested more than $1.4 million in community and charitable programs throughout their service areas in 2008 with a total of 780 grants awarded to 635 organizations. Through their employee volunteerism and corporate donations Commerce stands tall with their communities. In fact Commerce Bank just received an ''Outstanding'' rating from the Office of the Comptroller of the Currency in their recent public evaluation of Commerce's community lending and participation.

Also in 2009, Commerce Bancshares, Inc. received J.D. Power and Associates Award ''Highest Customer Satisfaction with Retail Banking in the Midwest Region Two Years in a Row, Tied in 2009.''

Commerce is committed to environmental sustainability to reduce their environmental footprint. They encourage recycling, try to consume less paper, encourage employee carpooling and public transportation and monitor and manage energy usage. In 2008, Commerce opened Missouri's first LEED-certified bank branch in O'Fallon, Missouri. They are working hard to reduce their energy use, minimize water use, and use outdoor lighting and general building comfort in new branch designs as well as remodeled facilities.

When the largest banks in America were trying to repay billions of dollars in TARP funds and to improve their balance sheets and to deal with the impact of severe economic problems in the states where they do business, Commerce was keeping to their business strategy, conservative with slow, steady growth. Their non-performing loans as a percent to total loans was 1.6 percent, which ranked them 20th in this category in the country; reserves as a percentage of non-performing loans was 114 percent; and their Tier 1 capital ratio was 12.1 percent. Their stock trades at 1.8 times its book value. To be rated the third-best bank in America in 2009 by Forbes out of the 100 largest banks and thrifts in America is a great honor for everyone at Commerce Bank. Madam Speaker, again we offer Commerce Bank and all its employees, officers, directors and shareholders our heartiest congratulations on a job well done.

CONGRATULATING JORDAN MALONE ON HIS OLYMPIC BRONZE MEDAL

HON. MICHAEL C. BURGESS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. BURGESS. Madam Speaker, I proudly rise today to congratulate Jordan Malone of Denton, Texas. Jordan is one of our nation's athletes who competed in the XXI Winter Olympics in Vancouver, British Columbia, Canada.

Jordan, as a member of Team USA, helped the men's 5000m relay capture bronze in short track speed skating. The Vancouver Games was Jordan's Olympic debut, and the bronze he won for speed skating at Pacific Coliseum on the night of February 26, 2010, was his first Olympic medal.

Jordan is a dedicated athlete who has accomplished great things in his career as a speed skater. Jordan is currently the only short track skater in the U.S. to compete in all five of the past World Championship events. He has won five gold medals, two silver medals, and eight bronze medals.

Madam Speaker, it is with great honor that I rise today to celebrate the accomplishments of one of our nation's finest athletes, Jordan Malone. I am proud to represent such a dedicated athlete in the United States House of Representatives.

NATIONAL DISTRACTED DRIVING AWARENESS MONTH

SPEECH OF

HON. BETTY McCOLLUM

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 2010

Ms. MCCOLLUM. Mr. Speaker, I rise today in support of H. Res. 1186 to support designation of April as National Distracted Driving Awareness Month.

Distracted driving is a growing danger on the nation's roads. According to the recent National Motor Vehicle Crash Causation Survey, 80 percent of all traffic incidents and 65 percent of all near-crashes involve some type of distraction. Cell phone usage is a growing culprit, causing an estimated 2,600 deaths and nearly 330,000 injuries every year.

Strong federal action is needed to address this serious public safety issue. Last year, Transportation Secretary LaHood convened the first-ever Distracted Driving Summit. This led to the formation of FocusDriven, the nation's first nonprofit devoted to combating distracted driving, and the creation of www.distraction.gov, the federal government's official Web site to educate the public about the dangers of distracted driving. The designation of Distracted Driving Awareness Month is an important part of this public awareness campaign.

Mr. Speaker, I was unavoidably detained at the time of the vote on H. Res. 1186. I had intended to vote for this important resolution. I applaud Secretary LaHood's efforts to ensure driver safety and support the designation of Distracted Driving Awareness Month.

25TH ANNIVERSARY OF THE ARCTIC MAN RACE

HON. DON YOUNG

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. YOUNG of Alaska. Madam Speaker, today I would like to recognize the 25th anniversary of the Arctic Man race, one of the most unique competitive events in winter sports. Combining downhill skiing, snowboarding, skijoring, and snowmachine racing, Arctic Man exemplifies Alaska's rugged outdoor spirit.

Every year, 13,000 spectators ride their snowmachines up to a magnificent alpine setting between Anchorage and Fairbanks, Alaska, to watch this impressive spectacle. The race combines athleticism and horsepower as a two-man team, consisting of one downhill skier or snowboarder and one snowmachiner, navigate a perilous course at high speeds. With the firing of the starting pistol, athletes lunge down a 1,700 foot drop in less than two miles, without the aid of ski poles. As the skiers approach the bottom of the hill, they merge into a narrow canyon and grab a rope tethered to their partners' snowmachine to then be towed at speeds of up to 86 miles per hour for 2¼ miles uphill. This difficult intersection can decide the race, as the snowmachine must perfectly match the skier's or boarder's speed and course while also effectively getting the pull rope into the athlete's hand. Once the team reaches the top of the mountain, the skier or snowboarder releases the tow rope and is slingshotted down another 1,200 foot descent to slip through the gates at the finish line.

When these men and women mount the slopes, they exhibit an admirable model of aggressive athleticism and backcountry moxie to make this one of Alaska's most remarkable competitions. As this year's competitors prepare for the Arctic Man challenge, fine tuning their snowmachines, waxing their skis, and practicing their technique, I would like to wish them all good luck and a safe race!

I would also like to commend Arctic Man founder Howard Thies, whose bold idea for a high speed race in the Hoodoo Mountains has become a twenty-five year Alaskan tradition. In addition, I would like to take this opportunity to applaud the efforts of the many volunteers and organizers who have facilitated this race throughout the years. Without their hard work, this quintessential frontier gathering would not be possible.

Having attended this event before, I can attest that it is one of the most exciting and exhilarating competitions which I have ever witnessed. I look forward to joining my fellow Alaskans at this year's Arctic Man to celebrate its 25th year of competition.

SECURE FEDERAL FILE SHARING ACT

SPEECH OF

HON. PETER WELCH

OF VERMONT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 2010

Mr. WELCH. Mr. Speaker and Chairman TOWNS, thank you for bringing this important legislation before the House today.

