

Senate Proceedings

Senate - SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009—MOTION TO PROCEED

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Mr. JOHANNIS. That was an excellent explanation of what Hyde is about. It underscores why we are so upset about the unbelievable expansion that is going to occur if this Reid bill is passed. You mentioned the Federal Employees Health Benefits Program. Let me take a minute to talk about how that works because, again, I think it underscores the point we are making today. Let me give an example. The current Federal Employees Health Benefits Program does this. It has 250 participating health plans that do not cover abortion. Federal employees pay a share of the cost.

The Federal Government, through tax dollars collected, pays the balance. So it is a mixture of Federal employees' contributions through their paychecks and the Federal Government getting the money through tax dollars. Federal employees cannot opt for elective abortion coverage because taxpayer dollars are subsidizing the cost of their employee plan. You can see how we have tried to remain true to the distinction you talked about. As many have said during the debate, if it is good enough for Federal employees, then why isn't it good for the rest of the citizens?

I ask Senator Brownback, what is in the Reid bill that does not reflect the current Hyde language? And if I could maybe direct that to both of you or to Senator Hatch.

Mr. BROWNBACK. Well, if I could follow up quickly on the last point, I think it is clear that if we are not going to put this in the Federal employees benefit insurance system, then we should not put it in this system. Yet this is a billing expansion that is taking place. The Democratic health bill would explicitly authorize abortion to be covered in the government option. It also mandates that there must be abortion coverage in every insurance market in the country. This is an enormous expansion, a radical departure from the 30-year policy that represents the Hyde amendment. The abortion language that was included in the bill is a huge departure from 30 years of bipartisan Federal policy prohibiting Federal tax dollars paying for elective abortions. The language in the Senate bill explicitly authorizes the Secretary of Health and Human Services to include abortion in the public option and permits government subsidies for plans that pay for abortion.

The Capps language, commonly referred to in the Senate bill, contains a clever accounting gimmick that proponents say separates private and public funds for abortion coverage. However, it has been proven over and over by outside reviewers that the Capps measure would include both abortion coverage and funding in the government-run public option as well as for those plans in the insurance exchange. Representative Bart Stupak, a Democrat from Michigan, explained the issue very clearly in an op-ed he wrote yesterday. He wrote:

The Capps amendment, which is the basis of the Senate language, departed from Hyde in several important and troubling ways: By mandating that at least one plan in the health insurance exchange provide abortion coverage; by requiring a minimum \$1 monthly charge for all covered individuals that would go towards paying for abortions; and by allowing individuals receiving Federal affordability credits to purchase health insurance plans that cover abortion. Hyde currently prohibits direct Federal funding of abortion. The Stupak amendment is a continuation of that policy—nothing more, nothing less.

I would like to ask Senator Hatch about this provision, about what we need to talk about on the exchanges and the types of plans that will be included in the exchanges and about how this is an expansion of the abortion language.

Mr. HATCH. Isn't it true that one health plan must be offered in the exchange that covers elective abortions? Isn't that a departure from Federal policy?

Mr. BROWNBACK. The Reid health care reform bill would require at least one health care plan to offer elective abortions in each State health insurance exchange. However, nothing in the Reid bill ensures that the one plan that must cover elective abortions be the plan that is most affordable or least affordable. In other words, if I do not wish to have a plan that covers elective abortions but all I can afford is that plan, where does that leave me? Should my constituents have to compromise their own moral code in order to receive health care; in other words, that they would have to buy a plan that covers abortion?

Mr. HATCH. That is right.

Mr. BROWNBACK. Today, no Federal health program requires the coverage of elective abortions. This is a clear departure from current law, and I cannot imagine us forcing people to pay for insurance that covers abortions when it is so unconscionable to so many of the American people.

I also would like to make one other point perfectly clear. The Stupak-Pitts compromise amendment would not prohibit the ability of women to obtain elective abortions as long as they use their own money to purchase these policies. I think it is important we get that piece of it clear as well.

Mr. HATCH. I am glad the Senator did clarify that.

I say to Senator Johanns, isn't it true that the Stupak amendment, passed in the House by a considerable margin, allows women to purchase, with their own money, separate supplemental health coverage that may include the coverage of elective abortions—if they do it with their own money?

Mr. JOHANNNS. I say to Senator Hatch, I am glad you raised that issue. Yes, that is correct. Your understanding is correct. Women would be allowed to purchase separate elective abortion coverage with their own money.

I ask Senator Brownback, do you have a comment on that, or a question?

Mr. BROWNBACK. Well, I think this is a key thing for us to keep in mind, that it is true that women can purchase separately, with their own money, use their own funds to be able to provide for their own abortion coverage. But what we are saying here today is that we should not have this as part of the Federal Government. We should not have it as part of the Federal funding program. We should not be using taxpayer dollars to fund abortions, as we have not done for 30 years. That has been the longstanding bipartisan program. But it is not prohibited that an individual could go ahead and buy this service on their own.

Mr. HATCH. Well, I would add, too, it is absolutely correct that the Stupak language allows women to purchase both a supplemental policy for the coverage of elective abortions and a comprehensive health care plan that includes coverage of elective abortions as long as they pay for their plan with their own money. It allows that.

Mr. JOHANNNS. Let me just interject something here because I think this is a very important point to make, following up on what Senator Hatch just said. Some say that a person would never want to purchase a separate rider to cover abortion. It just would not happen, they say. But they misunderstand what the Stupak language actually allows.

Let me be clear about this. If a woman wants her health insurance plan to provide elective abortion services, she does have the choice to purchase a health insurance plan that provides that on the exchange. She just has to pay for it with her own money. Am I correct in that interpretation or have I misunderstood that?

Mr. HATCH. That is correct. A woman may purchase with her own funds either a supplemental policy that covers elective abortions or an entire health plan that includes the coverage of elective abortions. Look, a woman has always been able to do that, and frankly, we do not deny her the right to do that. What we say is, taxpayers should not be paying the cost of it. They should not be called upon to pay for elective abortions.

Mr. BROWNBACK. I say to Senator Hatch, as someone who has been in this body for some years and as someone who has followed this issue courageously for many years, what we are asking for, again, is just what has been established since 1977 in this body and in the House.

Mr. HATCH. Yes. That is current law, that Federal funds may not pay for abortion or plans that cover abortion. Now that is the fundamental component of the Hyde language. And to be clear, the Stupak language does not prevent people from purchasing their own private plans that include elective abortion coverage.

Let me just change for a second here. I would like to now talk about the conscience clause. To me, this is extremely important: the conscience clause protections for medical providers. The conscience clause protections in the final House bill for pro-life providers are not included in the Reid bill. They are in the House bill but not in the Reid bill. The House adopted language that codified the essence of the Weldon-Hyde conscience protections, including in the annual HHS appropriations bills since 2004.

This summer, the House Energy and Commerce Committee accepted these protections unanimously during consideration of their bill. Let me emphasize that point: unanimously, there was not one objection to it. That means all members of the committee—with ideologies ranging from the chairman, Henry Waxman, who represents Hollywood, CA, to the ranking Republican, Joe Barton, who represents a conservative congressional district in Texas—they all recognized the importance of adopting this language.

