

percent of the employers who offer health care coverage do not offer choice—not because they are evil. They would love to do it. They cannot afford it. The administrative costs are too crushing.

So, again, if we get employers and employees into these larger systems, where they will have clout in the marketplace, there will be the ability for everybody to choose, not just folks who are unemployed or uninsured or small business, but give everybody, over the next few years, the ability to have these choices and be in a position to help drive more competition and more accountability and hold down their premiums in the private sector.

We can do that on a bipartisan basis. We have 15 Senators of both political parties on legislation that does it now. It could fit with the structure of several of the bills that are being considered. We can do this, as Senator KENNEDY suggests in his wonderful essay, on a bipartisan basis. Both Democrats and Republicans have a good point.

I believe my party is right on the issue that you cannot fix this system unless you cover everybody. The reason that is the case is, you cannot build a market unless you cover everybody. Unless you cover everybody, there is too much cost shifting. The people who are uninsured shift their bills to the insured.

But my colleagues on the other side of the aisle—the distinguished leader from Kentucky and I have had this conversation on a number of occasions—they have valid points too. The Congress ought to be very careful about freezing innovation, about restricting private choice, about setting up price controls.

There is the sweet spot for a bipartisan bill: Democrats with good ideas, as Senator KENNEDY lays out in his wonderful essay, about expanding coverage; Republicans bringing creative ideas to the table about innovation and choice. Both sides have some valid points. That is what Senator KENNEDY is saying in his wonderful essay.

I see the leader on the floor. I hope colleagues will go to our Web site. That is where we lay out this free choice proposal. I think it is consistent with the idea of not blowing up the employer-based system but not saying we cannot improve on it. It gives new tools to both employers and employees to hold down costs. It ensures that all Americans will have choices, not just some.

I submit to colleagues, if folks in Virginia and Kentucky and Oregon come away from this and say that only some people got choices, that is not going to go down very well. Let's do what the President says on his Web site and give all Americans choices—choices such as we have in Congress from these big insurance pools, where you cannot discriminate and you have some leverage in terms of holding costs down.

It has certainly been a tumultuous week on this health care issue. But I

hope colleagues, this weekend, will pick up a copy of Newsweek and read the inspiring essay by Senator KENNEDY, who has led our body for more than 40 years—led the country—on this issue, and continues to lead us because there is a lot for us to build on now to finally end this injustice that we have not been able to fix our system so we hold costs down and all Americans get good, quality, affordable coverage. We can do it. We can do it this year, on the President's timetable, by working together.

Mr. President, with that, I yield the floor.

RECOGNITION OF THE MINORITY LEADER

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

CONGRATULATING SENATOR WYDEN

Mr. McCONNELL. Mr. President, I wish to take a moment to congratulate the senior Senator from Oregon for his extraordinary contribution to this most important topic. He has been open. He has been convinced of the need for bipartisanship and has been entirely constructive throughout this process, and we look forward to continuing our conversations in the weeks and months to come.

The ACTING PRESIDENT pro tempore. The Senator from Pennsylvania.

HEALTH CARE REFORM

Mr. CASEY. Mr. President, I rise this morning to speak on an issue that so many of us, not only here in Washington in the Senate and in the Congress, generally, but across the country have been concerned about, talking about, debating; and it is the issue, of course, of health care.

We have a long way to go over the next couple weeks and months. I know there is a lot of coverage and debate about timing and what is going to happen this week or next week or by the August break. But I believe we are going to get this done, and I think it is important we have a good debate about it.

I think too often in this debate we have focused on conflict and controversy as opposed to looking at some substantive parts of this legislation. I start this morning, as I have so many times when I have been discussing this issue over the last couple months, with a constituent, one person, but I think a person who speaks for many people across Pennsylvania and across the country. Her name is Trisha Urban.

She sent me a letter back in February that I have noted before. This letter, I think, tells us an awful lot about all we need to know about what is wrong with our health care system right now. Despite all the positive fea-

tures of it—great hospitals and medical personnel and people we can be justifiably proud of and boast about—there are problems with our health care system.