Less than a year ago, Chairman TOWNS and his staff worked to convene an Oversight and Government Reform hearing that I requested about the dangers posed by inadvertent file-sharing over open-network peer-to-peer file sharing software. I think it's safe to say we were all shocked by what we heard and saw at that hearing: information on the United States Secret Service safe house for first lady Michelle Obama; the names, addresses, and, in some cases, private information like Social Security numbers for men and women deploying to Afghanistan; as well as tax information for countless individuals. All of this information was on display for the world to see and all of it had been leaked as a result of inadvertent file sharing or theft over open-network peer-to-peer file sharing software.

Passing this bill is an important step in enacting common sense information security protections. This legislation will prohibit the software that has facilitated inadvertent file sharing and information theft from computers that have access to sensitive government information.

Not only important, this legislation is also timely. Last month, the Federal Trade Commission released findings from their investigation into inadvertent file sharing. Their conclusion supports this legislation and reaffirms what many of us have learned as a result of the committee's work: peer-to-peer file sharing software subjects millions of users to identity theft and other serious hazards.

The FTC is fulfilling its important role of protecting consumers by alerting consumers about stolen information, but I am concerned that their report does not pursue the one thing that all of the victims of inadvertent peer-to-peer file sharing have in common: the software itself. I urge the FTC to continue its work in this area and to look specifically at the providers of peer-to-peer software. The FTC has gone after those who use the software for harm, but they haven't spent enough time addressing those who develop this software—replete with security risks—for material gain. I look forward to future FTC investigation and possible action to address this ongoing problem.

Chairman TOWNS, thank you for working so hard to address this issue.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Thursday, March 25, 2010 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

MARCH 26

9 a.m.

Armed Services

To hold hearings to examine U.S. Pacific Command, U.S. Strategic Command, and U.S. Forces Korea in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program; with the possibility of a closed session in SVC–217 following the open session.

SD–106

APRIL 13

Time to be announced

Homeland Security and Governmental Affairs

Investigations Subcommittee

To hold hearings to examine Wall Street and the financial crisis, focusing on high risk home loans.

SH–216

APRIL 14

9:30 a.m.

Judiciary

To hold an oversight hearing to examine the Department of Justice.

SD–226

Armed Services

SeaPower Subcommittee

To hold hearings to examine Navy shipbuilding programs in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program.

SD–562

APRIL 15

2:30 p.m.

Homeland Security and Governmental Affairs

Contracting Oversight Subcommittee

To hold hearings to examine contracts for Afghan National Police training.

SD–342

APRIL 22

10 a.m.

Appropriations

Commerce, Justice, Science, and Related Agencies Subcommittee

To hold hearings to examine proposed budget estimates for fiscal year 2011 for the National Aeronautics and Space Administration.

SD–192

APRIL 28

2 p.m.

Health, Education, Labor, and Pensions

To hold hearings to examine the Elementary and Secondary Education Act (ESEA) reauthorization, focusing on standards and assessments.

SD–430

Daily Digest

Senate

Chamber Action

Routine Proceedings, pages S1923–S2068

Measures Introduced: Five bills and one resolution were introduced, as follows: S. 3159–3163, and S. Res. 468. **Page S2019**

Measures Considered:

Health Care and Education Affordability Reconciliation Act—Agreement: Senate continued consideration of H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13), taking action on the following amendments proposed thereto: **Pages S1923–S2012**

Rejected:

Gregg/Coburn Modified Amendment No. 3567, to prevent Medicare from being used for new entitlements and to use Medicare savings to save Medicare. (By 56 yeas to 42 nays (Vote No. 64), Senate tabled the amendment.) **Pages S1923, S1993**

McCain Amendment No. 3570, to eliminate the sweetheart deals for Tennessee, Hawaii, Louisiana, Montana, Connecticut, and frontier States. (By 54 yeas to 43 nays (Vote No. 65), Senate tabled the amendment.) **Pages S1923, S1993–94**

Crapo Motion to commit the bill to the Committee on Finance, with instructions. (By 56 yeas to 43 nays (Vote No. 66), Senate tabled the motion.) **Pages S1923, S1994**

Enzi Motion to commit the bill to the Committee on Finance, with instructions. (By 58 yeas to 41 nays (Vote No. 67), Senate tabled the motion.) **Pages S1923, S1994–95**

Barrasso Amendment No. 3582, to ensure that Americans can keep the coverage they have by keeping premiums affordable. (By 57 yeas to 41 nays (Vote No. 68), Senate tabled the amendment.) **Pages S1923, S1995–96**

Alexander Motion to commit the bill to the Committee on Health, Education, Labor, and Pensions, with instructions. (By 58 yeas to 41 nays (Vote No. 70), Senate tabled the motion.) **Pages S1923–34, S1996–97**

Hatch Motion to commit the bill to the Committee on Finance, with instructions. (By 56 yeas to 42 nays (Vote No. 72), Senate tabled the motion.) **Pages S1937–42, S1997–98**

Coburn Amendment No. 3556, to reduce the cost of providing federally funded prescription drugs by eliminating fraudulent payments and prohibiting coverage of Viagra for child molesters and rapists and for drugs intended to induce abortion. (By 57 yeas to 42 nays (Vote No. 73), Senate tabled the amendment.) **Pages S1942–44, S1998**

Hutchison Amendment No. 3608, to protect the right of States to opt out of a Federal health care takeover. (By 58 yeas to 41 nays (Vote No. 74), Senate tabled the amendment.) **Pages S1944–57, S1998–99**

Collins Amendment No. 3638, to improve the bill by waiving the $40,000 penalty on hiring previously unemployed individuals. (By 58 yeas to 41 nays (Vote No. 75), Senate tabled the amendment.) **Pages S1957, S1999**

Thune Amendment No. 3639, to ensure that no State experiences a net job loss as a result of the enactment of the SAFRA Act. (By 55 yeas to 43 nays (Vote No. 76), Senate tabled the amendment.) **Pages S1957, S1999–S2000**

Cornyn Motion to commit the bill to the Committee on Finance, with instructions. (By 52 yeas to 46 nays (Vote No. 78), Senate tabled the motion.) **Pages S1959–65, S2000–01**

Roberts Amendment No. 3579, to strike the medical device tax. (By 56 yeas to 42 nays (Vote No. 79), Senate tabled the amendment.) **Pages S1965, S2001**

Inhofe Amendment No. 3588, to exclude pediatric devices and devices for persons with disabilities from the medical device tax. (By 57 yeas to 41 nays (Vote No. 80), Senate tabled the amendment.) **Pages S1965–66, S2001–02**

Hatch Amendment No. 3644, to protect access for America's wounded warriors. (By 54 yeas to 44 nays (Vote No. 81), Senate tabled the amendment.) **Pages S1966–72, S2002**

Burr Amendment No. 3652, to protect the integrity of Department of Veterans Affairs and Department of Defense health care programs for veterans, active-duty service members, their families, widows

and widowers, and orphans who have sacrificed in defense of our Nation. (By 54 yeas to 44 nays (Vote No. 83), Senate tabled the amendment.)