In contrast, the Reid bill has stronger protections for abortion providers than for providers who have conscience objections to abortion. On one hand, abortion providers may not be "discriminated" against for performing any abortion anywhere. On the other hand, pro-life providers must cite a particular "moral or religious belief" to prevent discrimination. This is narrower than current law under Hyde-Weldon.

Moreover, it does not extend the protections to pro-life health plans. In other words, a Catholic health system that requires a local hospital to stop providing abortions in order to become part of its health system could be accused of discrimination.

What is wrong with this picture?

Let me ask Senator Johanns, don't you think it makes sense to protect health care providers who have objections of conscience to abortion so they are not forced to provide abortions?

Mr. JOHANNNS. Absolutely. As the Senator offers this explanation about a Catholic health care provider, it hits right to the heart of this issue. I most certainly agree with the Senator and I want him to know that many Nebraskans agree with him and agree with me on this issue.

I got a letter recently from a gentleman out in western Nebraska, from a little community called Ainsworth—a great area of our State. He wrote to me and said this:

I urge you to support freedom of conscience which protects professionals from being forced to participate in abortion and other anti-life practices, which include end-of-life issues.

I had another constituent from Gretna, NE, more on the eastern side of our State, and this constituent wrote to me and said this:

I am also very disturbed to learn that health care workers may be forced to act and speak contrary to their own consciences. I find it shocking to believe that this is being considered within a serious conversation/debate.

We are going to put up a chart. President Obama has weighed in on some of these issues. President Obama gave a speech to a joint session of Congress. We all remember that was on September 9 of this year. He said this:

And one more misunderstanding I want to clear up—under our plan, no federal dollars will be used to fund abortions, and federal conscience laws will remain in place.

The President has gone on to state on multiple occasions that he would not support abortion in a health care bill. The President has stated that over and over. The President has also stated on multiple occasions—both as a candidate and as President—that it is his goal to lower the incidence of abortion. That is what he says, not what the Democrat-led Senate has done, though, relative to this bill, which he has embraced. And it is not what the leadership has done in this bill.

You see, my colleagues, I see this as a radical abortion approach, a radical piece of language. And you can go right to the bill itself, to pages 116 to 124 of this 2,074-page bill, and you can read it yourself.

I have to tell you, there is so much about this bill that is bad policy, but this is especially damaging. The President promised us he would not let it happen. Do the President and the Members of his party, who control the Senate, who wrote the bill behind closed doors, do they really believe abortion is health care? Why didn't they just strip this language out? Why didn't they adopt the Stupak language, which was voted upon in the House, the Stupak compromise? Why didn't they adopt that, knowing that 64 Democrats had signed on to that language?

What do you think about the President's commitment and his promise to us not to use Federal dollars to fund abortions? I say to Senator Brownback, I would like to hear his thoughts on that.

Mr. BROWNBACK. I was there that evening, along with the Senator and Senator Hatch and almost all of the Senators, when the President was addressing us on health care. I remember vividly sitting there and listening to these words, the ones you just mentioned. He was very clear, very concise; there was no fudging around on it:

And one more misunderstanding I want to clear up—under our plan, no federal dollars will be used to fund abortions, and federal conscience laws will remain in place.

Yes, that is specifically violated in the bill, and they had a very simple route to change it. They could have just put the Stupak language in that has already passed the House. That is the Hyde language that has been agreed to by this body and others for 30 years here. Instead, they put in this abortion-expansion language.

I will show another chart here a little bit later on. The last time we funded abortions here was between 1974 and 1977, right after *Roe v. Wade* and before the Hyde language in 1977. Do you know how many abortions were funded annually by the Federal Government at that period of time? If we are going back to that policy, if we are looking to go back to that era where the Federal Government was funding it, Medicaid funded as many as 300,000—300,000 annually. Now, I would ask everybody, pro-choice or pro-life, do you want your taxpayer dollars to pay for 300,000 abortions a year? I do not think anybody wants to see us do that.

President Clinton we all remember very clearly saying often that he wanted to make abortion safe, legal, and rare. Adding 300,000 does not do that.

So the President took the time, in a carefully tailored and vetted speech that all of us were there to hear—the Presiding Officer, as well; it was nationally televised in prime time—to tell

Congress the words we have quoted here today and to make that specific promise. And that promise is broken in the Reid legislation before us today. We sat there in the House Chamber and heard him say those words. Our constituents watching the speech at home heard those words. I have to believe these are the kinds of broken promises that are making our constituents lose their trust in government.

But the fact is, as so many people have pointed out, abortion is very much in this health care bill. Many Democrats and Republicans acknowledge this. Mr. Stupak, whom I have quoted several times, is just one of them.

If we want to do more than just pay lipservice to lowering the incidence of abortion, we need to oppose the motion to proceed, and we should have had the Stupak compromise language included in the bill in the first place since the President clearly stated he did not want Federal dollars to be used for the funding of abortion.

Consider the fact that when Federal funding is not available for abortion, fewer abortions occur. When Federal funding is available, as we have seen in the past, thousands more will occur.

As shown on this chart, here is why the Hyde amendment is so important. The administrators running the Medicaid Program funded, as I noted, over 300,000 per year. That is almost 1 million abortions paid for by the country's taxpayers out of their pockets when the Hyde language was not the law of the land. That was until the Hyde amendment was enacted in 1976 because the American people disagreed with being forced to pay for abortions. Whether they are pro-choice or pro-life, they did not want taxpayer dollars to go for this.

One other example of government ushering abortion policy through health care legislation is when the Commonwealth of Massachusetts recently passed its State-mandated insurance, Commonwealth Care. They failed to include an explicit exclusion of abortion, like Senator Hatch tried to get in committee or like they had in the House language, the Stupak language, so abortions there were funded immediately in Massachusetts. In fact, according to the Commonwealth Care Web site, abortion is considered covered under "outpatient medical care."

The Federal Government should not go down this road. The President made a commitment to the American people, and the Democrat-led Senate has failed to include that commitment in this bill. They included radical language that will increase the incidence of abortion.

I say to Senator Johanns, don't you think it makes sense to protect health care providers, when we look at that issue here, who have objections of conscience to abortions so they are not forced to provide abortions?

Mr. JOHANNNS. Absolutely. It absolutely makes sense. I say to Senator Hatch and Senator Brownback, one of the things that has been very remarkable to me—this bill just came out, as you know. It was behind closed doors for weeks and weeks and came out in the middle of the night, actually.

Mr. JOHANNNS. Madam President, pro-life groups weighed in on this bill immediately. For all of the complexity, for all of the definitions, for all of the buried language, they saw immediately what this bill was all about. Pro-life groups across the board have opposed the provisions of this legislation. No pro-life group has taken the bait. They represent millions of Americans across this great country.

Let me, if I might, take a moment and quote from what they have said. The National Right to Life Committee—and again I am quoting—says this:

Senate Majority Leader Harry Reid has rejected the bipartisan Stupak-Pitts amendment and has substituted completely unacceptable language that would result in coverage of abortion on demand in two big, new Federal Government programs.

