

Mr. COBURN. Mr. President, I wonder if the Senator from Iowa will yield for a question.

The PRESIDING OFFICER. The Senator has no time remaining.

Mr. COBURN. On our time.

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

Mr. COBURN. Mr. President, the Senator from Iowa listed five diseases. I think he mentioned prostate cancer and breast cancer. Can he give us a reference of where he gets that data? Having practiced medicine for 25 years, most of my prostate cancer patients and breast cancer patients would want to know what the prevention is to prevent those diseases. Since we don't have anything in scientific literature right now that says that, I was wondering if he could refer us to the data.

Mr. HARKIN. Mr. President, I will be glad to get that for the Senator. I will get that to the Senator.

Mr. COBURN. I thank the Senator.

HEALTH CARE

Mr. COBURN. Mr. President, I plan on taking about 10 minutes of our time.

I serve on the HELP Committee with the distinguished chairman. There is no question we have not emphasized prevention in this country, but there is a reason we have not. We do not pay for it. Medicare does not pay for it. The insurance companies follow what Medicare does.

We have heard some pretty good claims this morning in terms of the HELP bill. I sat through almost 3 weeks of markup on that bill. I don't believe there is anybody in Congress who does not want us to change the way we look at prevention because there is no way we can control health care costs unless we both try to prevent chronic disease and also manage the chronic disease we have.

One of the reasons we have more chronic disease than other countries is because we keep people with chronic disease alive a lot longer. They let them die. They ration the care out, and they determine what the value of their life is. With a chronic disease, eventually they quit treating them. The numbers get skewed because we do a pretty good job. Even though we did not prevent it, we do a wonderful job, and we can actually do far better in managing chronic disease.

What the Senator and the HELP committee put out is a government-centered bill. Let me give an example. Duke University set up a clinic for heart failure patients. They were having phenomenal results. These are all Medicare patients, class III, class IV, class V heart patients. They dropped hospital admissions 27 percent. They shut it down. Why did they shut it down? Medicare would rather pay—because they are not flexible, they will not recognize prevention—they shut down a clinic that was saving them \$100 million a year, even though it cost

about a significant portion of that, 10 percent or so, to run the clinic. They would rather spend the \$90 million than to pay for prevention. So what was a great clinic—keeping people out of the hospital, maintaining their chronic disease. Medicare did that.

That is the reason I am very opposed to the bill—not the principles of the bill but the bill that came out of committee. The bill that came out of our committee creates 88 new government programs—88. Think about it. What do we want in health care? What we want in health care is to be able to determine our own future, to determine our own doctor, and to be able to afford to buy the health care our families need. That is what we want. We create 88 new Federal Government programs managing our health care, and that freedom to choose, that freedom to make a judgment is going to go out the window.

The other points the Senator mentioned, he talked about increasing to 30 percent the ability of performance bonuses for people to get into reduction plans, wellness plans. He mentioned Safeway. They can spend 21 percent under HIPAA now. Safeway's testimony was, give us the flexibility everybody else in the country has and let's go up to 50 percent. We don't trust them to do that, even though Safeway has had no increase in health care costs in the last almost now 5 years because they have truly incentivized prevention.

He mentioned workforce development, and he mentioned all these incentives to help people become primary care doctors. They are not going to become primary care doctors. Do you know why? I am a primary care doctor. They are not going to pay them. The reason we have a disproportionate number of specialists versus primary care doctors in this country is because there is a 350-percent payment differential. How do you think that came about? Medicare created that differential.

If we want more primary care doctors, then what we have to do is pay people to go into primary care, and they will come running because it is the best place in the world to practice medicine. They get to care for entire families. They get to manage every type of conceptual disease one can think of, and the rewards are out of this world. But when the average medical student comes out of medical school owing \$170,000, and their pay is one-fourth of somebody who spends 1 or 2 more years in training, there is no reason to think why they don't all go into additional training so they can be compensated at a level that matches the debt and the sacrifice they put in. They average 8 years of medical school and residency. We don't have many other people who have that kind of training. Yet Medicare created the shortage we have today by limiting the payment to primary care physicians.