Pages S1975–78, S2003–04

Vitter Amendment No. 3553, to repeal the government takeover of health care. (By 58 yeas to 39 nays (Vote No. 84), Senate tabled the amendment.)

Pages S1978–80, S2004

Roberts Motion to commit the bill to the Committee on Finance, with instructions. (By 59 yeas to 37 nays (Vote No. 86), Senate tabled the motion.)

Pages S1980–93, S2005–06

Bunning Amendment No. 3681, to allow individuals to elect to opt out of the Medicare part A benefits. (By 61 yeas to 36 nays (Vote No. 87), Senate tabled the amendment.) **Pages S2006–07**

Risch/Crapo Amendment No. 3645, to repeal the limitation on itemized medical expense deductions. (By 55 yeas to 40 nays (Vote No. 90), Senate tabled the amendment.) **Pages S2009–10**

Vitter Amendment No. 3668, to increase women's access to breast cancer screenings. (By 56 yeas to 39 nays (Vote No. 92), Senate tabled the amendment.)

Pages S2010–12

During consideration of this measure today, Senate also took the following action:

By 43 yeas to 56 nays (Vote No. 69), three-fifths of those Senators duly chosen and sworn not having voted in the affirmative, Senate rejected a motion to waive section 313 of the Congressional Budget Act of 1974 with respect to consideration of Grassley/Roberts Amendment No. 3564, to make sure the President, Cabinet Members, all White House Senior staff and Congressional Committee and Leadership Staff are purchasing health insurance through the health insurance exchanges established by the Patient Protection and Affordable Care Act. Subsequently, a point of order that the amendment violates section 313(b)(1)(C) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

Pages S1923, S1996

By 40 yeas to 59 nays (Vote No. 71), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to LeMieux Amendment No. 3586, to enroll Members of Congress in the Medicaid program. Subsequently, the Chair sustained a point of order that the amendment violates section 313(b)(1)(C) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

Pages S1934–37, S1997

By 43 yeas to 55 nays (Vote No. 77), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Thune Amendment No. 3640, to repeal the CLASS Act. Subsequently, the Chair sustained a point of order that the amendment violates section 310(d)(2) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell. **Pages S1957–59, S2000**

By 42 yeas to 56 nays (Vote No. 82), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Gregg Amendment No. 3651, to provide for a long-term fix to the Medicare sustainable growth rate formula in order to improve access for Medicare beneficiaries. Subsequently, the Chair sustained a point of order that the amendment violates section 310(d)(2) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell. **Pages S1972–75, S2002–03**

By 42 yeas to 54 nays (Vote No. 85), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Roberts Amendment No. 3577, to protect Medicare beneficiary access to hospital care in rural areas from recommendations by the Independent Payment Advisory Board. Subsequently, the Chair sustained a point of order that the amendment violates section 313(d)(1)(D) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell. **Pages S1980, S2004–05**

By 40 yeas to 56 nays (Vote No. 88), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Grassley Amendment No. 3699, to provide a temporary extension of certain programs. Subsequently, the Chair sustained a point of order that the amendment violates section

313(b)(1)(C) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

Pages S2007–08

By 36 yeas to 59 nays (Vote No. 89), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Bennett Amendment No. 3568, to protect the democratic process and the right of the people of the District of Columbia to define marriage. Subsequently, the Chair sustained a point of order that the amendment violates section 305(b)(2) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell.

Pages S2008–09

By 40 yeas to 55 nays (Vote No. 91), three-fifths of those Senators duly chosen and sworn, not having voted in the affirmative, Senate rejected the motion to waive pursuant to section 904 of the Congressional Budget Act of 1974 and section (4)(G)(3) of the statutory Pay-As-You-Go Act of 2010, all applicable sections of those acts and applicable budget resolutions, with respect to Hutchison Amendment No. 3635, to repeal the sunset on marriage penalty relief and to make the election to deduct State and local sales taxes permanent. Subsequently, the Chair sustained a point of order that the amendment violates section 313(b)(1)(c) of the Congressional Budget Act of 1974 was sustained, and the amendment thus fell. **Page S2010**

A unanimous-consent agreement was reached providing for further consideration of the bill at 9:45 a.m., on Thursday, March 25, 2010, and that it be in order to offer amendments to and make points of order on the measure until 2 p.m.; provided further, that at 2 p.m., Senate vote on passage of the bill. **Page S2067**

Nominations Received: Senate received the following nominations:

Carl Wieman, of Colorado, to be an Associate Director of the Office of Science and Technology Policy.

Rafael Moure-Eraso, of Massachusetts, to be Chairperson of the Chemical Safety and Hazard Investigation Board for a term of five years.

Rafael Moure-Eraso, of Massachusetts, to be a Member of the Chemical Safety and Hazard Investigation Board for a term of five years.

Mark A. Griffon, of New Hampshire, to be a Member of the Chemical Safety and Hazard Investigation Board for a term of five years.

Robert M. Orr, of Florida, to be United States Director of the Asian Development Bank, with the rank of Ambassador. **Page S2068**

Nomination Discharged: The following nomination were discharged from further committee consideration and placed on the Executive Calendar:

Arthur Allen Elkins, Jr., of Maryland, to be Inspector General, Environmental Protection Agency, which was sent to the Senate on November 18, 2009, from the Senate Committee on Homeland Security and Governmental Affairs. **Page S2068**

Messages from the House: **Page S2018**

Measures Referred: **Page S2018**

Measures Placed on the Calendar: **Pages S1923, S2018**

Executive Communications: **Pages S2018–19**

Executive Reports of Committees: **Page S2019**

Additional Cosponsors: **Pages S2019–20**

Statements on Introduced Bills/Resolutions: **Pages S2020–27**

Additional Statements: **Pages S2017–18**

Amendments Submitted: **Pages S2027–67**

Authorities for Committees to Meet: **Page S2067**

Privileges of the Floor: **Page S2067**

Record Votes: Twenty-nine record votes were taken today. (Total—92) **Pages S1993-S2006, S2008–12**

Adjournment: Senate convened at 9 a.m. on Wednesday, March 24, 2010 and adjourned at 2:56 a.m. on Thursday, March 25, 2010, until 9:45 a.m. on the same day. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on pages S2067–68.)