Trisha Urban, when she sent this letter in February, was recounting what had happened in her life just a few weeks before. She talked about her husband Andrew, who had to change positions in life, change jobs because he was completing an internship. She said:

Because of pre-existing conditions, neither my husband's health issues nor my pregnancy—

She referred earlier to the fact she was pregnant at the time of the letter—

... neither my husband's health issues nor my pregnancy would be covered under private insurance.

She said:

I worked 4 part-time jobs and was not eligible for any health benefits.

She says later in the letter that they lost their health insurance coverage, and they had close to \$100,000 worth of medical bills. Then she says:

Concerned with the upcoming financial responsibility of the birth of our daughter and the burden of current medical expenses, my husband missed his last doctor's appointment less than one month ago.

And this is how the story ends for this family. She talks about—just a few weeks before this letter—what happened to her. She says:

My water had broke the night before, we were anxiously awaiting the birth of our first child. A half-hour later, 2 ambulances were in my driveway. As the paramedics were assessing the health of my baby and me, the paramedics from the other ambulance told me that my husband could not be revived.

That is her story—a story of not having the kind of health care coverage that she and her husband and her new baby should have—the story of her husband missing his last doctor's appointment because of financial burdens and, of course, the tragic part of that story, which is the loss of her husband, the same day her daughter was born.

I do not think every story we have told about our constituents ends the same way. But the blessing here of this story, of this letter, is this: Trisha Urban could have said: Do you know what? I have a terrible burden and I can't handle this, and I am not going to try to talk to anyone about it. I am going to carry this burden myself. And she could go off and not be heard from again.

But she took the time to write to me. This is how she ends the letter. She does not just tell her tragic story and just say: Can you help me? And: I am in trouble. She thinks beyond herself. She thinks of an issue that is affecting so many Americans, and she says this:

I am a working class American and do not have the money or the insight to legally fight the health insurance company. We had no life insurance. I will probably lose my home, my car and everything we worked so

hard to accumulate in our life will be gone in an instant.

If my story is heard, if legislation can be changed to help other uninsured Americans in a similar situation, I am willing to pay the price of losing everything.

That is what Trisha Urban says to us. I would note that in this Senate Chamber, you can go to every single desk—100 Senators, including myself—every single desk, and if you were to ask a Member of the Senate: Do you have health care coverage? They would say: Of course. I am a Federal employee, and I get to choose a lot of options. You could say the same of people who work in the House and in the White House and in executive branch agencies. So individual Senators are taken care of pretty well.

So when Trisha Urban says to us in a letter: “I am willing to pay the price of losing everything,” when she says that, I believe she is not just saying it to tell us what is on her mind, what is in her heart in the aftermath of the tragedy, I believe that line and her letter and her whole story are emblematic of the stories of Americans across the country. I believe all those sentiments and all those details of her life present a challenge to us.

I am willing to pay the price of losing everything, she says to us.

The question is—or I should say one of the important questions is—over the next couple of weeks and months, as we debate this issue, what are we willing to lose? What are individual Members of the Senate willing to do and willing to lose to get this done? I believe part of that is having a constructive and thorough and far-reaching debate about not just the issues but what is in the legislation. I will spend some time on that this morning and I will for the next couple of weeks.

As a member of the Health, Education, Labor and Pensions Committee, we have a bill. Sometimes the fact that there is a bill and there is a lot of positive features to it gets lost in Washington. There is a lot of talk about conflict between Democrats and Republicans; there is a lot of talk about controversy or issues that are sometimes easy to debate or cover, but what has been lost in a lot of this debate over the last couple of weeks is what is in the bill. We are going to get to that. We won't get to all of it today, of course.

I believe the bill does a couple of things. First, it ensures that over time we are going to have stable costs. That is one thing American families are looking for, some kind of stability or peace of mind with regard to costs and with regard to other issues as well. So stable costs.