The United States Conference of Catholic Bishops has weighed in. They said this one is the worst bill so far—the worst one so far on this issue. Again, I am quoting:

The conference believes the bill violates the long-standing Federal policy against the use of Federal funds for elective abortions in health plans that include such abortions, a policy upheld in all health programs covered by the Hyde amendment: the Children's Health Insurance Program, the Federal Employee Health Benefits Program, and now in the House-passed Affordable Health Care for America Act. We believe legislation that violates this moral principle is not true health care reform and must be amended to reflect it. If that fails, the current legislation should be opposed.

The Family Research Council says this, describing the legislation as a:

. . . direct attack on the principles set forth in the Hyde amendment over 30 years ago. This bill is one only an abortionist could love.

Concerned Women for America said the following:

In a dramatic departure from current policy, the Patient Protection and Affordable Care Act will provide government funding for elective abortions. Over all, this bill raises serious pro-life concerns.

Senator Hatch referred to polls. The polls indicate the majority of Americans do not want their tax dollars paying for elective abortions. According to that CNN/Opinion Research Corporation survey, 6 in 10 Americans favor a ban on the use of Federal funds for abortion. It also indicates that the public may also favor—literally favor—legislation that would prevent many women from getting their health insurance plan to cover the cost of abortion even if no Federal funds were involved. This poll indicates that 61 percent of the public oppose the use of public money for abortions for women who cannot afford the procedure.

I have to ask the question of Senator Hatch: When will we listen to the American people on this important issue?

Mr. HATCH. I ask Senator Johanns, have you seen similar polls indicating that a majority of Americans do not want their taxpayer funds used for paying for elective abortions? Have the Senator seen those national polls?

Mr. JOHANNNS. I have. We have seen the polls. We have gotten letters from our constituents. Consistently, in poll after poll, we can see what the American people are saying. They do not want their tax dollars to fund abortions.

Mr. HATCH. Madam President, let me ask a question to both Senator Brownback and Senator Johanns. I know my constituents are very upset about the possibility of their tax dollars being used to pay for elective abortions. I even brought a few of their letters down to the floor so I could read them. If you don't mind, I wish to read them. Can I take a few minutes to do that?

Mr. BROWNBACK. Please do.

Mr. HATCH. These are just a few. We have all kinds of letters. I thought I would mention a few of these since they are on point here, as far as I am concerned.

Here is one from a woman, a Ph.D., the President of AUL Action, Charmaine Yoest:

Dear Senator: On behalf of Americans United for Life, AUL Action, I write to express our strong opposition to the Senate proceeding to Majority Leader Reid's health care reform bill, the Patient Protection and Affordable Care Act. Majority Leader Reid's bill does not include the Stupak-Pitts language added to H.R. 3962, which is necessary to prevent Federal funding of abortion. AUL Action will score against all votes to proceed to this bill because it does not contain the Stupak-Pitts language. Majority Leader Reid's bill explicitly allows the Secretary of the Department of Health to include abortion coverage in the "community health insurance option" and allows Federal subsidies to go to private insurance plans that include abortion coverage. In addition, the bill also requires that at least one private plan in each exchange provide coverage for all abortions. The passage of a health care reform bill without language explicitly excluding abortion coverage and funding is unacceptable to pro-life Americans. We strongly encourage you to vote against all procedural motions to move to the majority leader's bill, including cloture on the motion to proceed.

Sincerely,

Charmaine Yoest, Ph.D.,

President and CEO of AUL Action.

Here is another one. It is from one of my personal constituents.

Dear Senator: As an American with a growing disdain for the heavy handedness and disregard for the wishes of the American people, I adamantly oppose any plan brought to the table that would require me to pay for abortions with my tax dollars. Any government-run health care system with this provision is bad for America and violates the deep convictions of many

Americans. Furthermore, I am infuriated by Senate Majority Leader Harry Reid's deceptive course of action in secretively creating his own version of a health care reform plan. Reid's underhanded tactic diminishes the opportunity for public debate and scrutiny which flies in the face of our legislative process. I strongly oppose Harry Reid's health care overhaul plan to nationalize our system. I urge you to oppose any nationalized health care bill and any plan containing an abortion mandate.

Here is another one. This is an e-mail to me. It says this:

Hello, Mr. Hatch. I am writing for 4 registered voters in my family which include my husband, my parents, and myself. We are very concerned about the Federal health care legislation. We believe that it must support several of our beliefs. We believe that life must be respected and cared for from conception to natural death. As such, we do not want any of our tax dollars going to abortions or euthanasia. We have a desire for the continued support of the Hyde amendment of 1976. Our family supports charities which provide counseling and material goods needed by families who have an unplanned pregnancy. We want to support them in having the baby and caring for themselves and the child. We do this by donating things that are needed by the mom-to-be during her pregnancy. We also have donated furniture and other things needed by the baby. These have been given to Birthright—a program supported by donations. We want access to health care for all. This includes fair treatment of our immigrants. We do not want any of their health care that they may be receiving right now to be taken from them. In the [S11928] Bible, God tells the Jews to be kind to the aliens, as they themselves were aliens at one time in their promised land. Our family also wants a freedom of conscience clause that allows for health care workers to refuse to take part in procedures involved in an activity that goes against their choice. Please consider our beliefs.

Whether you agree with every word of these, they are interesting.

Here is another one:

During the floor debate on the health care reform bill, please support an amendment to incorporate long-standing policies against abortion funding and in favor of conscience rights. If these serious concerns are not addressed, the final bill should be opposed. Life should be respected from conception to natural death. I am a retired teacher and am hoping to be able to receive the care I choose to have until my natural death. My care should not be based on my productivity in society years from now. Thank you for your stand on abortion in the past.

Then she has a PS:

My parents don't have and do not know how to use a computer to contact you. They feel the same as my husband and I feel about the above issues.

Then she lists the names of her parents.

Here is another one:

Dear Senator Hatch: I am a registered Democrat strongly in favor of health care reform. I am also committed to protecting the unborn and to safeguarding the conscience of each health care provider who is uncomfortable with providing abortion services. During floor debate on the health care reform bill, please support an amendment to incorporate long-standing policies against abortion funding and in favor of conscience rights. If these serious concerns are not addressed, the final bill should be opposed. Genuine health care reform should protect the life and dignity of all people from the moment of conception until natural death.

Another one.

Senator Hatch: During floor debate on the health care reform bill, please support an amendment to incorporate long-standing policies against abortion funding and in favor of conscience rights. If these serious concerns are not addressed, the final bill should be opposed. Genuine health care reform should protect the life and dignity of all people from the moment of conception until natural death.