Committee Meetings

(Committees not listed did not meet)

BUSINESS MEETING

Committee on Agriculture, Nutrition, and Forestry: Committee ordered favorably reported an original bill entitled, "Healthy, Hunger-Free Kids Act of 2010", with amendments.

APPROPRIATIONS: GUARD AND RESERVE

Committee on Appropriations: Subcommittee on Defense concluded a hearing to examine proposed budget estimates for fiscal year 2011 for the Guard and Reserve, after receiving testimony from General Craig R. McKinley, Chief, National Guard Bureau, Major General Raymond W. Carpenter, Director, Army National Guard, Lieutenant General Harry M. Wyatt III, Director, Air National Guard, Lieutenant

General Jack Stultz, Chief, Army Reserve, Vice Admiral Dirk Debbink, Chief, Navy Reserve, Lieutenant General John F. Kelley, Commander, Marine Forces Reserve and Marine Forces North, and Lieutenant General Charles E. Stenner, Jr., Chief, Air Force Reserve, all of the Department of Defense.

APPROPRIATIONS: OFFICE OF PERSONNEL MANAGEMENT

Committee on Appropriations: Subcommittee on Financial Services and General Government concluded a hearing to examine proposed budget estimates for fiscal year 2011 for the Office of Personnel Management, after receiving testimony from John Berry, Director, Office of Personnel Management.

MILITARY HEALTH SYSTEM PROGRAMS

Committee on Armed Services: Subcommittee on Personnel concluded a hearing to examine Military Health System programs, policies, and initiatives in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program, after receiving testimony from Senator Cardin; and Charles L. Rice, President, Uniformed Services University of the Health Sciences, Performing the duties of the Assistant Secretary for Health Affairs, and Acting Director, and Rear Admiral C.S. Hunter, USN, Deputy Director, both of TRICARE Management Activity, Lieutenant General Eric B. Schoomaker, Surgeon General of the United States Army, and Commander, U.S. Army Medical Command, Vice Admiral Adam M. Robinson, Jr., MC, USN, Surgeon General of the Navy, Lieutenant General Charles B. Green, Surgeon General of the Air Force, and Rear Admiral Richard R. Jeffries, USN, Medical Officer of the United States Marine Corps, all of the Department of Defense.

BUSINESS MEETING

Committee on Commerce, Science, and Transportation: Committee ordered favorably reported the following business items:

S. 773, to ensure the continued free flow of commerce within the United States and with its global trading partners through secure cyber communications, to provide for the continued development and exploitation of the Internet and intranet communications for such purposes, to provide for the development of a cadre of information technology specialists to improve and maintain effective cybersecurity defenses against disruption, with an amendment in the nature of a substitute;

S. 2881, to provide greater technical resources to FCC Commissioners, with an amendment in the nature of a substitute;

S. 1252, to promote ocean and human health and for other purposes, with an amendment in the nature of a substitute;

S. 2870, to establish uniform administrative and enforcement procedures and penalties for the enforcement of the High Seas Driftnet Fishing Moratorium Protection Act and similar statutes;

S. 2871, to make technical corrections to the Western and Central Pacific Fisheries Convention Implementation Act; and

The nominations of Robert J. Papp, Jr., to be Commandant of the U.S. Coast Guard, Department of Homeland Security, Larry Robinson, of Florida, to be Assistant Secretary of Commerce for Oceans and Atmosphere, Earl F. Weener, of Oregon, to be a Member of the National Transportation Safety Board, Michael F. Tillman, of California, and Daryl J. Boness, of Maine, both to be a Member of the Marine Mammal Commission, and Jeffrey R. Moreland, of Texas, to be a Director of the Amtrak Board of Directors, and a promotion list in the National Oceanic and Atmospheric Administration Commissioned Corps and the U.S. Coast Guard.

TRANSPORTATION POLICY

Committee on Environment and Public Works: Committee concluded a hearing to examine opportunities to improve energy security and the environment through transportation policy, after receiving testimony from John D. Porcari, Deputy Secretary of Transportation; Regina A. McCarthy, Assistant Administrator, Office of Air and Radiation, Environmental Protection Agency; Larry F. Greene, Sacramento Metropolitan Air Quality Management District, Sacramento, California; and Deron Lovaas, Natural Resources Defense Council (NRDC), Douglas V. Siglin, Chesapeake Bay Foundation, and Richard Kolodziej, Natural Gas Vehicles for America (NVGAmerica), all of Washington, D.C.

NOMINATION

Committee on Homeland Security and Governmental Affairs: Committee concluded a hearing to examine the nomination of Major General Robert A. Harding, United States Army (Retired), of Virginia, to be Assistant Secretary of Homeland Security, after the nominee testified and answered questions in his own behalf.

HOMELESSNESS AMONG VETERANS

Committee on Veterans' Affairs: Committee concluded an oversight hearing to examine Veterans' Affairs plan for ending homelessness among veterans, after receiving testimony from Pete Dougherty, Director, Homeless Programs, and Lisa Pape, Acting Director, Mental Health Homeless and Residential Rehabilitation Treatment Programs, both of the Department of

Veterans Affairs; Raymond Jefferson, Assistant Secretary of Labor for Veterans' Employment and Training Service; Mark Johnston, Assistant Secretary of Housing and Urban Development for Community Planning and Development; Sandra A. Miller, The Philadelphia Veterans Multi-Service & Education Center, Inc., Philadelphia, Pennsylvania; Sam Tsemberis, Pathways to Housing, Inc., New York, New York; and Arnold Shipman, Baltimore, Maryland.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 19 public bills, H.R. 4919–4937; and 7 resolutions, H. Con. Res. 257; and H. Res. 1213–1218 were introduced. **Pages H2317–18**

Additional Cosponsors: **Pages H2318–19**

Report Filed: A report was filed today as follows:

H. Res. 1212, providing for consideration of the Senate amendments to the bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients (H. Rept. 111–456). **Page H2317**