I also believe this legislation and the bill we are going to send to President Obama this fall will also have secure choices. If you like what you have, you like the plan you have, you can keep it. It is not going to change. If you want to make a change, you are going to have options.

Thirdly, it is about the quality of care. I believe the American people have a right to expect that we are going to control costs, that we are going to provide them with secure choices, but that we are also going to provide quality care. Any old health care, in my judgment, isn't good enough.

I believe the bill does all three things: stable costs, secure choices, and quality of care.

One of the threshold questions we have to answer in this debate is—because it is going to be a choice. We are not going to have a choice between 10 options on health care in a general sense or 5 options; we are going to have a basic, fundamental choice, as we do on a lot of issues. It is going to be one or the other, A or B, or A versus B, maybe, and here is the choice. The first question we have to answer is do we want to keep the status quo, do we want to keep perpetuating a system which has costs out of control for families and for businesses, for government, which doesn't offer the kind of quality care across the board—some get it, we know that, and it is good care—but is there enough quality care across the board? I would argue there isn't. Are we going to offer that and say it got too tough and we weren't willing to take some risks with an important bill, we decided to not do anything? That is the status quo. That is what we have now.

The other choice is change and reform. President Obama, fortunately, as a new President of the United States, has chosen to be about the business of reform and change. He has said to us, and I believe the American people have said to us: We cannot stay where we are. We cannot allow a system to perpetuate the problems we have right now. So that is the fundamental choice: the status quo, do nothing; or change and reform, working with President Obama and listening to the voices of the American people, people such as Trisha Urban and so many others.

So when we debate this—the status quo, stay where we are, versus change and reform—we have to begin to examine some of the questions the American people are worried about. They are worried about costs. They are worried about change and legislation not leading to a control of costs, the kind of stability we want.

One of the questions we are not spending much time in Washington debating is: What is the cost of doing nothing? What is the cost of doing nothing? What is the cost of the status quo? Well, fortunately, some people have begun to examine that. One of the examinations of that is a report by Families USA, and the report is entitled “The Clock Is Ticking.” It says: “More Americans Losing Health Coverage.” One of the points it has made—and of course I won't read the whole report—but one of the points it has made in the report is this: Here is what the

status quo means, here is what no change means: 44,230 more people losing health coverage every week. The report also goes on to talk about what it means in individual States; a State such as Pennsylvania where they are projecting over the next couple of years tens and tens and tens of thousands of people losing their coverage. By one estimate in this report, 178,000 more people just in Pennsylvania—just in Pennsylvania—losing their coverage.

I ask unanimous consent that this report, “The Clock Is Ticking,” by Families USA be printed in the RECORD.

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

[From Families USA]

THE CLOCK IS TICKING

MORE AMERICANS LOSING HEALTH COVERAGE

INTRODUCTION

In this turbulent economy, Americans are not only losing their jobs and their homes they are also losing their health coverage at an alarming rate. The latest data from the Census Bureau indicate that some 45.7 million Americans lacked health coverage in 2007, and economists believe that the situation has only worsened in the intervening months as the economic downturn has taken its toll.¹

Health reform is needed now more than ever. As health care costs rise, more and more families are priced out of health coverage. Increasing numbers of employers, especially small businesses, are no longer able to offer their employees affordable coverage, or in some cases, any coverage at all. If current economic trends continue, more and more Americans will lose the health coverage they currently have. National experts have predicted that at least 6.9 million more Americans will lose their health coverage by the end of 2010.²

In this report, Families USA provides the first ever state-by-state illustration of the number of people who may lose health coverage between the beginning of 2008 (the period immediately after the last Census Bureau report on the number of uninsured) and the end of 2010 (the close of the current 111th Congress).

KEY FINDINGS

With each passing week that meaningful health care reform is not enacted, more families in every state are losing health coverage (see table on page 2):

44,230 more people are losing health coverage each week.

191,670 more people are losing health coverage each month.

