

## MORNING BUSINESS

Mrs. MURRAY. Madam President, I ask unanimous consent the Senate proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

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

Mrs. MURRAY. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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 Madam President, I ask unanimous consent the order for the quorum call be rescinded.

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

## HEALTH CARE REFORM

Mr. GRASSLEY. Madam President, we have been waiting for many weeks while the Democratic leadership worked behind closed doors to write a new health care reform bill. Rather than trying to build consensus for a bill that could get broad-based support, they toiled in secret, but at long last this new health care reform plan is finally public. They have come forward to at last reveal the legislative language for a health care reform bill that the Democrats intend to bring to the floor.

We know where they started. We know the changes they made along the way. Those in this Chamber will recall that we worked for months in the Senate Finance Committee on health reform. Senator BAUCUS and I worked very carefully in committee to try to develop a bipartisan reform plan.

Health care, as everybody knows, is one-sixth of the economy. If that economic fact is obscure to people, \$1 out of every \$6 in the United States is spent on health care.

We are, of course, to spend upward of \$33 trillion on health care in this country over the next decade—\$33 trillion. Already our health care system is on an unsustainable path. Our current health care entitlement programs, at least the two, Medicare and Medicaid, are both on very unsound financial footing. Not only are both programs in jeopardy financially, but the magnitude of the problem is a real threat to the Federal budget.

Starting in 2008, the Medicare Program began spending more out of the hospital insurance trust fund than it is taking in. That deficit spending at the trust fund is the beginning of the end of Medicare unless Congress steps in and does something to maintain that trust fund. The Medicare trustees have been warning us for years that the hospital insurance fund—the trust fund, that is—is going to go broke. They now predict that year of going broke is 2017. To keep Medicare going for future retirees means finding a way to bridge the gap for the \$75 trillion of unfunded liability, and this must be done in a

manner that does not worsen the health care quality or access for beneficiaries.

Likewise, the Medicaid Program, which serves 59 million low-income pregnant women as well as children and the families, is on a very shaky financial ground.

We have the Government Accountability Office reporting to Congress that States—meaning the 50 States—are reaching a crisis with their part of the Medicaid Program. The Government Accountability Office models predict that State spending will grow faster than State revenues for at least the next 10 years. The impact of declining revenues is very clear. I quote what the GAO has said about this situation:

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

This, too, is the crisis facing the Medicaid Program today. So both of the two major Federal health care programs are in very serious trouble. These are major problems with some of the most significant implications for our entire country and the 300 or more million people who live here. If reforms to health care are not done carefully—and I say “carefully” because I am not saying they should not be done—this is going to make the situation far worse, not better. Anyone listening would have no doubt of the ability of Congress to make it worse.

These dire economic implications are not the only thing at stake with health care reform. Besides the significant economic implications of health care reform, this is a bill that affects everyone in another very important way. It affects everyone’s health by changing the way we get health care in this country. It touches the lives of every family, every senior, every child, every student. In plain language, it affects everybody: the 306 million people who live here now and the many more people who will be living here in the future.

It makes changes to health care that will be nearly impossible to undo. The reforms these bills contemplate will make long lasting changes to our health care system. These are changes all of us will have to live with for decades to come. Health reform presents this Chamber with a bill that has significant economic implications at a time when all eyes are focused on the economy, so focused on the economy that it almost reminds me of how President Clinton got elected on the campaign slogan, “It’s the economy, stupid.” This health care reform bill is a bill that will make permanent changes to our system of health care.

For all of these reasons, it makes it all the more important that changes of this magnitude be done with broad-based support in this Chamber and across the country. This broad-based

support was something Senator BAUCUS and I focused on in our work on the Finance Committee, as we were trying to bring forth a bill that would be bipartisan.

In the Finance Committee, we believed strongly that a bill of such significance should be done with broad-based support; in other words, health care is a life-or-death issue for every American, and it affects \$1 out of every \$6 spent in America. Because it is so big, that is the basis for that statement “broad-based support.”