Speaker: Read a letter from the Speaker wherein she appointed Representative Speier to act as Speaker pro tempore for today. **Page H2263**

Suspensions: The House agreed to suspend the rules and pass the following measure:

Federal Aviation Administration Extension Act of 2010: H.R. 4915, to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund and to amend title 49, United States Code, to extend authorizations for the airport improvement program. **Pages H2268–73**

Suspension—Proceedings Postponed: The House debated the following measure under suspension of the rules. Further proceedings were postponed:

Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center Designation Act: H.R. 4360, to designate the Department of Veterans Affairs blind rehabilitation center in Long Beach, California, as the "Major Charles R. Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center". **Pages H2267–68**

Adjournment Resolution: The House agreed to H. Con. Res. 257, providing for an adjournment or recess of the two Houses, by a yea-and-nay vote of 236 yeas to 175 nays, Roll No. 178. **Page H2279**

Suspensions—Proceedings Resumed: The House agreed to suspend the rules and pass the following measures which were debated on Tuesday, March 23rd:

Recognizing the Florida Keys Scenic Highway: H. Res. 917, amended, to recognize the Florida Keys Scenic Highway on the occasion of its designation as an All-American Road by the U.S. Department of Transportation, by a ⅔ yea-and-nay vote of 420 yeas to 2 nays, Roll No. 180; **Pages H2280–81**

Secure Federal File Sharing Act: H.R. 4098, amended, to require the Director of the Office of Management and Budget to issue guidance on the use of peer-to-peer file sharing software to prohibit the personal use of such software by Government employees, by a ⅔ yea-and-nay vote of 408 yeas to 13 nays, with 1 voting "present", Roll No. 183; and **Page H2299**

Chaney, Goodman, Schwerner Federal Building Designation Act: H.R. 3562, amended, to designate the Federal building under construction at 1220 Echelon Parkway in Jackson, Mississippi, as the "Chaney, Goodman, Schwerner Federal Building.". **Page H2311**

Agreed to amend the title so as to read: "To designate the federally occupied building located at 1220 Echelon Parkway in Jackson, Mississippi, as the 'James Chaney, Andrew Goodman, and Michael Schwerner Federal Building'.". **Page H2311**

Suspension—Proceedings Resumed: The House agreed to suspend the rules and pass the following measure which was debated on Monday, March 22nd:

National Guard Employment Protection Act: H.R. 1879, amended, to amend title 38, United States Code, to provide for employment and reemployment rights for certain individuals ordered to full-time National Guard duty, by a ⅔ yea-and-nay vote of 416 yeas with 1 voting "nay", Roll No. 184. **Pages H2299–H2300**

Small Business and Infrastructure Jobs Tax Act of 2010: The House passed H.R. 4849, to amend the Internal Revenue Code of 1986 to provide tax incentives for small business job creation, extend the

Build America Bonds program, and provide other infrastructure job creation tax incentives, by a recorded vote of 246 ayes to 178 noes, Roll No. 182.

Pages H2281, H2298–99

Rejected the Camp motion to recommit the bill to the Committee on Ways and Means with instructions to report the same back to the House forthwith with an amendment, by a yea-and-nay vote of 184 yeas to 239 nays, Roll No. 181. **Pages H2295–98**

Pursuant to the rule, the amendment in the nature of a substitute recommended by the Committee on Ways and Means now printed in the bill, modified by the amendment printed in H. Rept. 111–455, shall be considered as adopted. **Page H2281**

H. Res. 1205, the rule providing for consideration of the bill, was agreed to on Tuesday, March 23rd.

Disaster Relief and Summer Jobs Act of 2010: The House passed H.R. 4899, making emergency supplemental appropriations for disaster relief and summer jobs for the fiscal year ending September 30, 2010, by a yea-and-nay vote of 239 yeas to 175 nays with 1 voting "present", Roll No. 186.

Pages H2300–11

Agreed to table the appeal of the ruling of the chair on a point of order sustained against the Lewis (CA) motion to recommit the bill to the Committee on Appropriations with instructions to report the same back to the House forthwith with amendments, by a yea-and-nay vote of 239 yeas to 176 nays, Roll No. 185. **Pages H2309–10**

H. Res. 1204, the rule providing for consideration of the bill, was agreed to by a yea-and-nay vote of 233 yeas to 191 nays, Roll No. 179, after the previous question was ordered without objection.

Pages H2273–78, H2279–80

Quorum Calls—Votes: Eight yea-and-nay votes and one recorded vote developed during the proceedings of today and appear on pages H2279, H2279–80, H2280–81, H2297–98, H2298–99, H2299, H2299–H2300, H2309–10, H2310–11. There were no quorum calls.

Adjournment: The House met at 10 a.m. and adjourned at 6:14 p.m.

Program for Thursday: Consideration of the Senate amendments to H.R. 1586—Aviation Safety and Investment Act of 2010 (Subject to a Rule).

Committee Meetings

COMMERCE, JUSTICE, SCIENCE APPROPRIATIONS

Committee on Appropriations: Subcommittee on Commerce, Justice, Science, and Related Agencies, on NSF FY 2011 Budget Overview. Testimony was heard from Arden L. Bement, Jr., Director, NSF.

DEFENSE APPROPRIATIONS

Committee on Appropriations: Subcommittee on Defense held a hearing on the Department of Defense Budget Overview. Testimony was heard from the following officials of the Department of Defense: Robert Gates, Secretary; ADM Michael Mullen, USN, Chairman, Joint Chiefs of Staff; and Robert Hales, Under Secretary (Comptroller).

ENERGY AND WATER DEVELOPMENT APPROPRIATIONS

Committee on Appropriations: Subcommittee on Energy and Water Development, and Related Agencies, on Department of Energy Fiscal Year 2011 Budget. Testimony was heard from Steven Chu, Secretary of Energy.

HOMELAND SECURITY APPROPRIATIONS

Committee on Appropriations: Subcommittee on Homeland Security held a hearing on CBP—Balancing Security with Legitimate Trade and Travel. Testimony was heard from David Aguilar, Acting Deputy Commissioner, U.S. Customs and Border Protection, Department of Homeland Security.

LEGISLATIVE BRANCH APPROPRIATIONS

Committee on Appropriations: Subcommittee on Legislative Branch, on FY 2011 Budget of the U.S. Capitol Police. Testimony was heard from the following officials of the U.S. Capitol Police: Philip D. Morse, Sr., Chief of Police; and Gloria Jarmon, Chief Administrative Officer.