2.3 million more people are losing health coverage each year.

Families USA based its state numbers on national estimates published in the peer-reviewed policy journal *Health Affairs* in May 2009. These estimates project that 6.9 million more Americans, primarily people in working families, will lose health coverage by the end of 2010.³ The *Health Affairs* analysis, which focused on the time period between 2008 and 2010, is based on a model that assumes that, during this time period, there will be no policy changes with respect to the health care system. It further assumes that personal income growth and per capita health spending among insured adults will follow the latest projections from the Congressional Budget Office and the Office of the Actuary at the Centers for Medicare and Medicaid Services (CMS), respectively.

This time period is appropriate for Families USA's analysis because it captures potential losses of coverage between the most

recent Census Bureau calculations of the number of uninsured Americans (which reflect calendar year 2007) and the end of the 111th Congress (December 2010), which has taken up health reform as one of its major legislative goals.

In order to generate state-level numbers, Families USA calculated the share of uninsured, nonelderly individuals residing in each state using the most recent data reported in the Census Bureau's Current Population Survey for 2006–2007. We assumed that state losses in health coverage would parallel this distribution, and we apportioned the national estimate accordingly. The data suggest that the health care crisis is continuing to deepen across the nation, and that the longer Americans are forced to wait for health reform, the more people will lose coverage.

DISCUSSION

HEALTH INSURANCE PREMIUMS ARE RISING

Over the last decade, health insurance premiums have risen at rates that far outpace inflation. Between 1999 and 2008, the average annual family premium more than doubled, soaring from \$5,791 to \$12,680, an increase of 119 percent.⁴ During the same time period, the Consumer Price Index, which measures inflation, rose by only 29.2 percent.⁵ In the current economic downturn, working families are already struggling to afford basic necessities like groceries, car payments, gas, and housing costs.⁶ Paying for skyrocketing health care premiums is putting additional strain on families that are already financially strapped.

HIGHER PREMIUMS LEAD TO LESS HEALTH COVERAGE

These high and continually rising premiums affect families as well as employers, and the combined result is that more and more Americans are losing health coverage. Employers that do continue to offer health coverage are being forced to pass on the rising costs to their employees by imposing higher premiums or copayments or by offering plans that cover fewer benefits. Other employers are choosing not to offer coverage at all because it is simply too expensive. Between 2000 and 2008, the share of firms offering health coverage declined by 6 percentage points, with small businesses being the most likely to drop coverage.⁷ Among firms with fewer than 200 employees that do not offer their employees health coverage, a total of 70 percent cited high premiums as either the most important reason (48 percent) or the second most important reason (22 percent) that they do not offer coverage.⁸

Even if families are fortunate enough to have access to health coverage, either through job-based plans or through the individual market, they are still at great financial risk. In 2009, nearly one in four non-elderly Americans with insurance—53.2 million people—will spend more than 10 percent of their pre-tax income on health care.⁹ The problem is even worse for an estimated 14.3 million non-elderly Americans with insurance who will spend more than a quarter of their pre-tax income on health care in 2009. This financial burden means that some Americans are literally becoming impoverished in order to pay for health care costs.¹⁰

When families are pushed to the brink by the current health care crisis, some must

make tough choices between paying for health coverage and paying for other necessities, while others have no choice at all—they are simply forced to go without coverage. A previous Families USA report found that during the two-year period from 2007–2008, an estimated 86.7 million Americans under the age of 65—one in three non-elderly Americans—were uninsured.¹¹ The majority of these individuals (79.2 percent) were from working families where at least one family member was employed full- or part-time. These individuals either work for an employer that does not offer health coverage, or they cannot afford the coverage that is offered. The data presented in this report show that the number of people who find themselves in this situation is growing in every state (see table on page 2).

