

about is we need to look out for the people who take care of us as they look out for us.

Today I am asking that we recognize the doctors for all that we ask of them—the knowledge they need, the risk they undertake, the high cost of their education, spending 12 years in training, being on call 24/7, often being rushed from their families when they want to spend time with them. I ask that we recognize those doctors by compensating them justly and fairly and not treating them like a commodity. We also need to do that for the nurses, social workers, physical and occupational therapists, integrative health people, and many others.

If we don't pass this Medicare Physician Fairness Act, we have real problems. Failing to pass this bill is not an option. I think we need to do the right thing by the doctors, and I think we need to do the right thing by the people who need the doctors.

Let's do the right thing and pass the Medicare Physician Fairness Act.

Mr. President, 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. ALEXANDER. 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 President, I ask unanimous consent that the order for the quorum call be rescinded.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. ALEXANDER. Mr. President, is now the time to begin the Republican part of morning business?

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

#### HEALTH CARE REFORM

Mr. ALEXANDER. Mr. President, first impressions are important. Depending on one's age, we remember different things. When I was a young teenager, the first college football game was broadcast on a television network. It was Tennessee versus Alabama with Lindsey Nelson, who had gone to Tennessee, and Mel Allen, who had gone to the University of Alabama, as the announcers. There have been a lot of good football games since that time, but everyone remembers the first broadcast.

I can remember the first one-hour evening news program. I think it was "Huntley-Brinkley" on NBC. There have been a lot of distinguished newscasters before and since, but that was the first one-hour news program with two anchors.

I can remember watching basketball games and getting a glimpse of a coach and forming an impression of the whole university from a short glimpse. An experience we've all had is meeting someone for the first time and getting a first impression that is usually a fairly accurate impression of that person. It usually lasts a long time, and it is hard to get over a first impression.

Yesterday was the first vote on health care reform. I think the American people got a very strong first impression from that vote. What the majority leader, the Democratic leader, sought to do was add \$¼ trillion to the national debt on the first health care vote. The Senate said: No, we are not going to do that, even for a worthy cause, which in this case was fixing the doctors reimbursement procedure; which the Senator from Maryland just discussed and which we all agree needs to be attended to. But the Senate—all 40 Republicans, and 13 Democrats—said no, we are not going to start by adding \$¼ trillion to the national debt on the first vote of health care reform. Especially not at a time when we just finished a year which added \$1.4 trillion to the national debt, three times as much as the year before, and as much as we added to the entire national debt in the first 200 years of the Republic.

People are very worried about the growth of the debt, and that was reflected yesterday in the first vote on health care reform. I think that reminds us of the importance of reading the bill and knowing what it costs. That also is a bipartisan approach here. All the Republicans have said we want to be able to read the bill and know what it costs before we start voting. And even though Senator BUNNING's amendment, which would have allowed this, was voted down in the Finance Committee by Democrats, eight Democratic Senators wrote the Democratic leader and said: We agree; put the bill on the Internet, the complete text, for 72 hours and let's have a formal calculation of exactly what it costs before our first vote.

We had a first vote yesterday, even before we have a complete bill. Because we had a chance to read this one provision and time to think about it, we came to the right conclusion and voted it down.

In the next several months of discussion there will be many other issues such as this about how we reform health care. My view—and I think the view of most Republicans and I believe most Americans—is to reduce costs. We have to reduce the cost of health care to our government, otherwise it is going to go broke.

The President hosted a summit on entitlement spending early in the year which I was invited to it. I appreciated receiving the invitation and I attended the summit. Everybody there said if we do not control health care spending, we are going to go broke as a government. Then millions of Americans are saying: I cannot afford my own health care; 250 million of us have a health care premium we pay or someone helps us pay or some combination, and it is too expensive for individuals and for small businesses. So our goal is to reduce the cost of health care to government and reduce the cost of health care to Americans. Yet our first vote yesterday was to increase the debt, and we said no.

Let's read this bill as it comes to us. Right now it is being written behind

closed doors in the majority leader's office. With such a controversial issue I am not sure that is the best way to go about writing this bill. Usually it helps to have bipartisan support in the Congress, even if you have big majorities, so that you can get broad bipartisan support in the country any time you have a complex issue.

When I was a young Senate aide in 1968, we had a very controversial issue before the Senate called the civil rights bill. Lyndon Johnson was President of the United States, and Everett Dirksen was the Republican leader sitting over where MITCH MCCONNELL sits today. The Democratic majorities were bigger than they are today. President Johnson did not have the Democratic leader write the civil rights bill in a closed room in the Democratic leader's office. What did he do instead? He was very wise. He had it written in the Republican leader's office.