Under the leadership of Senator BAUCUS, chairman of the Finance Committee, we started last year with a bipartisan health care reform summit. We held 20 hearings. We held three public forums this year on options for financing, coverage, and delivery system reform. We invited in experts from across the country. We invited anyone to submit input to the committee on those options, and we received over 600 sets of comments on the option papers.

Senator BAUCUS and I developed the broad outlines of what we believed would be a good reform package. That broad outline reflected the input we had from that very open and public process. We took that outline, and we sat down with four other leaders on the issue of health care in this very Chamber. That group soon became known as the group of six. That group began meeting in June to take that framework and finish the important details. We met for untold hours. We consulted with experts at the Congressional Budget Office and the Joint Committee on Taxation. We invested a tremendous amount of time and effort to develop a bipartisan package.

Then what happens around here too often? People get impatient. In this case, the Democratic leaders got impatient. They wanted the reform bill to be finished faster. They were more concerned with health care reform getting done right now rather than getting done right. We said we needed to give the process the time it needed. We said we were not going to be bound by arbitrary deadlines. We wanted to get the job done right. But when the first of September rolled around, they were not willing to give the group of six any more time.

As a result, the Democratic leaders pulled the plug on that bipartisan work, and the hope for a bill with broad bipartisan support ended at that point. Ultimately, the Finance Committee reported out a bill that did not have that broad bipartisan support, the support we had hoped for earlier in the year. The bigger and far more liberal agenda driven by the White House and the Democratic leadership went beyond where the true consensus on reform exists.

Now the next step in this process has been to merge together the bills from the HELP Committee and the Finance Committee. That job fell to the Democratic leader and the chairmen of the two committees. But, ultimately, their

leader even excluded the chairmen from the process. That process began on October 2. So the rest of the Senate has been waiting ever since that time to see what would emerge from behind closed doors just across the hall.

But then people started to complain about how long it was taking to develop the merged bill. When that happened, lo and behold, we started to hear from the Democratic leader what the group of six had been saying. That leader, too, started saying he was not going to be bound by any artificial timeline. He, too, started saying he was going to take whatever time he needed. Imagine our shock and dismay when we heard this. All the impatience we heard about how long our bipartisan process was taking, the criticism we took.

So they pulled the plug on that effort out of impatience. My suspicion is that only now is there a realization of how hard it is to assemble a comprehensive health care reform plan. Now at long last, that merged bill is before us. Now we know what is in it. The bill has undergone many changes since the Democrats decided to do a partisan bill. They are not positive. They have moved more and more to not only a partisan agenda, they have moved to an extreme agenda. It is an agenda so extreme, they are having difficulty finding votes among Democratic Members. They have 60-vote control of this body. They have an overwhelming majority in the House. Yet they are trying to blame Republicans for slowing down the process.

Surely they don't expect 100 Senators to get this done faster than it took a leader behind closed doors to get the bill done, to put together the two bills between the Finance Committee and the HELP Committee, what we have before us or will eventually have before us. But it is not Republicans who are slowing this down. It is not because of Republicans that it took so long to merge these two Senate bills. It is not because of Republicans that it took the House so long after July to finally vote on the bill.

The reason for the difficulties is that their leftwing is driving the health reform agenda so far to the extreme left. It is so far to the left that they are having trouble getting everyone on their side to support that agenda? In the other body, 39 Democrats voted against Speaker PELOSI's plan, and you can be sure that we would have seen a bill in the Senate much sooner than now if all Democrats were lined up behind this effort.

But this is where we are. Now let's look at what has been produced, what changes have been made to produce the merged bill. I will highlight a few of the changes I find most disturbing. As I highlight these issues, it will be clear that this bill is already sliding rapidly down the slippery slope to more and more government control of health care. It still has the biggest expansion of Medicaid since the program was cre-

ated in 1965. It still imposes an unprecedented and intrusive Federal mandate for coverage backed by the enforcement authority of the Internal Revenue Service. It still increases the size of the government by \$2.5 trillion when fully implemented. It has gotten even more expensive since the Finance Committee started. It still gives the Secretary of Health and Human Services the power to set prices and define benefits for private health plans. That is a lot of government power in Washington over people's lives. It still will cause health care premiums for millions to go up.