The reason I make that point is the plans that are coming to the Senate

floor are totally government centered. They are totally government managed. They are totally government created. He talked about sidewalks and bike paths. In that bill, we set up \$10 billion a year for concrete, supposedly for wellness. I can think of a whole lot better things. We can put \$10 billion in NIH and do a whole lot more in terms of savings for this country in terms of our health care.

Where do I agree with the chairman? We will never control our costs in health care and we will never make health care affordable for us as a nation or individually until we manage the chronic disease we have out there officially and until we incentivize the prevention of it. He is right on that. But there are two approaches to doing that. One says the government is going to do all of it, and the other says maybe we could incentivize individuals in the public to make good decisions for themselves. One costs a whole lot of money; the other does not cost any.

Let me tell you how well the government does. Go to any School Lunch Program you want to today. Go look at it. Look at what we feed our kids at breakfast and lunch, and then ask yourself: No wonder our kids are unhealthy. We are feeding them a high-fat, high-carbohydrate, simple-sugar, simple-starch meal. We are creating, through the government School Lunch Program and breakfast program, the very obesity the Senator says he wants to stop.

Then look at the food stamp purchases we incentivize. There are no limits on them—a government program. Then look at the people on the Food Stamp Program—and this is no discrimination toward them at all; they need the help—but look at the choices they make. There is no effort to limit to only buy what are good foods with food stamp money rather than junk food that, in fact, enhances chronic disease.

There are a lot of ways to approach it, but if we look at what the government is doing now—what does it do? In health care, what does the government do right now that is effective and efficient? Nothing.

The chairman talked about the fact that Medicare is going to go broke. It is. In 5½ years, the Medicare trust fund will be belly up. Nobody disputes that point. The Medicare trustees are saying that. We have all these problems in Medicare. Why don't we fix those? We have a full 15 percent, at a minimum, of fraud in Medicare. Where is the fix? Why don't we fix it? Instead, we are going to bring to the floor 88 new government programs, a government-centric run health care system that is going to defeat and destroy the best health care system in the world.

It is not the most efficient, but there is no question if you are sick, this is the best place in the world to get sick. If you have cancer, your cure rate is 40 to 50 percent better than anywhere else

in the world. If you have heart disease, your outcome is better than any other place in the world. Prevention is key, but as we try to fix the problems in health care, our first goal ought to be "do no harm" to what is good about American health care.

I yield for my colleague from Tennessee and note I have consumed over 10 minutes. I apologize to him for that.

The PRESIDING OFFICER. The Senator consumed 10 minutes.

Mr. ALEXANDER. Mr. President, the Senator from Oklahoma, a practicing physician who has delivered hundreds or thousands of babies—

Mr. COBURN. Thousands.

Mr. ALEXANDER. Thousands of babies is one of the most eloquent spokesmen for what needs to be done in health care in the Senate. I am delighted he took time to come to the Senate floor today. It helps to have someone here who has such a passion for patients and who can talk to the American people on this complicated subject in terms of what this health care plan means for us. That is why so many of us on the Republican side agree with what eight Democratic Senators wrote to the majority leader the other day.

They said: We would like to read the bill and know what it costs before we start voting on it. That seems so sensible that maybe the American people would laugh out loud if that would be a request, but it is. It is important to us and them and many more of the Senators—I believe virtually all of the American people—that we honor that request.

What that means is that the legislative text being put together by Majority Leader REID somewhere—the merging of the Finance bill and the HELP bill—that full text, and as the Democratic Senator said, the complete budget scores should be made available for 72 hours on the Internet before we begin to vote.

The Director of the Budget Office has said it might take 2 weeks, 3 weeks, to have complete budget scores so we can know what the bill costs. But if it takes 2 weeks, if it takes 3 weeks, if it takes 4 weeks, we need to know. The President has said we cannot add a dime to the deficit. How are we going to know if we are adding a dime to the deficit if we do not read the bill and do not know what it costs? We cannot guess what is in the bill. We cannot guess at what it costs when we are talking about huge numbers—hundreds of billions, trillions of dollars.