So in Senator Everett Dirksen's office for several weeks in 1968, I recall, the bill was written in the full light of day, with Senators, staff members, and hangers-on going in and out. In the end, the bill—more difficult than this health care bill—passed. Senator Dirksen, the Republican leader, got some of the credit. He deserved it. President Johnson got what he wanted. And the country supported it because it saw, looking at Washington, DC, a broad level of support and they felt better about that.

I don't think people are going to feel as good about a bill that restructures one-sixth of our economy, that affects every single American's health, and the health care bill is being written behind closed doors, in the Democratic leader's office. We will see. But at least whatever emerges, we want to read the bill. We want the American people to be able to read the bill. And we want to know exactly what it costs before we go ahead.

For example, what is it going to do to Medicare? The Republican leader has talked about that issue. If the concept paper is any indication we know what it is going to do to Medicare. It is going to cut Medicare by \$½ trillion to pay for a new entitlement program.

Some of my friends on the other side say: You are scaring seniors when you say that. It may be scaring seniors, but it is the truth. This bill, when implemented, is going to cost \$1.8 trillion and \$½ trillion is going to come from Medicare cuts. We are going to be cutting grandma's Medicare to spend on somebody other than grandma—a new entitlement program.

We are doing that at a time when the Medicare Program, the program that serves more than 40 million older Americans, is going broke. We need to be careful in the Senate not to overstate issues. So let's not take my word for it. The Medicare trustees say that the Medicare Program, upon which more than 40 million seniors rely, is going to run out of money between 2015 and 2017. That is not too far away. The

Medicare trustees—it is their job to watch out for these things—said:

We need timely and effective action to address Medicare financial challenges.

I think what they are saying to us is if you are going to cut grandma's Medicare, you ought to at least spend it on grandma instead of spending it on somebody else. That is basically what we are doing. We are cutting Medicare \$500 billion, and instead of spending it to strengthen the Medicare Program, the proposal is to spend it to create a new entitlement program.

What are the cuts? Nearly \$140 billion in Medicare Advantage; \$150 billion in cuts for hospitals that care for seniors; \$40 billion for home health agencies; and \$8 billion from hospices.

The President said that people who are currently signed up for Medicare Advantage are going to have Medicare at the same level of benefits. That is why we need to read the bill and know what it costs because something has been lost in translation between what the President said and what appears to actually be in the bill. The Director of the Congressional Budget Office, the nonpartisan Congressional Budget Office, said in testimony that fully half of the benefits currently provided to seniors under Medicare Advantage would disappear in the Baucus proposal. The same Baucus proposal which is being amended and written and merged with other bills behind closed doors in the Democratic leader's office. The head of the Congressional Budget Office said the changes would reduce extra benefits such as dental, vision, hearing coverage, that would be available to beneficiaries. Humana advised its customers who are Medicare Advantage beneficiaries that their benefits would be cut, causing the Obama administration to put a gag order on this large health care organization.

I made a little speech on the floor yesterday talking about the dangers of developing an enemies list, of boycotting television networks, of calling out Senators with whom you disagree, taking the names of bondholders who do not go along with the General Motors or Chrysler bailout, threatening an insurance company for switching from supporting your proposal to opposing your proposal or a large health care company that tells its customers the truth—your Medicare Advantage is going to be cut.

Another reason to read the bill is the provision that will make additional cuts to Medicare above and beyond the \$500 billion that is specified. At least that is the assumption of the Congressional Budget Office when it looked over the bill and said that it was in balance, which it has turned out not to be.

The Congressional Budget Office assumed that a Medicare commission would make even more Medicare cuts. Those do not seem to be realistic assumptions. We have had a provision in law since 2003 that would provide an automatic mechanism for making

Medicare cuts. Nobody has ever wanted to use it.

We saw what happened yesterday, recognizing that it was unrealistic to expect that doctors would take a 21-percent cut in their pay in a year. The Democratic leader tried to borrow \$¼ trillion to try to take care of that problem.

If we read the bill and now what it costs we find out that either doctors are going to pay for a big part of this new Medicare Program or seniors are going to pay for a big part of it or our grandchildren are going to pay for a big part of it by increasing the debt. The Washington Post said this was a shell game.

I think the lesson here is first impressions count. We got a good first impression yesterday of the direction of this health care bill. The proposal was: Let's borrow \$¼ trillion, and the Senate, in a bipartisan way, said: We are not going to do that, no. That was the correct vote.

Now we see another reason to read the bill is because we want to make sure we know what it does to Medicare. What we have seen so far is that it will cut grandma's Medicare by \$½ trillion, not to spend on grandma but to spend on some somebody else, even though the Medicare Program, its trustees say, will go broke in the year 2015 to the year 2017. That is one more good reason not just to read the bill but to start over in this health care reform.

