

Afghanistan, Pakistan, North Korea, with what is going on on the continent of Africa—he is involved in global warming because of the treaty implications of the treaty we are trying to negotiate in Copenhagen in December.

I am extremely impressed with Senator KERRY always but especially in the last few days. As chairman of the Foreign Relations Committee, he has played a central role in resolving the crisis in Afghanistan.

As many have read in the news, he had been trying to persuade President Karzai that a second round of elections was necessary—and they were necessary. If you read the press today, it was a touch-and-go thing. It was not until President Karzai and Senator KERRY took a walk together to talk about what is going on in that part of the world that the decision was made by President Karzai that he would go along with the second election.

Senator KERRY has worked closely with our diplomatic team, including Ambassador Eikenberry; Secretary Clinton; our National Security Adviser, General Jones; and others to send a clear message to President Karzai.

We all know the situation in Afghanistan remains fragile and that there will still be many steps needed to be taken so we have a credible and legitimate government in Kabul. But I believe very sincerely Senator KERRY played a pivotal role in preventing a crisis in Afghanistan and that his work has not only stabilized Afghanistan but the entire region.

I suggest the absence of a quorum.

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

The assistant legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.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

RECOGNITION OF THE MINORITY LEADER

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

HEALTH CARE WEEK XIV, DAY III

Mr. McCONNELL. Mr. President, over the last several months, lawmakers in Washington have been engaged in a serious and wide-ranging debate about the fate of our Nation's health care system. It is a debate that grew out of a recognition that while America may have the best health care in the world, the cost of care is too high and too many lack insurance. This much was never in dispute.

There is not a single Member of Congress from either party who does not want to solve these problems. That is why the disagreements we have had have arisen not over the ends but over the means of achieving these common

goals. That is why, over the past few months, two very different approaches to reform have come into view.

For most Democrats, reform seems to come in a single form: a vast expansion of government, detailed in complicated, 1,000-page bills, costing trillions. The only thing that is clear about the Democratic plans are the basics: They cost about \$1 trillion, they increase premiums, raise taxes, and slash Medicare.

In short, they include a lot of things Americans did not ask for and do not want, and they include very few of the things Americans thought they were going to get.

What was supposed to be an exercise in smart, bipartisan, commonsense reforms that cut costs and increased access somehow became an exercise in government expansion that promises to raise costs, raise premiums, and slash Medicare for seniors. For Democrats in Congress, the original purpose of reform seems to have been blurred.

Republicans have taken a different approach. We agreed at the outset that reform was needed. But in our view, those reforms would not necessarily cost a lot of money, would not add to the debt, and would not expand the government.

Instead of a massive government-driven experiment, Republicans have offered commonsense, step-by-step solutions to the problems of cost and access—things such as medical liability reform, which would save tens of billions of dollars and increase access to care; needed insurance reforms that would increase access and lower costs; and prevention and wellness programs, such as the ones that have been so successful in bending the cost curve in the right direction—which is downward—at major businesses such as Safeway.

Here were the two approaches to reform. Well, the American people looked at these two approaches and they made their choice. All summer long, we watched as ordinary Americans reacted to the administration's plan to put government between individuals and their health care and to pay for it with higher premiums, higher taxes, and Medicare cuts in the middle of a recession.

Americans rejected the idea of a vast, new experiment to reorder their health care and nearly one-fifth of the economy in a single, stunning move. They know the stakes are too high. Last Friday, the Treasury Department announced the government ran a deficit, in the fiscal year that just ended, of more than three times the previous record.

The national debt is nearly \$12 trillion. It is expected to grow by another \$9 trillion over the next 10 years. Medicare and Medicaid cost the Federal Government nearly \$700 billion a year—a cost that is expected to double in 10 years. These numbers are like nothing we have ever seen. Yet in the midst of all this, the administration is proposing that we conduct a \$1 trillion

experiment in health care that would expand government spending even more. Now Democrats in Congress are proposing that we put another \$1/4 trillion on the government charge card in order to prevent a cut in the reimbursement rate to doctors who treat Medicare patients.