As I said when this process started, the bill released by the Finance Committee was an incomplete but comprehensive, good-faith attempt to reach bipartisan agreement. But ever since that moment, the bill has moved further and further away from that approach on several key issues. Now we can see clearly that the bill continues its march leftward. It continues to take shape into an extreme agenda driven by the far left. This far left partisan change is precisely what my party feared would occur at later stages in the legislative process.

Today we see these fears were legitimate and justified. Nevertheless, I still hold out hope that at some point the doorway for bipartisanship will again open. I hope at some point the White House and leadership will want to correct the mistakes they made by ending our collaborative, bipartisan work of 3 months during the summer. I hope at some point they will want to let that bipartisan work begin again. Then they need to back that effort and give it the time needed to get it right rather than getting it done right now. It is clear that today is not the day that is going to happen.

I yield the floor.

The PRESIDING OFFICER (Mrs. McCASKILL). The Senator from Colorado.

Mr. BENNET. Madam President, I am pleased to be here today with my colleague from New Hampshire to talk about fiscal accountability in the context of the health care reform discussion we have been having.

Back in Colorado, people are not talking about far-left or far-right or Democratic or Republican. That is not what concerns them. What concerns them is that for the last 10 years they have seen double-digit increases in the cost of their health insurance, year-in and year-out, at a time, by the way, when their incomes actually declined.

Even before we were in the worst recession since the Great Depression—which we are in today—during the last recovery, the Bush recovery, it was the first recovery in the history of the United States when median family income actually declined. It was, in effect, for a working family a recession, and they are now having to recover not just from the greatest recession since the Great Depression but from a 10-year period when they actually fell be-

hind in terms of their income. What was happening at the same time their income was going down? The cost of health insurance was going up, by 97 percent in my State. By the way, higher education was going up by 50 percent during this same period.

What we have said to working families before this recession and now in the depths of this recession is that they are expected to do more with less. They are threatened by politics in Washington that for decades has allowed special interests to get in the way of our passing meaningful health care reform for working families and small businesses. At the same time, we have tripled our Federal budget deficits and added to the national debt, as we have been unable to deliver for families all across the United States.

Well, today we are closer than ever to meaningful health care reform that lowers costs, reduces the Nation's long-term deficits, and improves access to quality, affordable care for Colorado's families. With the release of the Patient Protection and Affordable Care Act, we have taken a major step forward. This bill will help put our Nation back on a track to fiscal responsibility.

There is much more we need to do to get us where we need to be. I am the father of three little girls who are 10, 8, and 5, and I am desperate about the amount of debt we have loaded up on our Federal Government, about the size of our Federal budget deficit. While reforming health care is not sufficient to fix that problem, it is a very important step forward. Our Nation's annual deficits are enormous and our debt is staggering. Health care reform, as I said, must help solve that problem, not make it worse.

I, for one, have said from the very beginning of this debate that I would not support a health care reform bill that added a dollar to our deficit. I am very pleased to see that the bill the leader has produced does not do that.

We must pass effective reform that will rein in skyrocketing costs in both the public and private sectors and help to solve the fiscal problems that threaten our economy and our kids' futures. Without reform, if we just hold on to the status quo, if we listen to the siren call of special interests, out-of-control health care costs will place an ever higher burden on government expenditures and create structural deficits that could persist for decades as a drag on economic recovery and growth, with deficits and debt for as far as our eyes can see.

Rising health care costs—especially Medicare costs—are the largest driver of our deficits. Our Nation's health care spending today is 17 percent of our gross domestic product. It is slated to grow to over 20 percent in the blink of an eye. Health care will soon account for one-fifth of our economy. That might not be such a big deal if every other industrialized country in the world was not devoting less than half of that as a percentage of their GDP to

health care. It is like having two small businesses, one across the street from the other, and one is spending a fifth of their revenue on their light bill and the one across the street is spending less than half that. You do not need an MBA to know which of those small businesses is going to be able to invest in their business plan and grow. If we expect to be able to compete in the global economy, we need to devote a smaller percentage of our GDP to health care.