We have been saying on the Republican side for months that we should not be trying to do this comprehensive, full-of-surprises, trillion-dollar health care reform, that restructures one-sixth of our economy, in the middle of the greatest recession we have had since the 1930s. We should focus instead on reducing the costs of health care to the government and to Americans who pay for premiums, and go step by step to re-earn the trust of the American people to reduce costs. We suggested how to do that. We would start by allowing small businesses to come together, pool their resources, and offer insurance to their employees. It has been estimated that would produce at least coverage for 1 million more Americans and probably many million more Americans.

Second, we have suggested saving money by reducing the number of junk lawsuits against doctors which drive up the cost of health care.

Third, we have suggested allowing insurance to be sold across State lines. That creates more competition that should reduce costs.

We have suggested creating health insurance exchanges—many of our Democratic friends agree with that—to make it easier to shop for health care. We have suggested enrolling individuals in existing programs. There are up to 11 million people who are already eligible for programs that we now have, and that is one way to add people without increasing cost in a huge way, or creating a great new program. We have

suggested incentivizing health care technology, changing tax incentives, and expanding health savings accounts. These are steps we can take to reduce costs.

It appears many of the American people agree with that Republican strategy. A new Gallup poll out yesterday said that 58 percent of Americans would generally prefer to see Congress deal with health care reform on a gradual basis—over several years—rather than to try to pass a comprehensive health care reform bill this year.

So first impressions count.

The health care debate was defined yesterday by the attempt to borrow \$¼ trillion to add to the debt. I am glad it failed. The health care debate, as the President himself said, is actually a proxy for a larger debate about the role of our Federal Government in American life. Increasingly, Americans are skeptical of this comprehensive trillion-dollar-plus, full-of-surprises proposal that is being written in the back room approach. Instead they hope we will focus clearly on reducing the cost of health care premiums, reducing the cost to our government, and then going step by step in the right direction to make health care affordable for all Americans.

I thank the Chair, and I yield the floor.

The PRESIDING OFFICER (Mr. KIRK). The Senator from Arizona.

Mr. MCCAIN. Mr. President, I want to thank again my colleague from Tennessee for the great work he has been doing on the issue of health care and the many other leadership issues. There are a lot of things going on. There are a lot of moving parts in the health care reform debate situation.

I would like for us, however, to maybe pause and look back for a second as to what we heard and what has actually been going on. First, we heard the President say that if you like the insurance you have, you can keep it, period. Increasing mandates on employers, who today have difficulty affording health care coverage, and cutting Medicare by \$500 billion will ensure that millions of Americans will not be able to keep the coverage they have today. CBO and common sense tell us this. According to CBO, 3 million fewer Americans will be covered under employer health plans; and further, millions of seniors may lose the Medicare plan they have and that they want to keep. That is called Medicare Advantage.

We also heard the President say that he won't support legislation that increases the deficit one dime. We now know that is not true. We saw yesterday an attempt at incredible gimmickry to do away with \$247 billion worth of debt that would have been associated with health care. Obviously, it is a way to get around the \$¼ trillion increase in the cost of health care that would have accrued if we had kept doing what we are doing. We all know that the true implementation cost of

the proposal in the Senate Finance Committee is \$1.8 trillion, once you look at the real numbers.

One of the more entertaining aspects of the protestations of cost savings is the approach that all of these bills take to medical malpractice reform. There is none. There is none. Before the joint session of Congress several weeks ago the President even referenced a grand initiative, that he was going to support medical malpractice reform. Consequently, we found out the announcement was that the administration was going to—get this; I am not making it up—the President was going to accept grant applications for demonstration programs. I say to the President and to my colleagues, there are already demonstration programs: One is called Texas and the other is called California. They have enacted medical malpractice reform and it has saved incredible amounts of money. CBO now estimates that real medical malpractice reforms can save the health care system \$54 billion over the next 10 years. Real medical malpractice reform can save as much as \$200 billion.

My favorite example so far—and then we politicians wonder sometimes why the American people are a little cynical about the things we promise and the things we commit to during political campaigns; that we are going to do A, B and C and you can count on it, et cetera. My favorite so far is when the President was running for office. Three months before he was elected, President Obama vowed not only to reform health care but also to pass the legislation in an unprecedented way. He said:

I'm going to have all the negotiations around a big table.

He said that at an appearance in Chester, VA, repeating an assertion he had made many times. In referring to the debate on health care, he said the discussions would be—

... televised on C-SPAN, so that people can see who is making arguments on behalf of their constituents and who are making arguments on behalf of the drug companies or the insurance companies.

Well, maybe the administration and the majority leader don't know where the C-SPAN cameras are. I can get them outside of Senator REID's office at a moment's notice. In fact, they are televising this. I want to repeat what the President of the United States promised the American people specifically on health care reform. He said the discussions would be—

... televised on C-SPAN, so that people can see who is making the arguments on behalf of their constituents and who are making arguments on behalf of the drug companies or the insurance companies.