All of us want to keep this cut from happening, but the American people don't want us to borrow another cent to pay for it, and they don't want Democrats in Congress to pretend that this \$1/4 trillion isn't part of the cost of health care reform because it is. It is also a clear violation of the President's pledge that health care reform wouldn't add a single dime to the deficit over the next decade. In fact, if Democrats have their way, this bill would add nearly 2.5 trillion dimes to the national debt. Well, the American people have a message for Democrats in Congress: The time to get our fiscal house in order is not tomorrow, it is now—right now.

Last week, 10 Democratic Senators sent a letter to the majority leader outlining some of the problems that can be expected to result from our record deficit and debts. They pointed out that each American's share of today's debt is more than \$38,000, that long-term deficits will lead to higher interest rates and inflation, and all this debt threatens to weaken not only our basic standard of living but also our national security. Then they make an urgent plea. They called on their party to do something to deal with these urgent fiscal realities.

Well, they shouldn't hold their breath because instead of addressing these urgent issues, a handful of top Democrats are pressing forward behind closed doors with a health care plan that, once fully implemented, and including the physician reimbursement issue, would cost more than \$2 trillion.

It is hard to imagine, but if the history of government entitlement programs is any guide, then these estimates are almost certainly on the conservative side. History shows these kinds of programs almost never come in under cost. Consider just a few examples: At the time that Medicare Part A was created, it was estimated that costs for hospital services and related administration for the year 1990 would run about \$9 billion. The actual cost was seven times that amount. Medicare Part B, a program that covers physician services, was expected to run on \$500 million a year from general tax revenues, along with a \$3 monthly premium. Last year, the program was funded through nearly \$150 billion in Federal revenue.

As I say, these are just a few examples, but they illustrate a larger point that can't be ignored. The nature of government entitlements is such that they only get bigger with time. The estimates we are getting have to be viewed in light of past experience, and past experience isn't encouraging.

Several months into this debate, it is easy to forget that at the outset everyone seemed to agree—at the outset of this debate on health care everyone seemed to agree—on two things: that health care reforms were needed and any reform would have to lower overall health care costs. We all agreed on that. Yet the evidence suggests that the bill Senate Democrats and White House officials are carving up in private would do just the opposite. It would actually increase costs, it would increase premiums, raise taxes, and slash Medicare. That is not reform.

Americans are concerned about the direction in which we are headed: record debts, record deficits, endless borrowing, and yet every day we hear of more plans to borrow and spend, borrow and spend. Americans don't want the same kind of denial, delay, and rationing of care they have seen in countries that have followed the path of government-driven health care for all. They are perplexed that in the midst of a terrible recession, near 10 percent unemployment, massive Federal debt, and a deficit that rivals the deficits of the last 4 years combined, the White House would move ahead with a massive expansion of government health care. They are telling us that common sense, step-by-step reforms are the better, wiser, and more fiscally responsible way to go.

This is the message I have delivered nearly every day on the Senate floor since the first week of June because, in my view, it is the message the American people have been sending us.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arizona.

ORDER OF PROCEDURE

Mr. KYL. Mr. President, I ask unanimous consent that the time controlled by the Republican side be allocated as follows: Senator KYL, 10 minutes; Senator ALEXANDER, 10 minutes; Senator GREGG, 10 minutes; Senator WICKER, 10 minutes; and Senator LEMIEUX, 20 minutes.

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

Mr. KYL. Mr. President, I ask the Chair to please inform me when I have consumed 9 minutes since I don't want to go over my time.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period of morning business for 2 hours with Senators permitted to speak therein for up to 10 minutes each, with the time equally di-

vided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

Mr. KYL. Mr. President, I had pro- pounded a unanimous consent request. Has that been agreed to?

The ACTING PRESIDENT pro tempore. It has been.

Mr. KYL. Thank you, Mr. President.