Since 1970, every year for almost 40 years—year-in and year-out—Medicare spending per person has risen by over 8 percent a year and private insurance spending per person has risen by over 9 percent a year. We cannot expect reform to begin at the private or employer-based level. We must drive these costs down at the Federal level by reorienting our Medicare incentive structure.

The Congressional Budget Office Director, Doug Elmendorf, has said that the “rising costs for health care represent the single greatest challenge to balancing the federal budget.” If you are embracing the status quo, you are embracing skyrocketing deficits.

The White House Budget Director, Peter Orszag, agrees, saying:

The single most important thing—

“The single most important thing”—we can do to put the nation on a sounder long-term fiscal footing is to reduce the rate of growth of health care costs. Period.

Meanwhile, the cost of health insurance is eating into family budgets faster and faster. About 20 years ago, the cost of an average family health care policy was \$4,700 in Colorado, representing 12 percent of the average family’s income. Today, an average family’s health care policy costs roughly \$12,000, amounting to 20 percent of the family’s income, going, by 2016, if we do nothing, to 40 percent of their income.

Middle-class wages are not even close to keeping up with these rising insurance costs. In fact, median family income in this country fell by \$300 as health care costs increased by 80 percent just while the last administration was in office.

Looking outside the confines of the budget context, health care reform will contribute significantly to economic growth. Health care reform will rein in skyrocketing health care costs and achieve close to \$2 trillion of savings through the entire health care system—savings that will result in real economic gains to families and businesses. The Council of Economic Advisers estimates that slowing health care costs will increase gross domestic product by 2 percent in 2020 and by 8 percent in 2030.

After 8 years of irresponsible deficit spending, this legislation will be budget neutral and will put us on course to reduce the deficit over the long term. It is no wonder that people doubt this is actually happening because it has been so long since this body was actu-

ally able to do something that was deficit neutral. In this case, we are actually going to improve our deficit situation.

The Congressional Budget Office report confirms that the Senate bill is fiscally responsible and will reduce the deficit. Specifically, the report says the bill cuts the budget deficit by \$130 billion over 10 years; cuts the budget deficit by \$650 billion in the second decade; extends coverage to over 94 percent of Americans, including a 31 million-person reduction in the uninsured; costs \$849 billion; and achieves almost \$1 trillion in cost savings.

Just this week, a bipartisan group of more than 20 leading economists released a letter urging passage of meaningful health reform. The economists said our provisions to improve delivery system reform and slow the growth of health care costs “will reduce long-term deficits, improve the quality of care, and put the nation on a firm fiscal footing.”

The challenges facing our health care system are not new. They are old. But if we fail to act, they will surely get worse, meaning higher premiums, skyrocketing costs, and deeper instability for those Americans who have coverage.

Today, thanks to a lot of hard work from a lot of people, we are closer than ever to enacting solutions to these problems and getting a finished bill to President Obama’s desk as soon as possible.

Now is the time for us to set aside the childish politics that put us here. Now is the time to ignore the siren song of special interests. Now is the time for us to create a meaningful health care reform for working families and small businesses all across the United States.

Madam President, I yield the floor and look forward to hearing the remarks of my colleague from New Hampshire.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Thank you very much, Madam President.

I rise to join my colleague, Senator BENNET from Colorado, to express my strong support for moving forward to consider the Patient Protection and Affordable Care Act.

My office has responded to thousands of letters and phone calls about health care since we began this debate. I have traveled all across my home State of New Hampshire, talked to small business owners, talked to families who are desperate for help and to health care providers who are frustrated with our current system. Time and time again, what we have heard is that our health care system is not working. Costs are too high. Access is too limited. The status quo is not sustainable.

Now is the time to act. To put it very simply, our health care system is too expensive for families, for workers, for business owners, and for our Nation’s economy. I think Senator BENNET laid

out very clearly why, if we are going to be fiscally responsible, we have to address health care reform now. It is critical for the Senate to act.

I thank Majority Leader REID and Senators BAUCUS, DODD, and HARKIN, who have led the effort to bring forward the Patient Protection and Affordable Care Act. This is a very good starting point, and contrary to what we have heard, it incorporates many of the changes that have been offered by our Republican colleagues over these past months we have been working on health care.