I also have a petition to Senator Orrin G. Hatch opposing using taxpayer dollars to fund abortion. This petition says:

One out of every three babies conceived is a victim of abortion, a tragedy that has claimed more millions of innocent lives since the Roe v. Wade Supreme Court decision legalizing abortion on demand. Every abortion is a gruesome act that ends an innocent human life and cannot be tolerated in a civil society. The pro-abortion lobby is seeking to hide abortion funding into virtually every piece of "must-pass" legislation, including continuing resolutions, budget and authorization bills, so-called "economic" bills, and even the Defense authorization bill. I urge you to actively oppose and, if necessary, filibuster all attempts to use the budget to force Federal funding of abortion and abortionists and to pack the courts with activist, pro-abortion judges.

I thought I would read a few of those interesting letters to set a tone here. I have received all kinds of letters, but I chose a few, at random, to read on the Senate floor this afternoon.

Mr. BROWNBACK. I was recently at a Veterans Day parade in Leavenworth, KS, and I had a number of people coming up to me opposed to the health care bill. I had one come up to me and say they were in favor of it and all the rest were opposed. It starts on the basis that it is fiscally insane what we are considering doing with \$12 billion in debt, and then we are going to add a multitrillion-dollar entitlement program on top of this. The Federal Government is hemorrhaging money. Why on Earth would we do that? Then they are scared about what else is in the bill, and then this feature comes up as well.

Finally, Senator Johanns was putting in statements from various groups, and I ask unanimous consent that this statement from the United States Conference of Catholic Bishops be included at the end of our colloquy.

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

(See exhibit 1.)

Mr. BROWNBACK. The Catholic Bishops issued this yesterday and said this:

The legislative proposal recently unveiled in the Senate does not meet these moral criteria. Specifically, it violates the longstanding Federal policy against the use of Federal funds for elective abortions and health plans that include such abortions—a policy upheld in all health programs covered by the Hyde Amendment, the Children's Health Insurance Program—

SCHIP, which Senator Hatch helped to get started—

the Federal Employees Health Benefits Program—

that Senator Johanns spoke about—

and now in the House-passed "Affordable Health Care for America Act." We believe legislation that violates this moral principle is not true health care reform and must be amended to reflect it. If that fails, the current legislation should be opposed.

This is the Catholic Bishops, generally in favor of health care reform, and they are saying this fails on this account and must not be in this legislation and can't be considered as part of health care reform.

Mr. HATCH. I ask Senator Johanns, where do we go from here? We are going to have a cloture vote at 8 o'clock tonight on the motion to proceed. What would be the advice on that?

Mr. JOHANNNS. I thank the Senator. Let me, if I might, before I address that, tell my colleagues how proud I am to stand here with these two champions of this issue, Senator Brownback and Senator Hatch. They have a remarkable history of every time they had an opportunity standing strong on an issue that I must admit is not the most popular issue in Washington, DC, to promote, and I admire their courage.

To address the relevant question of the day, the Stupak protections, that compromise that was reached in the House, it is not in this bill.

Of course, since it is not in this underlying bill, this Reid bill, it is very unlikely to be in the final bill. I wish somebody could disprove this. But, very simply, there aren't enough pro-life Senators to break this provision and get the Stupak amendment passed on the Senate floor if we propose it as an amendment—and I am sure it will be—there just aren't enough.

That is why I have been making the case over the last 48 hours that the motion to proceed is the key vote on abortion in the health care debate. The most important pro-life vote that a pro-life Senator will cast, I believe, in the entire time they are here is on this motion to proceed. I have seen all the arguments from many, saying this is a procedural vote; that there is nothing to worry about; that it just begins debate, and we might potentially vote this bill down, and we can do some amendments and some tweaking.

But the facts suggest otherwise. The Congressional Research Service has looked into this. Between the 106th and 110th Congresses, there were 41 cases, according to the Congressional Research Service, in which the Senate approved a motion to proceed and then proceeded to a vote on the final bill. Do you know what the end result of those 41 cases were, when the motion to proceed was approved? It was 40 times out of 41—about 97 percent—went on to receive final approval. In other words, all but one passed into law.

This suggests to me this vote tonight at 8 o'clock on the life issue is very well determinative. Some of my colleagues also argue if we don't like the bill, we should not block the opportunity to amend it, and they say let us proceed.

I don't believe, if you are truly pro-life as a Senator, you can make that argument. Here is why: Everybody in the Senate knows what it will take to amend the Reid bill on something like this. It will take 60 votes. It is the way the Senate operates. It will take 60 votes. Again, I say to Senator Hatch and Senator Brownback, I wish I could count 60 pro-life Senators. I wish I could do that. But by anybody's count, I believe—mine included—there aren't 60 here.

I believe if you are pro-life, every opportunity you get to stand for the life issue, you must stand for that issue. These truly are our most vulnerable citizens. I feel very strongly that at 8 o'clock, when we are gavelled to a vote, we need to stand up on this issue—this life issue—or there is a 97-percent chance it is lost.

I will conclude my thoughts on this by saying this: There were many strong and courageous pro-life Democrats in the House. I watched that. That was remarkable. Can you imagine the pressure they were put under? This evening, we just need one—not many, just one Democrat—who will come here and say I am pro-life. If we don't stand together tonight, this bill will radically expand abortion, and I cannot live with that.

Mr. HATCH. I thank the Senator for his remarks. I thank both Senators Brownback and Johanns.

Before coming here, the Senator was the Secretary of Agriculture. He is from Nebraska. By any measure, he is a very sincere, dedicated, and principled person. We all know that, and I think the world of the Senator.

I appreciate standing on the Senate floor with the Senator to chat about this matter. Senator Brownback, without question is a leader in this body in protecting the rights of the unborn. It is one of the things I most love about him. There are many things that cause all of us to hold the Senator from Kansas in very high regard and esteem. He is principled and dignified about it. He is friendly to everybody. But the Senator doesn't mince words when it comes to standing up on these very important issues.

Look, all we are saying is, let's protect the Hyde language. You do that with the Stupak-Pitts language. What is wrong with including that language? All we want to do is not have federal funds pay for abortion. The vast majority of people in this country feel that way too.

Second, why should people of conscience, who really and sincerely believe that abortions are wrong, be forced to participate in abortions in any way, shape, or form? Unfortunately, this bill could lead to that forced participation. I just do not understand what is so difficult about including the same language included in the bill passed by the House of Representatives. What is so problematic about our body doing the same?

If you are a nurse, doctor, health care practitioner, Catholic hospital, or an LDS hospital out of Utah, if we have the Stupak-Pitts conscience protection language passed by the House, you cannot be forced to participate in abortions. These are highly religious people with highly religious motivations who have made this the greatest country in the world. If we do not change this language in the Reid bill, there will be Federal funding of abortion, and there will be people who could be pushed toward participation in abortion.

Mr. BROWNBACK. It has been my pleasure to join Senators Hatch and Johanns on this effort. I have worked with both of them in many different capacities and jobs.

This is as serious a pro-life vote as I have seen. If this gets passed, the Federal Government will be funding somewhere north of 300,000 abortions a year. If it was 300,000 back in the 1974-to-1976 timeframe, with the growth in U.S. population, you are probably looking at north of that number of Federal taxpayer dollars funding abortions. I cannot imagine many people in this country being satisfied about that kind of number taking place. I can't imagine that. But that is our past experience when the government funds abortion.