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS

Committee on Appropriations: Subcommittee on Military Construction, Veterans Affairs, and Related Agencies held a hearing on the Pacific Command. Testimony was heard from the following officials of the Department of Defense: ADM Robert F. Willard, USN, Commander, U.S. Pacific Command; and GEN Walter Sharp, USA, Commander, Republic of Korea-United States Combined Forces Command, and Commander, U.S. Forces Korea.

The Subcommittee also held a hearing on the Army Budget. Testimony was heard from GEN George W. Casey, USA, Chief of Staff, U.S. Army.

TRANSPORTATION, HUD, AND RELATED AGENCY APPROPRIATIONS

Committee on Appropriations: Subcommittee on Transportation, Housing and Urban Development, and Related Agencies held a hearing on Housing and Transportation Challenges within Native American Communities and the FY 2011 Budget Request. Testimony was heard from the following officials of

the Department of Housing and Urban Development: Sandra B. Henriquez, Assistant Secretary, Public and Indian Housing; and Rodger J. Boyd, Deputy Assistant Secretary, Native American Programs; the following officials of the Department of Transportation: Gregory G. Nadeau, Deputy Administrator, Federal Highway Administration; and John R. Baxter, Associate Administrator, Federal Lands Highway Programs, and Jefferson Keel, President, National Congress of the American Indian.

NAVY AND AIR FORCE COMBAT AVIATION PROGRAMS

Committee on Armed Services: Subcommittee on Air and Land Forces, and the Subcommittee on Seapower and Expeditionary Forces held a joint hearing on Department of the Navy and Air Force combat aviation programs. Testimony was heard from the following officials of the Department of Defense: Ashton Carter, Under Secretary, Acquisition, Technology and Logistics; Christine H. Fox, Director, Cost, Assessment and Program Evaluation; J. Michael Gilmore, Director, Operational Test and Evaluation, Office of the Secretary; Sean Stackley, Assistant Secretary of the Navy, Research, Development and Acquisition; LTG George Trautman, USMC, Deputy Commandant of the Marine Corps, Aviation; RADM Deke Philman, USN, Director, Air Warfare Division, U.S. Navy; David Van Buren, Acting Assistant Secretary of the Air Force, Acquisition; and LTG Philip M. Breedlove, USAF, Deputy Chief of Staff, Operations, Plans and Requirements; and Michael J. Sullivan, Director, Acquisition and Sourcing, GAO.

MISCELLANEOUS MEASURES

Committee on Energy and Commerce: Subcommittee on Commerce, Trade, and Consumer Protection approved for full Committee action, as amended, the following bills: H.R. 3993, Calling Card Consumer Protection Act; and H.R. 3655, Bereaved Consumer's Bill of Rights Act of 2009.

MISCELLANEOUS MEASURES

Committee on Energy and Commerce: Subcommittee on Energy and Environment approved for full Committee action the following: as amended, the Home Star Energy Retrofit Act of 2010, as amended, the Grid Reliability and Infrastructure Defense (Grid) Act; and H.R. 4451, Collinsville Renewable Energy Promotion Act.

CREDIT SCORES, CREDIT REPORTS AND THEIR IMPACT ON CONSUMERS

Committee on Financial Services: Subcommittee on Financial Institutions and Consumer Credit held a hearing entitled "Keeping Score on Credit Scores: An Overview of Credit Scores, Credit Reports and their Impact on Consumers." Testimony was heard from Sandra Braunstein, Director, Division of Consumer and Community Affairs, Federal Reserve Board of Governors, Federal Reserve System; David Vladeck, Director, Bureau of Consumer Protection, FTC; and public witnesses.

HOUSING AND TENANT PROTECTION ACT

Committee on Financial Services: Subcommittee on Housing and Community Opportunity, hearing entitled "H.R. 4868, Housing and Tenant Protection Act of 2010." Testimony was heard from Carol Galante, Deputy Assistant Secretary, Multi-Family Housing, Department of Housing and Urban Development; Tammye Trevino, Administrator, Rural Housing Service, USDA; and public witnesses.

OVERVIEW—U.S. POLICY IN AFRICA

Committee on Foreign Affairs: Subcommittee on Africa and Global Health held a hearing on An Overview of U.S. Policy in Africa. Testimony was heard from the following officials of the Department of State: Johnnie Carson, Assistant Secretary, Bureau of African Affairs; and Earl Gast, Senior Deputy Assistant Administrator, Bureau of Africa, U.S. Agency for International Development; Princeton N. Lyman, former U.S. Ambassador to South Africa and Nigeria; and public witnesses.

SHARING AND ANALYZING INFORMATION TO PREVENT TERRORISM

Committee on the Judiciary: Held a hearing on Sharing and Analyzing Information to Prevent Terrorism. Testimony was heard from Russ Travers, Deputy Director, Information Sharing and Knowledge Development, National Counterterrorism Center; Timothy Healy, Director, Terrorism Screening Center, FBI, Department of Justice; Patrick Kennedy, Under Secretary, Management, Department of State; and Patricia Cogswell, Acting Deputy Assistant Secretary, Office of Policy, Department of Homeland Security.

MISCELLANEOUS MEASURES

Committee on Oversight and Government Reform: Subcommittee on Federal Workforce, Postal Service, and the District of Columbia approved for full Committee action the following bills: H.R. 1722, amended, Telework Improvements Act of 2009; H.R. 3913, amended, To direct the Mayor of the District of Columbia to establish a District of Columbia National Guard Educational Assistance Program to encourage the enlistment and retention of persons in the District of Columbia National Guard by providing financial assistance to enable members of the National Guard of the District of Columbia to attend undergraduate, vocational, or technical courses; H.R. 4489, amended, To amend chapter 89

of title 5, United States Code, to ensure program integrity, transparency, and cost savings in the pricing and contracting of prescription drug benefits under the Federal Employees Health Benefits Program; and H.R. 4865, Federal Employees and Uniformed Services Retirement Equity Act of 2010.

FEDERAL INFORMATION SECURITY

Committee on Oversight and Government Reform: Subcommittee on Government Management, Organization, and Procurement held a hearing entitled "Federal Information Security: Current Challenges and Future Policy Considerations." Testimony was heard from Vivek Kundra, Chief Information Officer, OMB; Gary Guissanie, Acting Deputy Assistant Secretary, Cyber, Identity, and Information Assurance, Department of Defense; John Streufert, Deputy Chief Information Officer, Information Security, Bureau of Information Resource Management, Department of State; Gregory Wilshusen, Director, Information Security Issues, GAO; and public witnesses.