GROWING UNEMPLOYMENT CONTRIBUTES TO FURTHER COVERAGE LOSSES

Since the data presented in this report are based primarily on working Americans, they do not account directly for the effect that growing unemployment is having on losses of health coverage. Nonetheless, with the economy in recession, rising unemployment is almost certainly fueling additional increases in the number of people who are losing coverage. The Urban Institute estimates that every 1 percent increase in the unemployment rate leads to a 0.59 percent increase in the number of adults under the age of 65 without health coverage.¹² Between January 2008 and June 2009, unemployment swelled by 4.6 percent, so it is safe to assume that states will experience even greater losses of coverage between 2008 and 2010 than can be captured by our Key Findings.¹³

CONCLUSION

With each passing week, more Americans are losing their health coverage, and they will continue doing so if current economic patterns hold. Recent polling data show that Americans fear that instability in the availability and affordability of their health coverage will continue if health reform is not enacted.¹⁴ In order to stem the rising tide of uninsured in this country and to provide American families with stable health coverage that they can depend on, Congress should act expeditiously to pass health reform legislation. As this report suggests, the longer Congress waits to enact meaningful health reform, the more American families will lose coverage in each and every state.

ENDNOTES

¹Paul Fronstin, Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 2008 CPS Survey (Washington: Employee Benefit Research Institute, September 2008).

²Todd P. Gilmer and Richard G. Kronick, “Hard Times and Health Insurance: How Many Americans Will Be Uninsured by 2010?” Health Affairs Web Exclusive (May 28, 2009): w573–w577.

³Ibid.

⁴Kaiser Family Foundation and Health Research and Educational Trust, Employer Health Benefits: 2008 Annual Survey (Washington: Kaiser Family Foundation, September 2008).

⁵Consumer Price Index data from the Department of Labor, Bureau of Labor Statistics.

⁶Michael Perry, Julia Cummings, Julia Paradise, and Tanya Schwartz, Snapshots from the Kitchen Tble: Family Budgets and Health Care (Washington: Kaiser Commission on Medicaid and the Uninsured, February 2009).

⁷Kaiser Family Foundation and Health Research and Educational Trust, op. cit.

⁸Ibid.

⁹Kim Bailey, Too Great a Burden: Americans Face Rising Health Care Costs (Washington: Families USA, April 2009).

¹⁰Michelle M. Doty, Sara R. Collins, Sheila Rustgi, and Jennifer L. Kriss, Seeing Red: The Growing Burden of Medical Debt Faced by U.S. Families (New York: The Commonwealth Fund, August 2008).

¹¹Kim Bailey, Americans at Risk: One in Three Uninsured (Washington: Families USA, March 2009).

¹²John Holahan and A. Bowen Garrett, Rising Unemployment, Medicaid, and the Uninsured (Washington: Kaiser Commission on Medicaid and the Uninsured, January 2009).

¹³Unemployment data from the Department of Labor, Bureau of Labor Statistics, available online at http://data.bls.gov/PDQ/servlet/ServletOutputServlet?data_tool=latest_numbers&seriesid=LNS14000000, accessed on July 8, 2009.

¹⁴Memo from Jim Kessler and Anne Kim to Interested Parties, Offering Stability to Harry and Louise—A Strategy to Get to Yes on Health Care Reform (Washington: Third Way, July 6, 2009), available online at http://www.thirdway.org/data/product/file/224/Getting_to_Yes_with_Harry_and_Louise.pdf.

Mr. CASEY. Mr. President, the cost of doing nothing also has been examined, using those words, by the New America Foundation. This particular report is dated November 2008 and is written by Sarah Axen and Elizabeth Carpenter. The name of this report is exactly those words: “The Cost of Doing Nothing.” The subtitle of the report is “Why the Cost of Failing to Fix Our Health Care System is Greater than the Cost of Reform.” The cost of failing to fix is greater than any other cost.

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

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

[From the New America Foundation, Nov. 2008]

THE COST OF DOING NOTHING

WHY THE COST OF FAILING TO FIX OUR HEALTH SYSTEM IS GREATER THAN THE COST OF REFORM (By Sarah Axen and Elizabeth Carpenter)

PENNSYLVANIA

Pennsylvania's economy lost as much as \$5 billion because of the poor health and shorter lifespan of the uninsured in 2007. This equates to more than \$4,200 per uninsured Pennsylvania resident.