We have our work cut out for us. We can stay here and do this. We are prepared to do this. We Republicans agree with the Democratic Senators that we need to read the bill and know what it costs. We need to see the complete legislative text and the complete budget numbers.

Why is that so important? Among other reasons, what we are hearing is that what the bill coming out of the Finance Committee does is, among

other things, three big things. Instead of reducing costs, it has higher premiums, it has higher taxes, and it has Medicare cuts. That is not health care reform if it has higher premiums, higher taxes, and Medicare cuts for more government.

What is the goal of this exercise? The first goal is reducing costs for each person who buys insurance. How many of us go home and hear that every weekend? I cannot afford my insurance; do something about it. Reducing costs.

What else do we hear? People are saying: I cannot afford my government. You guys are running up the debt trillions of dollars, hundreds of billions of dollars.

What we need to do is to reduce the cost of health care for individuals across America and for the government of individuals. But this bill raises premiums, raises taxes, and cuts Medicare to create more government.

How does it drive up premiums? The Congressional Budget Office has said the obvious, which is that when we impose taxes on medical devices and on the insurance companies, what do they do with it? It is \$900 billion-plus worth of taxes. They pass it on to us. So our premiums go up.

Or there are new "government approved" policies that we will need to buy. If you are one of those Americans who likes to buy a catastrophic policy—that is, pay a lower premium so that you pay your own medical expenses unless something really terrible happens to you or your family—that is a pretty wise choice for many Americans. You may not be able to do that quite so easily under this bill because you will have to buy a government-approved plan or pay a fine. And then younger Americans may be surprised by the amount of money they have to pay. So it is very likely that for millions of Americans this bill will raise their premiums instead of reducing their cost, and 250 million Americans either pay premiums or have premiums paid for them.

Then raising taxes. Here we are in the middle of a recession, 10 percent unemployment, and we are talking about nearly \$1 trillion of tax increases that will be passed on to us in one way or the other. There is a \$1,500 penalty per family if you don't buy insurance. There is an employer mandate. So if you are a small business, you will have to either provide insurance or pay that penalty.

Then the governors of both parties—Democrats and Republicans—are in a near cardiac arrest over the prospect of the Medicaid expansion. I mean 14 million new people—low-income Americans—dumped into State Medicaid Programs. I say "dumped" because doctors and hospitals are reimbursed so poorly that only 40 percent of doctors will see Medicaid patients. So we are going to say: Congratulations, Mr. and Ms. Low-Income American, into the Medicaid you go in your State.

Not only is it not health care reform for those individuals, but the governors

can't manage it, the legislators can't manage it, and the taxpayers can't manage it. I have read, on the floor, comments from most Democratic Governors and most Republican Governors. They are in a situation where their States' budgets are in the worst shape since the 1960s. Medicaid is going up at 6 and 7 percent. They are taking money from higher education and K-12 grades and spending it on Medicaid, and now we are about to dump not only more low-income Americans into Medicaid, but we are going to send a part of the bill to the State governments which can't afford it. So that is State taxes, and it cuts your Medicare.

The question I would like to raise is, what about those Medicare cuts and are doctors themselves going to be paying for this bill? There is an article today, or October 13, the former head of the Congressional Budget Office, Douglas Holtz-Eakin. These Congressional Budget Office heads are known to be pretty straight. This one was appointed by the Republican Congress; Mr. Elmendorf, whom we all respect, was appointed by a Democratic Congress, but they are all nonpartisan. Mr. Holtz-Eakin says:

... the plan proposed by the Democrats and the Obama administration would not only fail to reduce the cost burden on middle-class families, it would make that burden significantly worse. The bill creates a new health entitlement program that the Congressional Budget Office estimates will grow over the longer term at a rate of 8 percent annually. To avoid the fate of the House bill ... the Senate did three things: It promised that future Congresses would make tough choices to slow entitlement spending, and it dropped the hammer on the middle class.

Mr. President, could you let me know when I have consumed 10 minutes?

The PRESIDING OFFICER. The Chair will let the Senator know.