This bill will help ensure Americans have greater access to quality affordable health care, and it will help begin the transformation within the health care system that is necessary if we are going to contain costs to accomplish the fiscal improvements Senator BENNET talked about.

I think particularly important is the fact that the Patient Protection and Affordable Care Act is fully paid for, so it will not increase the deficit one dime. In fact, by eliminating waste, fraud, and inefficiencies, by doing a more cost-effective job of providing health care, the bill is projected to reduce the deficit by almost \$130 billion over the next 10 years. That is what I want to talk about this afternoon—some of those ways in which we can provide health care more cost-effectively and also improve health outcomes for people.

Research shows us that spending on health care does not necessarily translate into better health care. I am proud of the Dartmouth Institute for Health Policy, which is in my home State of New Hampshire, because it has been leading the way on some of this important research. What Dartmouth’s research shows us is that when patients are engaged in their treatment decisions, they will choose the less invasive and less costly procedures 40 percent of the time. So almost half of the time, we know patients, when they are involved, are going to choose the less costly procedures—not only that, they are going to be happier about those treatment decisions. We know, based on this research, that the health care system can do better in so many cases for less and that we can recoup savings in our system.

One example of that, which I have worked hard on, along with Senator COLLINS from Maine, is something we call the Medicare Transitional Care Act. Experts estimate that we can save \$5,000 per Medicare beneficiary if we can reduce costly readmissions. That is what our work shows. Medicare costs can be reduced and we can offer better support and coordination of care to Medicare patients if we keep seniors who are discharged from the hospital from unnecessarily returning. We know that 30 percent of seniors who are discharged from the hospital, who are on Medicare, are going to get readmitted within 90 days because we do not do a

good job of providing for that transition. If we add a benefit through Medicare that helps with that transition, we have a commonsense solution that will improve the quality of health care for our seniors and save taxpayers money. I am very pleased that this provision is included in the health care bill that is before us now or that we hope will be before us soon.

We can also contain health care costs by improving access to lower cost generic drugs. Again, that is something that is in the health care reform bill we are going to be considering. It gives people access to those lower cost generic drugs in a way that saves, generally, anywhere from 25 to 35 percent for generic drugs. It also sets up a process to give people access to lower cost biologic drugs—something we do not yet have, the ability to set up a process to give people access to generic biologics. So that is going to be able to save people money.

This legislation we hope to be able to work on will help Americans access lower cost medications. It will save taxpayers money. This is our opportunity to improve the quality of care available to Americans and to control costs at the same time. It is critical we achieve this for the citizens of New Hampshire and for all Americans. The Patient Protection and Affordable Care Act is a very important step forward. I hope all my colleagues will, as we debate this bill, look at the important changes we are making and decide this is our opportunity to get real, meaningful health care reform done.

Thank you, and I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri is recognized.

#### SEPTEMBER 11 TERRORISTS' TRIALS

Mr. BOND. Madam President, faith has written many painful chapters in America's history. Each is sharply engraved in our memories. Many involve military conflict: the British burning of Washington, the Civil War, Pearl Harbor, Iwo Jima, Pork Chop Hill.

Others were singular acts of aggression, such as the bombing of the Oklahoma City Federal Building, the assassinations of Martin Luther King and Presidents Lincoln, McKinley, and Kennedy.

September 11, 2001, is the latest painful chapter in American history, one that forever will be burned into our memories as a day of horror unlike any we have experienced before. The sheer magnitude and deliberate evil of the attacks that day defy comprehension. Who among us will soon forget the wrenching images of passenger planes used as missiles aimed at the World Trade Center Towers and the Pentagon or the people diving out of 70-story windows to avoid being burned again, and the heroic and selfless final acts of passengers aboard Flight 93 as it headed toward the Nation's Capital? Who among us will forget the pictures and

the hopeful messages that sprang up around the area where the World Trade Center once proudly stood as relatives searched in vain for loved ones?

Three thousand men and women perished that day at the hands of terrorists who cared nothing for the innocent lives they stole. As the towers fell, their comrades and sympathizers, including Khalid Shaikh Mohammed, diabolically cheered the devastation.