Those are the numbers we are talking about. I note, too, the country has a longstanding ethic and moral code. We are a moral people, and we have been from the outset. Some people say this or that, but a big part of that has been that basic moral code, that basic thought within the Judeo-Christian ethic that we respect life. This goes back to when Moses talks to the people about going into the Promised Land. He is giving his last lecture to the Jewish people before going into the Promised Land. In that last lecture—Moses doesn't get to go in himself, but he gets the people together. They march for 40 years in the wilderness. He knows he is not going in, but they are, and he gives a lecture.

Deuteronomy 30:19 says something that is applicable here:

This day I call heaven and earth as witnesses against you that I have set before you life and death, blessings and curses. Now choose life, so that you and your children may live.

This is in the fundamental ethic and background of our country. That is what we have to choose today. Do we choose life or death? Choose life, so that you and your children might live.

As Senator Johanns notes, we just need one vote on the other side to change this, and this language gets pulled out and Stupak gets put in. Just one vote. If we cannot get to 60—and you have to get there—and that one person says: I am not going to do it, unless you put Stupak in this, it changes. We need just one to choose life, and it will change. It has been a pleasure to join with both Senators today.

Exhibit 1

United States Conference

of Catholic Bishops,

Washington, DC, November 20, 2009.

U.S. Senate,

Washington, DC.

Dear Senator: On behalf of the United States Conference of Catholic Bishops (USCCB), we strongly urge the Senate to incorporate essential changes to the Senate's health care reform bill to ensure that needed health care reform legislation truly protects the life, dignity, consciences and health of all. We especially urge the Senate to act as the House has in the following respects:

Keep in place current federal law on abortion funding and conscience protections on abortion;

Protect the access to health care that immigrants currently have and remove current barriers to access; and

Include strong provisions for adequate affordability and coverage standards.

The Catholic Bishops of the United States have long supported adequate and affordable health care for all. As pastors and teachers, we believe genuine health care reform must protect human life and dignity, not threaten them, especially for the most voiceless and vulnerable. We believe health care legislation must respect the consciences of providers, taxpayers, and others, not violate them. We believe universal coverage should be truly universal, not deny health care to those in need because of their condition, age, where they come from or when they arrive here. Providing affordable and accessible health care that clearly reflects these fundamental principles is a public good, moral imperative and urgent national priority.

Sadly, the legislative proposal recently unveiled in the Senate does not meet these moral criteria. Specifically, it violates the longstanding federal policy against the use of federal funds for elective abortions and health plans that include such abortions—a policy upheld in all health programs covered by the Hyde Amendment, the Children's Health Insurance Program, the Federal Employee Health Benefits Program—and now in the House-passed "Affordable Health Care for America Act." We believe legislation that violates this moral principle is not true health care reform and must be amended to reflect it. If that fails, the current legislation should be opposed.

Protecting Human Life and Conscience

Specifically, we urge you to include the House-passed provision that keeps in place the longstanding and widely supported federal policy against government funding of elective abortions or plans that include elective abortions.

In the aftermath of the overwhelming and bipartisan House vote for the Stupak-Smith-Ellsworth-Kaptur-Dahlkemper-Pitts Amendment, there has been much misunderstanding of what it does and does not do. This amendment does not change the current situation in our country: Abortion is legal and available, but no federal dollars can be used to pay for elective abortions or plans that include elective abortions. This provision simply keeps in place existing policy and allows Congress to honor the President's commitment that "no federal dollars will be used to fund abortions." The amendment does not restrict abortion, or prevent people from buying insurance covering abortion with their own funds. It simply ensures that where federal funds are involved, people are not required to pay for other people's abortions.

Thus far, the pending Senate bill does not live up to President Obama's commitment of barring the use of federal dollars for abortion and maintaining current conscience laws. The bill provides federal funding for plans that cover abortion, and creates an unprecedented mandatory "abortion surcharge" in such plans that will require pro-life purchasers to pay directly and explicitly for other people's abortions. Its version of a public health plan (the "community health insurance plan") allows the Secretary of HHS to mandate coverage of unlimited abortions nationwide, and also allows each state to mandate such abortion coverage for all state residents taking part in this federal program even if the Secretary does not do so. The bill seriously weakens the current nondiscrimination policy protecting providers who decline involvement in abortion, providing stronger protection for facilities that perform and promote abortion than for those which do not. The legislation requires each region of the insurance exchange to include at least one health plan with unlimited abortion, contrary to the policy of all other federal health programs. Finally, critically important conscience protections on issues beyond abortion have yet to be included in the bill. To take just one example, the bill fails to ensure that even religious institutions would retain the freedom to offer their own employees health insurance coverage that conforms to the institution's teaching. On these various issues the new Senate bill is an enormous disappointment, creating new and completely unacceptable federal policy that endangers human life and rights of conscience.

Immigrants and Health Care Coverage

We support the inclusion of all immigrants, regardless of status, in the insurance exchange. The Senate legislation forbids undocumented immigrants from purchasing health-care coverage in the exchange. Undocumented immigrants should not be [S11930] barred from purchasing a health insurance plan with their own money. Without such access, many immigrant families would be unable to receive primary care and be compelled to rely on emergency room care. This would harm not only immigrants and their families, but also the general public health. Moreover, the financial burden on the American public would be higher, as Americans would pay for uncompensated medical care through the federal budget or higher insurance rates.

We also support the removal of the five-year ban on legal immigrants accessing federal health benefit programs, such as Medicaid, the Children's Health Insurance Program, and Medicare.

Legal immigrants, who work and pay taxes, should have access to such programs if needed. Removing the ban would help ensure that legal immigrants, who were widely praised in past immigration debates for their many contributions and for playing by the rules, will still have access to health care.

Accessible and Affordable Health Care

The Catholic bishops have advocated for decades for affordable and accessible health care for all, especially the poor and marginalized. The Senate bill makes great progress in covering people in our nation. However, the Senate bill would still leave over 24 million people in our nation without health insurance. This is not acceptable.

The bishops support the expansion of Medicaid eligibility for people living at 133 percent or lower of the federal poverty level. The bill does not burden states with excessive Medicaid matching rates. The affordability credits will help lower-income families purchase insurance coverage through the Health Insurance Exchange. However, the Senate bill would still leave low-income families earning between 133 and 250 percent of the federal poverty level financially vulnerable to health care costs. Overall, the average subsidy provided for in the Senate bill is \$1,300 less than the average subsidy in the House bill. Improvements to the bill should be made so that low-income families have reasonable out of pocket expense for health care.

Immediate reforms are included in the bill that should be helpful in providing relief to the uninsured and underinsured. Additionally, reforms that will strengthen families and protect low-income and vulnerable people such as eliminating denial of coverage based on pre-existing conditions including pregnancy; eliminating life time caps; offering long-term disability services; and extending dependent coverage to uninsured young adults—are significant steps toward genuine health care reform. We urge the Senate to maintain these provisions.