TABLE 1.—ECONOMIC COST OF FAILURE, 2007

(Ranked by high bound and per uninsured)

Low Bound	High Bound	Rank (High Bound)	Per Uninsured Cost	Rank (Per Uninsured)
\$2.68 Billion	\$4.96 Billion	41	\$4,219	24

By 2016, Pennsylvania residents will have to spend nearly \$27,000 or close to 52 percent of median household income to buy health

insurance for themselves and their families. This represents a 93 percent increase over

2008 levels and the sixth highest premium cost in the country.

TABLE 2.—AFFORDABILITY OF PREMIUMS
[Ranked by level in 2016 and percent change]

	2008	2016	Rank (2016)	Percent Change	Rank (%)
Full Cost of Family ESI	\$13,906	\$26,879	46	93.3%	41
Full Cost of Family ESI as a Share of Median Household Income	28.1%	51.7%	38	n/a	n/a

People seeking family health insurance through their employer in Pennsylvania will have to contribute more towards premiums than residents of all but one state. They will

also experience the second greatest percent change in their premium contributions nationwide. By 2016, people in Pennsylvania seeking family coverage through their em-

ployer will have to contribute almost \$9,000 to the cost of the premium.

TABLE 3.—AFFORDABILITY OF PREMIUMS: EMPLOYEE CONTRIBUTIONS
[Ranked by percent change]

	2008	2016	Percent Change	Rank
Family ESI	\$3,510	\$8,830	151.56%	50

The amount Pennsylvania residents will have to pay to see a doctor will grow to \$29 by 2016.

TABLE 4.—BENEFITS: COPAYMENTS AND DEDUCTIBLES
[Ranked by level in 2016 and percent change]

	2008	2016	Rank (2016)	Percent Change	Rank (%)
Average Copayment	\$19	\$29	17	53.6%	38
Average Deductible	\$1,223	\$1,889	10	54.5%	21

Mr. CASEY. I will submit for the RECORD only two pages of this; it is a long report. It includes the cover page and then a page on Pennsylvania which I will briefly refer to, and then I wish to talk about how the report implicates and examines the information on the chart I have on my left.

Here is what the report says on page 86 for Pennsylvania. It is true of a lot of States, but unfortunately for Pennsylvania, it is a higher number. I am quoting from part of page 86:

By 2016—

Just 7 years away—

Pennsylvania residents will have to spend nearly \$27,000, or close to 52 percent of median household income to buy health insurance for themselves and their families. This represents a 93 percent increase over 2008 levels and the sixth highest premium cost in the country.

So in Pennsylvania, if we do nothing, if we stay on that road to the status quo, which I believe is the road to ruin when it comes to the budgets of our families and our businesses—if we stay on that road, for Pennsylvania, it means that by 2016, the people of Pennsylvania will be paying 52 percent of their median household income to buy health insurance for themselves and their families. That is what it means. That is what the status quo is. That is where we are headed if we say, Well, we couldn't get the job done here in Washington.

The chart on my left is also a chart that reflects the work of the New America Foundation, "The Cost of Doing Nothing." These are U.S. numbers between 2008 and 2016. The cost of premiums now, as of 2008, is \$13,244, going up to \$24,291; in just 8 years, an

83.4 percent increase. That is the status quo. That is where we are headed. That is where we are going if we listen to the voices in Washington that say it is too tough to do this. People are not ready for this yet. There are too many powerful special interests telling us not to do it. It might be insurance interests, it might be business interests, or it might be very partisan politicians telling us we shouldn't do this. That is the cost of doing nothing. That is the status quo.