Mr. ALEXANDER. I thank the Chair. Here is what Mr. Holtz-Eakin said:

One inconvenient truth is the fact that Congress will not allow doctors to suffer a 24 percent cut in their Medicare reimbursements.

Doctors today are paid about 80 percent of what private insurers will pay if they see Medicare patients and, under the law, that gets cut every year and every year we come in and fix that. Continuing to read from his article:

Senate Democrats chose to ignore this reality and rely on the promise of a cut to make their bill add up. Taking note of this fact pushes the cost of the bill well over \$1 trillion and destroys any pretense of budget balance.

In other words, Mr. Holtz-Eakin is saying he doesn't believe we in Congress are going to cut doctors' pay when they serve Medicare patients by roughly \$250 billion over the next 10 years. That is about the amount of money it would take just to pay doctors 10 years from now what they are being paid today, and most wouldn't be happy with that. So either the doctors are going to pay for this bill—\$250 billion of it—or you are, because it is going to add to your debt, or your children or your grandchildren are. It is

one way or the other. It is either doctors pay or your kids pay because it is not deficit neutral.

He says:

It is beyond fantastic to promise that future Congresses, for 10 straight years, will allow planned cuts in reimbursements to hospitals, other providers, and Medicare Advantage—thereby reducing the benefits of 25 percent of seniors in Medicare.

His point is these are not only cuts in Medicare—\$½ trillion worth of cuts—the cuts are being used to start a new government program. And here, as both Senator HARKIN and Senator COBURN reminded us, Medicare in 5 or 6 years is going bankrupt—belly up.

The PRESIDING OFFICER. The Senator has used 10 minutes.

Mr. ALEXANDER. I thank the Chair very much. I will conclude my remarks.

What we are proposing to do is cut Medicare—take money from grandma—and instead of spending it on grandma by making Medicare more solvent, we are going to take that money, while the program is about to go insolvent, and create a new program. So these are the kinds of questions the American people have a right to ask and have answered.

That is why we want to read the bill. Because we see, as we look at this bill, higher premiums, higher taxes, Medicare cuts for more government, and we don't believe that is health care reform.

Mr. President, I ask unanimous consent to have printed in the RECORD the entire article from which I quoted.

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

[From the Wall Street Journal, Oct. 13, 2009]

THE BAUCUS BILL IS A TAX BILL

(By Douglas Holtz-Eakin)

Remember when health-care reform was supposed to make life better for the middle class? That dream began to unravel this past summer when Congress proposed a bill that failed to include any competition-based reforms that would actually bend the curve of health-care costs. It fell apart completely when Democrats began papering over the gaping holes their plan would rip in the federal budget.

As it now stands, the plan proposed by Democrats and the Obama administration would not only fail to reduce the cost burden on middle-class families, it would make that burden significantly worse.

Consider the bill put forward by the Senate Finance Committee. From a budgetary perspective, it is straightforward. The bill creates a new health entitlement program that the Congressional Budget Office (CBO) estimates will grow over the longer term at a rate of 8% annually, which is much faster than the growth rate of the economy or tax revenues. This is the same growth rate as the House bill that Sen. Kent Conrad (D., N.D.) deep-sized by asking the CBO to tell the truth about its impact on health-care costs.

To avoid the fate of the House bill and achieve a veneer of fiscal sensibility, the Senate did three things: It omitted inconvenient truths, it promised that future Congresses will make tough choices to slow entitlement spending, and it dropped the hammer on the middle class.

One inconvenient truth is the fact that Congress will not allow doctors to suffer a 24% cut in their Medicare reimbursements. Senate Democrats chose to ignore this reality and rely on the promise of a cut to make their bill add up. Taking note of this fact pushes the total cost of the bill well over \$1 trillion and destroys any pretense of budget balance.

It is beyond fantastic to promise that future Congresses, for 10 straight years, will allow planned cuts in reimbursements to hospitals, other providers, and Medicare Advantage (thereby reducing the benefits of 25% of seniors in Medicare). The 1997 Balanced Budget Act pursued this strategy and successive Congresses steadily unwound its provisions. The very fact that this Congress is pursuing an expensive new entitlement belies the notion that members would be willing to cut existing ones.