These moral criteria and policy objectives are not marginal issues or special interest concerns. They are the questions at the heart of the health care debate: Whose lives and health are to be protected and whose are not? Will the federal government, for the first time in decades, require people to pay for other peoples' abortions? Will immigrants be worse off as a result of health care reform? At their core, these health care choices are not just political, technical, or economic, but also moral decisions. This legislation is about life and death, who can take their children to the doctor and who cannot, who can afford decent health care coverage and who are left to fend for themselves.

Our appeal for health care legislation that truly protects the life, dignity, health and consciences of all reflects the unique perspectives and experience of the Catholic community. Our hospitals, clinics, and long-term care facilities provide quality health care to millions. Our dioceses, institutions, and ministries purchase health care for many thousands of employees and their families. Our emergency rooms, shelters, clinics, and charities pick up the pieces of a failing health care system. Our Catholic moral tradition teaches that health care is a basic human right, essential to protecting human life and dignity.

For many months, our Bishops' conference has been working with members of Congress, the Administration and others to fashion health care reform legislation that truly protects the life, dignity, health and consciences of all. Our message has been clear and consistent throughout. We hope and pray that the Congress and the country will come together around genuine reform.

Sincerely,

Bishop William F. Murphy,

Diocese of Rockville Centre, Chairman, Committee on Domestic Justice and Human Development.

Cardinal Daniel DiNardo,

Archdiocese of Galveston-Houston Chairman, Committee on Pro-life Activities.

Bishop John Wester,

Diocese of Salt Lake City, Chairman, Committee on Migration.

Mr. HATCH. Madam President, I yield the floor and 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. FRANKEN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. FRANKEN. Madam President, I ask unanimous consent that the next hour be equally divided between the following three Senators: Franken, Lincoln, and Levin.

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

Mr. FRANKEN. Madam President, I rise today to express my strong support for the Patient Protection and Affordable Care Act.

I commend Leader Reid, Chairman Harkin, Chairman Baucus, and Senator Dodd for their leadership that has brought us to this critical point. We are on the verge of passing legislation that will do more than any bill in recent history to make our country healthier, our economy more stable, and our working families more secure.

Make no mistake, this bill will change. There will be amendments to it that will make it an even better bill. There may be amendments that make it less to my liking and, therefore, a less good

bill, to my point of view. But the final bill will make health care available to more tens of millions of Americans. It will make health insurance more secure for all Americans who have it and will put an end to the unsustainable trajectory that we are now on with the cost of health care, and will avert an otherwise inevitable catastrophe to our health care system and our economy.

The reality right now is that we are denying millions of Americans their shot at the American dream because of our irrational health insurance system.

Right now, if you have been sick, insurance companies can refuse to cover you or charge you ridiculous premiums. If you get sick, your insurance benefits can run out when you need them the most.

Right now, people without insurance do not get preventive care. Instead, they go to the emergency room when they cannot hold out any longer. This is the least-efficient and most expensive way to deliver care, and those of us who do have insurance pay for it. It costs every insured family more than \$1,100 a year in additional premiums to pay for those who don't have health insurance.

Right now, if you are a woman who has had a C-section or if you have been a survivor of domestic violence, health insurance companies can arbitrarily decide not to cover you. That is because having had a C-section or being a survivor of domestic violence is considered by many insurance companies to be a preexisting condition. That is wrong.

What is even more egregious is that while millions of Americans struggle to pay for health care, insurance executives continue to make obscene salaries. From 2000 to 2007, a period of 8 years, Americans saw their premiums almost double. During that same time, we saw more than 6 million more Americans become uninsured. During that same time, insurance company profits rose 428 percent—428 percent. That is all you need to know to understand why we have to pass this bill—428 percent in 8 years. No wonder the insurance companies are fighting this bill. Of course they don't want to be subject to antitrust laws. They are making outrageous profits by gouging American families. Make no mistake, that is what this is about.

This bill will change all that. It will fundamentally transform how health insurance works in this country. This bill guarantees secure coverage that will be there for Americans and stay there when they need it the most. This is not going to help just individual Americans; it is going to help small businesses too.

There are urgently needed changes that will go into effect the day the President signs this bill into law. Effective immediately, preventive services, such as colonoscopies and cholesterol tests, will be covered by all insurance plans at no cost. This will make prevention a priority, not an afterthought. We will detect cancers earlier and stop chronic diseases, such as diabetes, in their tracks. Not only will this save innumerable lives, it will lower the long-term cost of health care for all of us. This is one of the key [S11931] ways health care reform transforms our system of sick care into a true health care system.

Effective immediately, any new health insurance plan will let your children remain on the family policy until they are 26. That is big. Say you are a parent whose kid has been ill in the past, maybe she had asthma and she just graduated, say, from the University of Minnesota. Your daughter is just out of school, and she wants to find a job. We all know this is a big enough challenge in this economy. While she plans for her future, the last thing she should have to worry about is how she is going to get health insurance.

The good news is, after health care reform, she will have secure coverage until she gets on her feet. She can either stay on your plan until she is 26 or once the exchange is up and running, she can purchase an affordable plan through the exchange.

Also, effective immediately, we will hold health insurance companies accountable by making them give rebates if they spend more than 20 percent of premiums toward profits, marketing, or administration. I am proud to have championed this safeguard with my colleagues, Senator Rockefeller and Senator Whitehouse.

The current reality is, most of us do not know where our health insurance premiums go. It is challenging enough to understand a billing statement from your health insurer, much less track where your money is being spent. We are going to change that.

Thanks to Senator Jack Reed, the Senate bill also requires transparent reporting of how health insurance companies are spending your money. This transparency is especially important as we cover an additional 31 million Americans under this bill. We know from their profit margins that right now insurance companies are price gouging. But clear reporting will help us hold them accountable for every dollar we invest in health insurance.

Based on our experience in Minnesota, I know we can do even more to rein in marketing, wasteful administrative costs, and profits in health insurance. In the coming weeks, we will debate this bill, amend it, and make it even better. I will be pushing to require an even higher percentage of your premiums go toward actual health care.

The reason I believe we can provide higher quality care without excessive profits is because Minnesota already does it. We are distinguished by the fact that 90 percent of Minnesotans are served by a nonprofit health plan. These plans outperform their national peers and are able to put an average of 91 cents of every premium dollar toward actual health care services—91 cents out of every dollar.

In other plans throughout the Nation, you may find less than 60 percent of your premium is put toward health care. The rest is for overhead, marketing, and profits. By taking the profits out of the health insurance industry—not taking them out but lowering them to a reasonable level—Minnesota health plans do a better job of helping our residents live healthier, longer lives. As we begin debating this bill on the Senate floor, it is essential that health insurance companies get the message loudly and clearly that their top priority must be serving patients, not creating more and more profits, not a 428-percent increase in profits in 8 years.

Under the Senate bill, we will stop insurance companies from denying you coverage or charging you more because of preexisting conditions. This will end the egregious industry practice of discriminating against survivors of domestic violence. Insurance companies also will no longer be able to charge women more for their health coverage just because they happen to be a woman.