I will go to the next chart which again is from this report, "The Cost of Doing Nothing," and this is a U.S. number as well: Share of household income spent on premiums climbing. As I said, in Pennsylvania, where the share of median household income would go up to 52 percent, in those few short years, 7 or 8 years—the U.S. number fortunately for the rest of the country is a little less, but it is still very high. So if we do nothing, if we stay where we are and do the same old thing—run-away costs, lower quality, no prevention, all of the things we are not doing now—we will go from a median family income, them paying 26 percent of their income for health care, which is high in and of itself, to paying over 45 percent of their income for health care. Again, this chart depicts the status quo, the cost of doing nothing.

When we talk about costs here, we have to talk about the cost of doing nothing. What people are paying now is in my judgment too high. We ought to try to bring that number down, but we should certainly avoid at all costs that number going up for the American people.

I don't know too many families out there—maybe there are a few—but I don't know too many families in America and I don't know any in Pennsylvania who have come up to me and said, You know what. Don't worry about getting health care done because in 7 or 8 years I will be able to afford 52 percent of my income to go to health care. I haven't heard that from anybody in my State. I doubt there is anybody in America who will say, You know what. Let's not do anything. Let's stay on the road we are on. I can afford and my family can afford to pay 45 percent of our income to health care in a couple of years. Don't worry about it. We are going to be fine. So that is what the status quo is, and that is where we are headed.

Finally, I would conclude with this. When we listen to the voices of the American people, people such as Trisha Urban, as I mentioned before, who in her letter to me of February, right in the middle of the letter said this: She talked about her husband having to make a change, that he had to leave his job for 1 year to complete an internship requirement to complete his doctorate in psychology. So as he is trying to advance his education, he pays a health care price. That is another whole part of this story, before he died. She said the internship was unpaid and they could not afford COBRA.

Why should a change in someone's life to improve their education to complete a doctorate affect their health care? That is the system we have. That is the status quo.

But then she says:

Because of preexisting conditions, neither my husband's health issues nor my pregnancy would be covered under private insurance.

Because of preexisting conditions. So because her husband had a heart problem and because she was pregnant, that works against them. That is the system we have for too many families.

So when people talk about: Oh, the HELP Committee passed a bill, the Affordable Health Choices Act, which I believe does stabilize costs and ensures quality and secures our choices, it is more than that, it is more than the headlines and the descriptions. We can go right to the bill language and show how this legislation, in a very specific way in a number of instances, responds to what Trisha Urban has told us in her letter, what she has challenged us with. She didn't write to me to say, Well, this preexisting thing is kind of a nuisance. It was a bar, an impediment to her and her family getting health care, basic health care. Why should this even be something we have to legislate about? One would think that in America today, with all of the wealth we have and all of the great power, we would have fixed this years ago, but we have families who are not getting health care because the insurance company says you have a preexisting condition. Sorry, you have to wait; or sorry, you get no treatment at all.

That is the status quo, and that is one of the costs of doing nothing. How do you calculate a preexisting condition being a bar to you getting coverage? I don't know. I know one thing: Despite all the talk in Washington about what this might mean, who is arguing with whom, what the debate is about between Democrats and Republicans, in this bill we answer Trisha Urban's question on preexisting conditions. Here it is.

This is bill language not some talking point or some general description. This is in the bill that sometimes people in Washington don't want to examine because the language is reform. The language is against the status quo. The language on this provision, especially, is a dramatic change in policy—something the insurance companies have not wanted to do on their own. The American people are finally saying, through their elected representatives and this bill, that we are going to make sure preexisting conditions don't bar treatment, that preexisting conditions don't prohibit Trisha Urban and her family from getting the kind of health care they deserve.

Here is what section 2705 says:

Prohibition of preexisting condition exclusions or other discrimination based on health status.

The American people want to know what is in the bill.

A group health plan and a health insurance issuer offering group or individual health insurance coverage may not impose any preexisting condition exclusion with respect to such plan or coverage.

It is right in the bill. There are some people here who would not talk about

that because they would rather debate no bill. They would rather debate, well, we have a suspicion that it is going to cost too much. But they don't show any evidence, and they don't have a competing argument or a bill. This is right in the bill—"may not impose any preexisting condition."