Most astounding of all is what this Congress is willing to do to struggling middle-class families. The bill would impose nearly \$400 billion in new taxes and fees. Nearly 90% of that burden will be shouldered by those making \$200,000 or less.

It might not appear that way at first, because the dollars are collected via a 40% tax on sales by insurers of "Cadillac" policies, fees on health insurers, drug companies and device manufacturers, and an assortment of odds and ends.

But the economics are clear. These costs will be passed on to consumers by either directly raising insurance premiums, or by fueling higher health-care costs that inevitably lead to higher premiums. Consumers will pay the excise tax on high-cost plans. The Joint Committee on Taxation indicates that 87% of the burden would fall on Americans making less than \$200,000, and more than half on those earning under \$100,000.

Industry fees are even worse because Democrats chose to make these fees non-deductible. This means that insurance companies will have to raise premiums significantly just to break even. American families will bear a burden even greater than the \$130 billion in fees that the bill intends to collect. According to my analysis, premiums will rise by as much as \$200 billion over the next 10 years—and 90% will again fall on the middle class.

Senate Democrats are also erecting new barriers to middle-class ascent. A family of four making \$54,000 would pay \$4,800 for health insurance, with the remainder coming from subsidies. If they work harder and raise their income to \$66,000, their cost of insurance rises by \$2,800. In other words, earning another \$12,000 raises their bill by \$2,800—marginal tax rate of 23%. Double-digit increases in effective tax rates will have detrimental effects on the incentives of millions of Americans.

Why does it make sense to double down on the kinds of entitlements already in crisis, instead of passing medical malpractice reform and allowing greater competition among insurers? Why should middle-class families pay more than \$2,000 on average, by my estimate, in taxes in the process?

Middle-class families have it tough enough. There is little reason to believe that the pain of the current recession, housing downturn, and financial crisis will quickly fade away—especially with the administration planning to triple the national debt over the next decade.

The promise of real reform remains. But the reality of the Democrats' current effort is starkly less benign. It will create a dangerous new entitlement that will be paid for by the middle class and their children.

Mr. ALEXANDER. I thank the Chair, and I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

AFGHANISTAN TROOP SURGE

Mr. KYL. Mr. President, I was critical of the President's decisions when he canceled the so-called missile shield that would have been located in Poland and in the Czech Republic, among others things, because I was concerned about the message it sends to our allies in the region. After working with them to develop the political and public consensus for this missile shield, the United States essentially pulled the rug out from under these allies and left the consensus in Central and Eastern Europe that the United States, once again, proved to be an unreliable ally.

Throughout the Baltic States, Central Europe and other people in the world couldn't fail to notice the same. I am thinking of countries in the Persian Gulf that have relied upon the presence of the United States but have, I think, wondered from time to time whether we are the ally they want to stick with because of the fact that sometimes we have proven to be unreliable.

I am concerned about that same issue with respect to Pakistan and Afghanistan. Will our continued public debate over the recommendations that General McChrystal has made to the President result in both allies in the region as well as the leaders of Afghanistan and Pakistan concluding that they better make book with others in the area, including potentially the Taliban? Because after all, those people are going to continue to be in the area; the United States may not.

This is where I think the debate about General McChrystal's recommendations about troop levels and other resources in Afghanistan become so very important. I think we need to listen to the advice of the commander in the field, General McChrystal, who produced a very straightforward assessment of the situation in Afghanistan.

Obviously, the President is the Commander in Chief, and the decisions are his to make. It is appropriate for him to rely upon others for advice as well as on the commander in the field. But there is a point at which the President's own strategy, which he announced in March, needs to be adequately resourced and we need to move forward. Here is what the President said:

The American people must understand that this is a downpayment on our own future.

He was talking about the resources that would be needed in Afghanistan. So he selected General McChrystal to implement his strategy. We unanimously confirmed General McChrystal, and then the President asked him to give an assessment of what it was going to take. That assessment was provided in August. It has now been about 50 days since that assessment