HEALTH CARE REFORM

Mr. KYL. Mr. President, I wish to talk this morning about the same health care issue the Senator from Kentucky just addressed. I think Republicans have always had a lot of very good alternatives to deal with two critical problems: No. 1, the rising costs of health care and, secondly, the problem of some uninsured in this country needing help to get that insurance. Unfortunately, our ideas have not been included in the legislation passed by the committees. In fact, when we have offered amendments to propose these alternative ideas, they have been rejected.

One of the primary ways we know we can reduce costs is through the mechanism of medical malpractice reform. That deals with the problem of the jackpot justice system that currently is abused by trial lawyers where they file lawsuits, they get big recoveries or they force settlements, and the net result is two things which I spoke about yesterday.

First of all, liability insurance premiums for physicians now consume about 10 cents for every health care dollar spent. If we had medical malpractice reform, we could reduce that. We wouldn't, obviously, get rid of it, but the cost for physicians would be significantly less.

For example, we know some specialties, such as obstetrics, neurosurgery, and some others, including anesthesiology, for example, will frequently have annual liability premiums in the range of \$200,000. That, obviously, is a cost that is passed on. When they bill patients, they have to cover the cost of their medical malpractice insurance.

I mentioned yesterday a study by the former president of the American Academy of Orthopedic Surgeons, Dr. Stuart Weinstein. He has written about the extra cost of delivering a baby because, he said, if a doctor delivers 100 babies a year and pays \$200,000 for medical liability insurance, \$2,000 of the delivery cost for each baby goes to pay the cost of the medical liability premium. So we could reduce by \$2,000 the cost of delivering a baby if we were able to pass meaningful medical liability insurance reform.

The even bigger cost is defensive medicine—the kinds of things doctors do, not because they are necessary to take care of their patients, but because if they don't do them they might get sued and some expert will claim they should have had this extra test or done this extra procedure; and if they would

have just done that, then maybe the patient would have been all right. So as a result, defensive medicine results in hundreds of billions of dollars of expenses every year.

In fact, a 2005 survey published in the Journal of the American Medical Association found that 92 percent of the doctors said they had, indeed, made unnecessary referrals or ordered unnecessary tests just to shield themselves from this liability. How much does this potentially cost? I said hundreds of billions. Well, let me cite two studies.

All of the studies I have seen are roughly within the same ballpark. They differ just a little bit. For example, Sally Pipes, who is president of the Pacific Research Institute, found that defensive medicine costs \$214 billion a year. A new study by PricewaterhouseCoopers reveals similar findings, pegging the cost at \$239 billion per year. Well, \$214 billion, \$239 billion, we can quibble about the amount; it is not insignificant. So when we are talking about well over \$200 billion a year in defensive medicine, we know there is a big amount of money to be saved, and we could pass those savings on to the consumers of health care.

Yesterday I cited the statistics from Arizona and Texas where both States have implemented medical liability reforms of different kinds, but both States have found significant reductions in insurance premiums for physicians, fewer malpractice cases filed, and, in the case of Texas, an infusion of a remarkable number of physicians into Texas because it is a more benign environment now in which to practice their profession.

The reason I mention all of this is we have been talking about this for months now and not one of the Democratic bills contains medical malpractice reform. The reason is clear. Democrats are frequently supported by trial lawyers, and trial lawyers don't like medical malpractice reform. That is how they make a lot of money, so they don't want to see the reform. We ought to reform the system for the benefit of our constituents rather than to not do it in order to help trial lawyers.

Again, the reason I mention this is because a bill we are going to be taking up later today, the so-called "doc fix"—and that is a very bad name for it—is a bill that would deal with the formula under which doctors are compensated for Medicare. One of the things that has been reported in newspapers is that the American Medical Association will not push for medical malpractice reform if they are able to get this bill passed. I find that to be a very troubling fact because all of the physicians I know realize we need medical malpractice reform.

Here is how the Washington Post editorialized it yesterday morning, and I am quoting:

The so-called "doc fix" is being rushed to the Senate floor this week in advance of