SENATE AMENDMENTS TO AVIATION SAFETY AND INVESTMENT

Committee on Rules: Granted, by voice vote, a rule providing for consideration of the Senate amendments to H.R. 1586, the "Aviation Safety and Investment Act of 2010". The rule makes in order a single motion by the chair of the Committee on Transportation and Infrastructure that the House concur in the Senate amendment to the title and that the House concur in the Senate amendment to the text with the amendment printed in the report of the Committee on Rules. The previous question shall be considered as ordered without intervening motion or demand for division of the question. The rule provides one hour of debate on the motion equally divided and controlled by the chair and ranking minority member of the Committee on Transportation and Infrastructure. The rule waives all points of order against consideration of the motion except those arising under clause 10 of rule XXI. The rule provides that the Senate amendments and the motion shall be considered as read.

The rule authorizes the Speaker to entertain motions that the House suspend the rules at any time through the calendar day of March 28, 2010. The Speaker or her designee shall consult with the Minority Leader or his designee on the designation of any matter for consideration pursuant to this authority. The resolution waives clause 6(a) of rule XIII (requiring a two-thirds vote to consider a rule on the same day it is reported from the Rules Committee) against any resolution reported from the Rules Committee through the legislative day of March 29, 2010. The rule provides that on any legislative day specified, the Speaker may at any time declare the House adjourned. When the House adjourns on a motion pursuant to this subsection or a declaration of the Speaker on the legislative day of (1) Thursday, March 25, 2010, it shall stand adjourned until 10:30 a.m. on Monday, March 29, 2010; (2) Monday, March 29, 2010, it shall stand adjourned until 10 a.m. on Thursday, April 1, 2010; (3) Thursday, April 1, 2010, it shall stand adjourned until 4 p.m. on Monday, April 5, 2010; (4) Monday, April 5, 2010, it shall stand adjourned until 9 a.m. on Thursday, April 8, 2010; (5) Thursday, April 8, 2010, it shall stand adjourned until noon on Monday, April 12, 2010.

If, during any adjournment addressed above, the House has received a message from the Senate transmitting its concurrence in an applicable concurrent resolution of adjournment, the House shall stand adjourned pursuant to such concurrent resolution. The Speaker may appoint Members to perform the duties of the Chair for the duration of the period addressed. Testimony was heard from Chairman Oberstar and Representatives Mica and Petri.

NASA'S EXPLORATION PROGRAM

Committee on Science: Subcommittee on Space and Aeronautics held a hearing on Proposed Changes to NASA's Exploration Program: What's Known, What's Not, and What are the Issues for Congress? Testimony was heard from Douglas Cooke, Associate Administrator, Exploration Systems Mission Directorate, NASA; and a public witness.

SUPPORTING INNOVATION IN THE 21ST CENTURY ECONOMY

Committee on Science: Subcommittee on Technology and Innovation held a hearing on Supporting Innovation in the 21st Century Economy. Testimony was heard from Aneesh Chopra, Chief Technology Officer, Office of Science and Technology Policy; and public witnesses.

SMALL BUSINESS PARTICIPATION IN THE FEDERAL PROCUREMENT MARKETPLACE

Committee on Small Business: Held a hearing entitled "Small Business Participation in the Federal Procurement Marketplace." Testimony was heard from public witnesses.

CAPITAL ASSETS CRISIS

Committee on Transportation and Infrastructure: Subcommittee on Economic Development, Public Buildings, and Emergency Management, hearing on Capital Assets Crisis: Maintaining Federal Real Estate with the Dwindling Federal Building Fund. Testimony was heard from Robert Peck, Commissioner, Public Buildings Service, GSA; and public witnesses.

EXAMINATION OF VA REGIONAL OFFICE DISABILITY CLAIMS

Committee on Veterans' Affairs: Subcommittee on Disability Assistance and Memorial Affairs held a hearing on Examination of VA Regional Office Disability Claims Quality Review Methods—Is VBA's Systematic Technical Accuracy Review (STAR) Making the Grade? Testimony was heard from the following officials of the Department of Veterans Affairs: Belinda J. Finn, Assistant Inspector General, Audits and Evaluations, Office of Inspector General; and Bradley G. Mayes, Director, Compensation and Pension Service, Veterans Benefits Administration; Daniel Bertoni, Director, Education, Workforce, and Security Issues, GAO; and representatives of veterans organizations.

EXCHANGE RATE OF CHINA AND ITS IMPACT ON U.S. AND GLOBAL ECONOMIES

Committee on Ways and Means: Held a hearing on the exchange rate policy of the Government of the People's Republic of China and its impact on the U.S. and global economies. Testimony was heard from C. Fred Bergsten, former Assistant Secretary, International Affairs, and former Under Secretary for Monetary Affairs, Department of the Treasury; and public witnesses.

FBI AND DEA INTELLIGENCE BUDGET FY2011

Permanent Select Committee on Intelligence: Met in executive session to hold a hearing on FBI and DEA Intelligence Budgets for Fiscal Year 2011. Testimony was heard from the following officials of the Department of Justice: Art Cummings, Executive Assistant Director, National Security Branch; and Anthony Placido, Assistant Administrator and Chief of Intelligence, Drug Enforcement Administration.

Joint Meetings

No joint committee meetings were held.

NEW PUBLIC LAWS

(For last listing of Public Laws, see DAILY DIGEST, *p. D283)*

H.R. 3590, an act entitled The Patient Protection and Affordable Care Act. Signed on March 23, 2010. (Public Law 111–148)

COMMITTEE MEETINGS FOR THURSDAY, MARCH 25, 2010

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Appropriations: to hold hearings to examine the President's fiscal year 2010 War Supplemental Request, 2 p.m., S–127, Capitol.

Committee on Finance: Subcommittee on International Trade, Customs, and Global Competitiveness, to hold hearings to examine doubling United States exports, focusing on United States seaports, 1 p.m., SD–215.

Committee on Indian Affairs: to hold an oversight hearing to examine youth suicides and the need for mental health care resources in Indian country, 9:30 a.m., SD–628.