We will ban lifetime caps and end unreasonable annual limits on your benefits. These insurance market reforms will help Americans, but they will be particularly life changing for families such as the Battersons who live in Bloomington, MN. Linda Batterson has three daughters. She owns her own business, and her husband Bud is a realtor.

The Battersons have some relatively minor health problems—asthma, allergies, and back problems. But because health insurance companies can charge them more based on their health history, their only health care option in Minnesota is a high-risk pool. This year they are paying nearly \$21,000 for health care—\$21,000 for their insurance. This is not a Cadillac plan. Neither the Battersons' businesses nor their family can sustain these costs.

But the good news is, the Battersons will get relief under our bill. They will be able to go to the exchange and find an affordable plan. Health insurance companies will not be able to charge the family more because of their health history. If companies are going to raise rates, they will have to publicly disclose and justify any increase.

I think we can all agree that one group of Americans who suffer under our current system is small businesses. Across Minnesota—from Bemidji to Spring Valley—I have talked to small business owners who want to do the right thing. They want their workers to be healthy, but they cannot afford the current unpredictable and skyrocketing rates.

In Minnesota, we have 92 percent of our State covered, and we have invested resources to create the MinnesotaCare Program to make sure low-income residents are covered. But even with all this success, the uncontrolled cost of health insurance is forcing us to tighten our belts and make sacrifices that no American should have to make, such as small businesses having to choose between laying off workers or dropping health insurance for everyone.

I am pleased to tell you this bill will bring real relief to small businesses across our country. We will even the playing field so small businesses can do the right thing for workers without sacrificing their bottom line. This will make them competitive with large employers and with companies from overseas so they can attract the best and brightest workers.

Right now, small businesses are often priced out of the markets. They may be lucky to find just one or two carriers willing to cover their workers. So the first important change that health care reform can bring is choice of plans for small businesses. They will be able to participate in the exchange which will offer them a choice of reliable plans. This coverage will be less expensive and provide better coverage than what is available today.

Right now, if you are a business with, say, 15 employees and 1 of them gets sick or has a baby, your premiums are going to go up dramatically. That is because your risk pool is 15. But when you choose from policies on the exchange, your risk can be pooled with hundreds or even

thousands of other businesses. That is the whole point of insurance, to spread the risk over the greatest number of people.

The second key benefit for small businesses is tax credits to help business owners purchase coverage. Effective immediately, these credits will ease the burden on small business owners who offer coverage but are being squeezed in the current market. For business owners who have not been able to offer insurance, the tax credits will provide a new incentive to begin covering their workers, keeping the workforce healthy and productive.

Today I have touched on just a few elements of the health care reform bill. I will be back. I have touched on insurance market reforms and provisions tailored to the needs of small businesses. But this just scratches the surface. The public option will bring much needed competition, and the incentives for high-quality care will make us all healthier. Taken together, these elements will bring our country into a new era in which high-quality and affordable health care is a reality in this country.

Passing national health care reform this year is my top priority because I have listened to Minnesotans across my State. They have told me loudly and clearly that the current health insurance system is not working for them, and they have told me they want access to care. I have heard them.

They want to know they can start a small business without worrying about the cost of health insurance because one of their kids has a preexisting condition. They want to know they will have health care when they need it the most. They want insurance companies to prioritize health services over profits. They are looking for us to fulfill our promise to pass comprehensive health care reform this year.

I look forward to working with all of you to make this a reality.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mrs. LINCOLN. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

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

Mrs. LINCOLN. Madam President, I have asked for this time today not only to address my colleagues in this body but to speak directly to my constituents at home in Arkansas. After many months of debate on health care, we are nearing yet another important step in a very deliberative

process. Today we are voting on whether to continue to discuss how to improve health care in America or to stop the debate.

I personally have carried the mantle to improve health care for Arkansas throughout my public service, like many of my colleagues and so many others as well who have worked hard on this issue. Over the last several decades the advance of medical technology and our Nation's changing demographics have placed new demands on our health care system that it is not designed to meet.

Our vote later this evening is not the first step toward making the necessary adjustments in health care, nor will it be the last, without a doubt. The Finance Committee on which I serve and which is led so ably by my good friend from Montana, Chairman Baucus, has produced what I still describe as the most responsible approach to health insurance reform. We deliberated for more than 22 months, incorporating recommendations from experts all across our great Nation and proved, through our bill, that America can achieve unprecedented health insurance reforms that expand coverage, reduce cost, and provide stability for those with existing coverage.

We accomplished these goals without posing long-term risk for taxpayers. It was not a perfect bill. We never see perfect bills around here, quite frankly, but I can honestly say I will fight hard so our final product will more closely resemble the commonsense, deficit-reducing plan we produced in the Senate Finance Committee.

At times like this I think it is very important for each of us to remember the very reasons we began this debate. Small businesses and working families are reaching the breaking point financially because of the relentless rise in health care costs. Nationally, our economic recovery will only be slowed by the inflationary cost of health care. Taxpayers and the insured are already bearing the cost of medical treatment for the uninsured at the most expensive point of delivery, in our emergency rooms. Health care in America today is a model that waits until people get sick rather than focusing on the wellness, prevention, and good management of illness that keeps people out of the hospital and from having the most costly care needs.

Our current health care system wastes money and is so inefficient that the United States spends more than twice as much per person while insuring a smaller portion of our population than the average spending in 29 other industrialized nations. There simply are not enough health insurance options available to most Americans today when in at least 17 States, including my home State of Arkansas, only one insurance company controls more than half the insurance market, and in at least 22 States still only two carriers control half or more of the market.

Patients and doctors are routinely making treatment decisions with little or no objective information about which treatments are more effective. American capitalism is based on choice and competition because when these elements are present, consumers can most always find the best value for their money. That is not true in health care. So by creating health insurance exchanges through which small businesses and individuals can choose from a menu of private plans, we can enhance cost transparency, create head-to-head competition, and allow market forces to reduce prices.

These are facts. These are facts, and whether we are Republicans or Democrats or independent, I believe we can agree on most all of them. I know the great majority of Arkansans believe these facts and want to see us accomplish these reasonable goals.

For months now, groups from outside my State have assigned various motives to my deliberations on health care and tried to define the meaning of my vote. According to the last tally, there has been more than \$3.3 million worth of media ads that have been purchased in my home State of Arkansas by groups from outside of our State—certainly none by me—and most with my name in the ad. Still, I have continued to approach this issue as I always do. These outside groups seem to think this is all about my reelection. I simply don't think they know me very well.

I am focused on my opportunity to influence the final version of health care legislation in a way that most helps my State. That is why the people of Arkansas sent me here. They sent me here because they know I am going to work hard to do the best job possible and to do the right thing; to stand my ground on my principles.

I have avoided the extremist claims from the left and from the right and tried to pull the commonsense solutions from among all the policy options so that we get health care reform that benefits Arkansans and all Americans. That is our job in this body, to represent our States in this unbelievably historic body, the Senate.

The truth is, this issue is very complex. There is no easy fix, and it is imperative that we build on what is already working for health care in America and not turn away from the problems we face. We keep building until we can truly say one day that all American citizens will have access to quality and affordable health care. In order to improve upon and build upon what we already have, I do not support the creation of a so-called robust, government-administered public plan.