It is these memories of 9/11 that make last week's decision by the Obama Justice Department to give the mastermind of these attacks and his associates all the rights and benefits of a civilian trial in New York City unexplainable and compel me to rise to voice my strong objection to that decision.

It is an insult to the memories of those who were brutally murdered on September 11 that the perpetrator of these cowardly acts will sit in a courtroom blocks away from Ground Zero and reap the full benefits and protections of the U.S. Constitution. Even worse than the insult to the victims and their families is the dangerous precipice the Obama Justice Department has now crossed with this foolhardy decision. Earlier this year, the Homeland Security Secretary signaled an alarming change of perspective about the nature of the enemy we face. No longer would we call the acts of terrorism what they are: acts of war. Instead, according to Secretary Napolitano, the accepted terminology for an attack such as 9/11 would now be a "man-caused disaster." Apparently, 9/11 was no different than a forest fire started by an arsonist.

This initial change in terminology was troubling enough, but trying Khalid Shaikh Mohammed and his 9/11 associates in civilian Federal court sends a loud and clear signal that this administration is now comfortable recasting certain acts of terrorism as simply what the Attorney General calls "extraordinary crimes." I have to wonder if the Attorney General thinks Pearl Harbor was an extraordinary crime. In the logic of this administration, murdering 3,000 civilians, including servicemembers at the Pentagon, is an extraordinary crime, justifying trial in a civilian court. Yet killing 17 servicemembers aboard the USS Cole is an act of war or the murder of 13 servicemembers at Fort Hood justifies continued proceedings before the military commissions. This arbitrary distinction makes no sense and shows a disturbing lack of understanding of the nature of this war.

It also creates a perverse incentive for terrorists to attack civilians so they may benefit from our treasured constitutional protections. KSM understood the benefits of these protections when, as former CIA Director George Tenet has said, KSM defiantly told CIA interrogators after his capture: "I'll talk to you guys after I get to New York and see my lawyer." He was counting on going to New York to get the protections of our Constitution.

Words are simply words, but the mentality that these words represent is dangerously naive. Whether it is called a man-caused disaster or extraordinary crime, refusing to treat the September 11 perpetrators as terrorists, deserving only of a trial before a military commission, is a dangerous throwback to the pre-9/11 mentality that resulted in the attack on the USS Cole, the bombings of our embassies, and the first World Trade Center bombing.

Ordinarily, I support the concept of prosecutorial discretion and the right of the executive branch to bring criminal actions against perpetrators as supported by the facts. But in this instance, this discretion must give way to the larger national security interests of our country. In spite of the stated intention of KSM to plead guilty in the military commission, the Attorney General has asserted he believes there is a greater chance of success against these 9/11 coconspirators in civilian court. This belief—one I do not share—does not justify the enhanced risks to our security and the dangerous precedent for the treatment of future terrorists this trial will bring.

That this case will establish a very bad precedent was made clear by the Attorney General in his testimony before the Senate Judiciary Committee, when he summarily dismissed concerns that the decision to bring 9/11 coconspirators into the Federal justice system would preclude an intelligence community interrogation of Osama bin Laden if he were captured. The Attorney General refused to say whether bin Laden would be given Miranda warnings upon capture and claimed "the case against him is so overwhelming" that there would be no need to rely on any statements he might make after capture. Mr. Holder called the concerns about not being able to interrogate bin Laden a "red herring." Well, unfortunately, the Attorney General's testimony shows a complete lack of understanding that the purpose of intelligence interrogations is to stop planned attacks and to take down terrorist networks, not to elicit confessions for use in a criminal trial.

It is beyond troubling that the Attorney General, as the head of the Department of Justice, the Justice Department's FBI National Security Division—the very people charged with preventing terrorist attacks, such as those disrupted in New York, Illinois, and North Carolina, seem to have no interest in obtaining valuable intelligence from bin Laden. As the leader of al-Qaida, bin Laden clearly has considerable knowledge of its network, its members, its methods, and its potential plots to kill more Americans. So what the Attorney General calls a red herring, I call a red flag.

Some have hailed the administration's decision as a way to showcase our judicial system for the world, but the Attorney General has confirmed that in the event KSM or one of his associates is acquitted, he will still be