Committee on the Judiciary: business meeting to consider S. 2960, to exempt aliens who are admitted as refugees or granted asylum and are employed overseas by the Federal Government from the 1-year physical presence requirement for adjustment of status to that of aliens lawfully admitted for permanent residence, S. 2974, to establish the Return of Talent Program to allow aliens who are legally present in the United States to return temporarily to the country of citizenship of the alien if that country is engaged in post-conflict or natural disaster reconstruction, S. 1624, to amend title 11 of the United States Code, to provide protection for medical debt homeowners, to restore bankruptcy protections for individuals experiencing economic distress as caregivers to ill, injured, or disabled family members, and to exempt from means testing debtors whose financial problems were caused by serious medical problems, S. 3111, to establish the Commission on Freedom of Information Act Processing Delays, S. 3031, to authorize Drug Free Communities enhancement grants to address major emerging drug issues or local drug crises, and the nominations of Sharon Johnson Coleman, and Gary Scott Feinerman, both to be United States District Judge for the Northern District of Illinois, William Joseph Martinez, to be United States District Judge for the District of Colorado, and David A. Capp, to be United States Attorney for the Northern District of Indiana, Anne M. Thompkins, to be United States Attorney for the Western District of North Carolina, Peter Christopher Munoz, to be United States Marshal for the Western District of Michigan, and Kelly McDade Nesbit, to be United States Marshal for the Western District of North Carolina, all of the Department of Justice, 10 a.m., SD–226.

House

Committee on Appropriations, Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies, on FY 2011 Budget for Farm and Foreign Agricultural Services, 10 a.m., 2362A Rayburn.

Subcommittee on Commerce, Justice, Science and Related Agencies, on U.S. Patent and Trademark Office FY 2011 Budget Overview, 2 p.m., H–309 Capitol.

Subcommittee on Defense, on Army and Marine Corps Ground Equipment, 1:30 p.m., H–140 Capitol.

Subcommittee on Financial Services, General Government, on FY 2011 Budget for the SBA, 10 a.m., 2226 Rayburn.

Subcommittee on Homeland Security, on Homeland Security Headquarters Facilities: St. Elizabeths and Beyond, 10 a.m., B–318 Rayburn.

Subcommittee on Interior, Environment, and Related Agencies, on Issues from the Field: Members of Congress and public witnesses, 9:30 a.m., B–308 Rayburn.

Subcommittee on Labor, Health and Human Services, and Related Agencies, on FY 2011 Budget Overview: Jobs, Training and Education, 10 a.m., 2358–C Rayburn.

Subcommittee on State, Foreign Operations, and Related Programs, on U.S. Department of the Treasury International Programs, 1:30 p.m., 2359 Rayburn.

Subcommittee on Transportation, and Housing and Urban Development, and Related Agencies, on FY Budget Request for the National Highway Traffic Safety Administration, 10 a.m., 2358–A Rayburn.

Committee on Armed Services, hearing on FY 2011 National Defense Authorization Budget Request from the U.S. Pacific Command and U.S. Forces Korea, 10 a.m., 2118 Rayburn.

Subcommittee on Strategic Forces, hearing on FY 2011 National Defense Authorization Budget Request for Department of Energy atomic energy defense activities, 1:30 p.m., 2118 Rayburn.

Committee on Energy and Commerce, Subcommittee on Communications, Technology and the Internet, hearing entitled ''Oversight of the Federal Communications Commission: The National Broadband Plan,'' 10 a.m., 2123 Rayburn.

Committee on Financial Services, hearing entitled ''Unwinding Emergency Federal Reserve Liquidity Programs and Implications for Economic Recovery,'' 10 a.m., 2128 Rayburn.

Committee on Homeland Security, hearing entitled ''Visa Overstays: Can They Be Eliminated?'' 10 a.m., 311 Cannon.

Committee on Natural Resources, Subcommittee on Energy and Minerals Resources, oversight hearing on the President's Fiscal Year 2011 budget requests for the Minerals Management Service, the Bureau of Land Management, the Office of Surface Mining Reclamation and Enforcement, the United States Geological Survey (excluding the water resources program) and the USDA Forest Service, 10 a.m., 1324 Longworth.

Committee on Oversight and Government Reform, hearing entitled ''Foreclosure Prevention: Is the Home Affordable Modification Program Preserving Homeownership?'' 10 a.m., 2154 Rayburn.

Subcommittee on Information Policy, Census, and National Archives, hearing entitled ''The 2010 Census: An Assessment of the Census Bureau's Preparedness,'' 2 p.m., 2154 Rayburn.

Committee on Science, Subcommittee on Energy and Environment, to consider a Committee Print that includes the following measures: Department of Energy Office of Science Authorization Act of 2010; ARPA-E Reauthorization Act of 2010; and the Energy Innovation Hubs Authorization Act of 2010, 10 a.m., 2318 Rayburn.

Committee on Veterans' Affairs, Subcommittee on Health, hearing on the following measures: H.R. 949, To amend title 38, United States Code, to improve the collective bargaining rights and procedures for review of adverse actions of certain employees of the Department of Veterans Affairs, H.R. 1075, RECOVER Act (Restoring Essential Care for Our Veterans for Effective Recovery); H.R. 2698, Veterans and Survivors Behavioral Health Awareness Act; H.R. 2699, Armed Forces Behavioral Health Awareness Act; H.R. 2879, Rural Veterans Health Care Improvement Act of 2009; H.R. 3926, Armed Forces Breast Cancer Research Act; H.R. 4006, Rural American Indian Veterans Health Care Improvement Act of 2009; H.R. 84, Veterans Timely Access to Health Care Act, and 3 Discussion Drafts, 10 a.m., 334 Cannon.

Committee on Ways and Means, Subcommittee on Oversight, hearing on Internal Revenue Service operations and the 2010 tax return filing season, and FY 2011 budget proposals, 10 a.m., 1100 Longworth.

Permanent Select Committee on Intelligence, executive, hearing on National Security Agency Budget for Fiscal Year 2011, 9:30 a.m., 304–HVC.

Next Meeting of the **SENATE**

9:45 a.m., Thursday, March 25

Senate Chamber

Program for Thursday: Senate will continue consideration of H.R. 4872, Health Care and Education Affordability Reconciliation Act, with a series of roll call votes on or in relation to amendments and motions, and complete action thereon around 2 p.m.

Next Meeting of the **HOUSE OF REPRESENTATIVES**

10 a.m., Thursday, March 25

House Chamber

Program for Thursday: Consideration of the Senate amendments to H.R. 1586—Aviation Safety and Investment Act of 2010 (Subject to a Rule).

Extensions of Remarks, as inserted in this issue

HOUSE

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