I believe we should work to make sure we do not expose American taxpayers and the Treasury to long-term risks that could occur over future government bailouts of a public plan. Rather than create an entirely new government-run health plan to compete with private insurers, I support health insurance reform that focuses on changing the rules of our existing employer-based private health insurance system. I believe we should change the current rules that permit insurance companies to bully their customers and cherry-pick healthy patients, so we can force them to compete with each other.

My first loyalties are with the people of Arkansas—not insurance companies, the health care industry, or my political party. In fact, I authored an amendment during consideration of legislation in the Senate Finance Committee which limits taxpayers' subsidies for health insurance companies that pay their top executives millions in salaries. Responsible health insurance reform should ensure that insurance executives are not receiving a personal windfall, and that companies they work for are not receiving excessive tax breaks while at the same time profiting from government requirements on consumers to buy insurance.

The reason we are having this vote is because our Republican colleagues object to beginning debate and consideration of amendments on health care legislation. Although I do not agree with

everything in this bill, I have concluded that I believe it is more important that we begin this debate to improve our Nation's health care system for all Americans rather than simply dropping the issue and walk away. That is not what people sent us here to do.

Attempts by the National Republican Party and other conservative groups to portray this as a vote for or against this particular health care reform bill are untrue and deliberately misleading. The vote tonight will mark the beginning of consideration of this bill by the full Senate, not the end. Republicans have sought to revive their political party by opposing any real solution to our Nation's health care crisis. In fact, this vote for or against a procedure that allows us to begin debate on health care reform is nothing more and nothing less. Put simply, those who vote yes on this vote believe our Nation's health care system needs reforming, and they are ready to have an honest and open debate in the Senate about how to best achieve that reform. [S11933] I am not afraid of that debate, nor am I afraid of coming before this body to say what I believe is the most important thing we can do to reform health care. I hope none of us are. Our country needs us too desperately now to be making good decisions and moving forward.

I will not allow my decision on this vote to be dictated by pressure from my political opponents, nor the liberal interest groups from outside Arkansas that threaten me with their money and their political opposition; the multitudes of e-mails and ads we have received, unbelievable types of threats about what they are going to do and how they are going to behave. The fact is, I am serious about changing our health care system, as most Arkansans and most Americans are. I am not with those who seek to avoid the debate, nor with those who use political attacks to achieve their narrow goals. I will vote in support of cloture on the motion to proceed to this bill.

But let me be perfectly clear. I am opposed to a new government-administered health care plan as a part of comprehensive health insurance reform, and I will not vote in favor of the proposal that has been introduced by Leader Reid as written. I, along with others, expect to have legitimate opportunities to influence the health care reform legislation that is voted on by the Senate later this year or early next year. I am also aware there will be additional procedural votes to move this process forward that will require 60 votes prior to conclusion of the floor debate. I have already alerted the leader and my colleagues that I am prepared to vote against moving to the next stage of consideration as long as a government-run public option is included. The public option, as a part of health insurance reform, has attracted far more attention than it deserves. While cost projections show that it may reduce costs somewhat, those projections don't take into account who pays if it fails to live up to expectations. If, in fact, premiums don't cover the cost of the public plan, it is taxpayers in this country who are faced with the burden of bailing it out.

Our colleagues cannot ignore the growth in the Federal Government since the year 2000. I can assure you that the American people have not ignored it. According to the **American Institute for Economic Research**, government spending grew by 55 percent under President Bush. As he was leaving office, government launched a massive bailout of Wall Street. Then it was the domestic auto manufacturing industry that needed taxpayer funds to survive. And finally, in order to revive a dying economy, it took a government economic recovery package to save or create hundreds of thousands of jobs. We can argue about the necessity of these unprecedented steps, but we need not argue about the impression they have made on the American people. We should be stopping the growth of government, not expanding it more. Without the public option,

we could still force private insurance plans that participate in the exchanges to provide standard benefit packages that are easy to compare and more fairly priced. We will be bringing millions of new customers to the exchanges so insurers should be motivated to lower prices and be competitive.

I have pledged to dialog with Leader Reid regarding my concerns that remain about this bill. I look forward to continuing that dialog on improvements that I believe are necessary in order to meet the challenge. I will be asking my colleagues to consider these additional important changes I believe will improve our chances for real health insurance reform and that can also enjoy the support of most Arkansans and most Americans.

Some of these include that the legislation remain deficit neutral, now and in the future, and curbs future cost, that it protects Medicare beneficiaries for seniors and extends solvency of the Medicare Program, that it improves accessibility and affordability of health insurance for employees and owners of small businesses and the self-employed through access to health insurance exchanges and tax credits, that it enhance choice and competition of health insurance plans for small businesses and individuals without the inclusion of a government-run public option, and that it build our Nation's health care workforce and ensure continued access to quality health care providers, especially in rural America.

Today I know I will ultimately be held accountable by my constituents in Arkansas for all of my votes on health care, not the National Republican Senatorial Committee, not by other groups from outside my State that continue to engage in a conversation they have begun. I know my decision to support the upcoming cloture vote on the motion to proceed is not my last nor only chance to have an impact on health care reform.

I am optimistic and encouraged about the step we are preparing to take in the Senate, to amend and craft a bill that will improve access to quality, affordable coverage options for the residents and businesses of my State who desperately need relief, a bill that improves the quality and efficiency with which we deliver health care, all without adding to our Nation's deficit and while lowering the cost of health care over the long term. I am committed to using every power of my office to achieve success on this issue by enacting meaningful reforms that will benefit the people of Arkansas and our Nation.

I have spent the last several months in a passionate dialog with my constituents about health care reform. It was not only in townhall meetings where I heard from Arkansans. I had hundreds of conversations with many of them in groups and one-on-one conversations. They may not be in agreement about solutions, but I can assure my colleagues that each Arkansan I speak to expects us to roll up our sleeves and get this right. We can. Following the vote tonight, the bill that will be laid before us will not be the only possible solution. I know my decision to support cloture on the motion to proceed is not my last or only chance to have an impact on overall health care reform. My strongest hope is that each of us can lay political fortunes aside and make the tough, commonsense choices our constituents expect of us, whether you are a Democrat or Republican, and look at what we face and the challenges of our Nation. Make sure that as we are working toward an end result, that each of us is working as hard as we can to come up with a pragmatic solution that our constituents expect of us. We may not get this opportunity again in our lifetime.

Today I am thinking about the Arkansas working family who can't pay their mortgage because of their sick child's medical bills. I am thinking of the Arkansas small business owner who told me that more than 20 percent of the cost of running his business now goes to health insurance for him and his workers. I am thinking about the 450,000 Arkansans who have no health insurance. I am not thinking about my reelection, the legacy of a President, or whether Democrats or Republicans are going to claim victory in winning the debate. I hope all of my colleagues join me in looking forward to working with the leader and all of our colleagues in the days and weeks ahead as we strive to solve a problem whose solution is long overdue.

I yield the floor.