It might be a little late for the drug companies. They have already cut a sweetheart deal with the drug companies. They have agreed to oppose importation of drugs from Canada and oppose competition amongst drug companies for Medicare patient recipients in return for some \$80 billion in supposed

savings over 10 years, and \$100-some million worth of advertising by the drug companies in favor of health care reform. I am not making it up.

President Obama also said he didn't want to be—

... negotiating behind closed doors but bringing all parties together and broadcasting those negotiations on C-SPAN so the American people can see what the choices are. Because, part of what we have to do is enlist the American people in this process.

The last I saw, they were trying to enlist the AMA by doing a \$247 billion unpaid for deal so that they could buy their support. They bought the drug companies. They couldn't buy the health insurance companies, so now they are going to retaliate against them by removing their antitrust exemptions.

One thing I have to say for this administration, they know how to play hardball. They know how to play hardball. But they also don't seem to care about the commitments that the President made during his campaign for the Presidency.

I see my colleague is here—Senator BARRASSO—and he wants to speak also, but I say to my colleagues on the other side of the aisle, the American people are tired of this behind-closed-doors dealmaking, deal cutting, which none of us on this side of the aisle have had anything to do with and very few on the other side of the aisle. They are doing a multi-trillion-dollar deal which will affect the future and the lives of 300 million Americans eventually. It is not right. This process is not right.

The process they should be going through is exactly the one that the President promised the American people when he was running for President of the United States.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

#### CLEAN AIR PROTECTION ACT

Mr. BARRASSO. Mr. President, I rise today to talk about a bill I have introduced called the Clean Air Protection Act.

Environmental Protection Agency Administrator Lisa Jackson has stated that she believes the Clean Air Act was not specifically designed to address greenhouse gases. She also says using the Clean Air Act to regulate climate change raises serious concerns.

I agree with her completely. So then what was the EPA's response to the problem? Well, they developed a tailored interpretation of the Clean Air Act where they ignore certain provisions of the law. This tailored interpretation is actually called the tailoring rule. The tailoring rule is EPA's attempt to limit the scope of the Clean Air Act—limit it to only those businesses that emit 25,000 tons of greenhouse gases. That is 100 times more than the amount of emissions that are currently allowed by law.

Saying that the EPA will only limit emissions from large businesses is not

allowed under the current law—the Clean Air Act. So if you are going to use the Clean Air Act to regulate greenhouse gas emissions for American businesses, you have to use the standard that Congress has set out in the act. The EPA's approach is not legal, and I can tell you it will be challenged in court.

I alerted EPA Administrator Jackson and the EPA Assistant Administrator Regina McCarthy that special interest groups are scheming to sue the EPA. Suits will be filed if the EPA does not follow the Clean Air Act limits—sue them to capture hospitals, farms, nursing homes, commercial buildings, and any other small emitters of greenhouse gases.

I put a hold on Regina McCarthy at the time she was the nominee to be the Assistant Administrator of the EPA Office of Air and Radiation. I did this because of my concern about lawsuits if the EPA attempted to use the Clean Air Act to regulate climate change. I wanted to know what the EPA's solution to the problem would be. When asked about potential lawsuits, Regina McCarthy said that she will—

... request that I be informed if any such notice is filed with regard to a small source, and I will follow up with potential litigants.

That is the EPA's solution, to sit down over a cup of coffee and ask lawyers for special interest groups not to sue. Groups know the law. They know what it says. The EPA Administrator is opening the door to environmentalists and other activists to file suit—to sue to run small businesses into the ground. Up to 1.2 million hospitals, farms, nursing homes, commercial buildings, and other small emitters could be bankrupt. The net result of all of this will be jobs lost. According to the Heritage Foundation, job losses are estimated to reach 800,000.

The solution to this problem is not to have government officials go around asking litigants not to sue; the solution is to pass legislation that takes this regulatory ticking timebomb off the table for good. That is why I have introduced legislation to fix the problem. The bill, S. 1622—the Clean Air Protection Act—takes the Clean Air Act out of the business of regulating climate change. My legislation allows car and truck regulations under the Clean Air Act to move forward, while stopping the regulation of stationary sources, such as small businesses, hospitals, farms, and nursing homes.

Given the introduction of the tailoring rule by the EPA, Congress should pass S. 1622, the Clean Air Protection Act, without delay, pass it before the regulatory ticking timebomb goes off.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from New Mexico.

#### EXTENSION OF UNEMPLOYMENT BENEFITS

Mr. BINGAMAN. Mr. President, I rise to speak in favor of the Reid-Baucus-