That is a dramatic change in health care policy in America in 2009. It is not part of the debate. For the next couple of weeks and months, what we are going to do is tell people a lot about what we have been working on in Washington. Day by day, we will tell them what is exactly in this bill, and we will keep talking about it so more people understand it.

Unfortunately, some would not understand it because the special interests in Washington would rather talk about the perceived controversy.

I suggest that people go to the Web site for the committee that worked on this bill. The HELP Committee Web site is help.senate.gov. Go to that Web site and review the language on preexisting conditions or anything else. I believe at the end of the day, it is going to be very clear who stands for the status quo and doing the same thing and no change versus what the President and a lot of us are trying to do, which is change, reform, and give people, such as Trisha Urban, some peace of mind, some stability to know that she and her family—which is, now that her husband is gone, she and her daughter would not have to worry about this ever again.

Isn't that what we ought to be doing? I think we can do that together and in a bipartisan way. I believe we have no choice but to turn away from the status quo and go down the path of change and reform.

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

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. McCAIN. Mr. President, what is the parliamentary situation?

The ACTING PRESIDENT pro tempore. We are in morning business.

Mr. McCAIN. Is the Senator from Delaware waiting to speak?

Mr. KAUFMAN. Yes.

Mr. McCAIN. I am glad to follow the Senator from Delaware.

SOTOMAYOR NOMINATION

Mr. KAUFMAN. Mr. President, I rise today in support of the nomination of Judge Sonia Sotomayor to be the Associate Justice of the U.S. Supreme Court.

Last week, the Judiciary Committee held 4 days of hearings in Judge

Sotomayor's nomination, including 2½ days of testimony from the judge herself.

I came away from these hearings deeply impressed with her intellect, thoughtfulness, demeanor, and integrity. These characteristics, already plainly evident in her judicial record and lifetime of accomplishment, shone even more brightly in last week's hearing.

Her respect for the law, for precedent, and for the prerogatives of the Congress will help ensure that the Supreme Court is a place where every party, whether powerful or powerless, can get a fair hearing.

In short, the hearings confirmed that Judge Sotomayor has all the essential qualities that will enable her to serve all Americans well, and the rule of law, on our Nation's highest Court.

Mr. President, my support for Judge Sotomayor is even stronger given our current economic circumstances. One might ask, what is the connection between our national economy and the Supreme Court nomination? The answer lies in the fact that today, while we have a real need for significant financial regulatory reform, we also face a Supreme Court too prone to disregard congressional policy choices.

I raise the economic crisis, and the regulation that will be necessary to prevent the next crisis, because I am concerned that the current Supreme Court is overly protective of corporate interests at the expense of everyday Americans.

As I watch this Court, I am reminded of the recent observation by legal commentator Jeffrey Toobin that the record of the current Chief Justice "reflects a view that the court should almost always defer to the existing power relationships in society."

As Toobin reports, in every major case the Chief Justice sided with the corporate defendant over the individual plaintiff. In business cases before today's Supreme Court, I am worried that it is possible to predict the outcome simply by knowing the parties and the nature of the dispute. The facts and the law sometimes seem secondary. For example, in *Leegin v. PSKS*, the Court overturned 96 years of precedent and effectively legalized agreements between manufacturers and retailers to fix prices. In *Exxon v. Baker*, the Court sided with a company that recklessly destroyed the livelihoods of tens of thousands of Alaskans, dramatically reducing their punitive damages award that represented just a small percentage of the company's earnings. In *Gross v. FBL Financial Services*, the Court made it more difficult to prove age discrimination. And in *Ledbetter v. Goodyear*, the Court made it impossible for many plaintiffs to recover for unequal pay based on intentional sexual discrimination. So egregious was the *Ledbetter* decision that the Congress made sure legislation overturning it was the first bill to reach President Obama's desk. And legislation is pending that would overturn