

and it never has been, but if we keep at it, we will get there.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming is recognized.

Mr. ENZI. Mr. President, might I inquire what the status is?

The PRESIDING OFFICER. We are on the executive nomination of Harold Koh.

Mr. ENZI. Are there time restrictions?

The PRESIDING OFFICER. We are in postcloture, which requires debate on the pending matter.

Mr. ENZI. Mr. President, I ask unanimous consent to speak as if in morning business for such time as I might consume.

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

HEALTH CARE REFORM

Mr. ENZI. Mr. President, I rise today to speak about the need to reform our Nation's health care system. If we are to be successful, we must undertake this effort with the greatest care and deliberation.

When it comes to health care reform, we have started down this road before. Last Congress, I proposed legislation called Ten Steps to Transform Health Care in America in an effort to provide a blueprint from which we could begin to address the challenge of improving our health care system.

I might mention the way that came about is that Senator KENNEDY as the chairman of the Health, Education, Labor, and Pensions Committee, and I as the ranking member, worked together on a number of bills. In fact, I have quite a record for being able to work in a bipartisan way to get bills completed. We were very busy on the Higher Education Act and other education issues, so I took some leadership in the health area, and we talked about principles we wanted to achieve. Then I collected ideas from both sides of the aisle and put together this package of 10 steps that will transform health care in America as a blueprint to improve and address this challenge of improving our health care system. So it isn't something on which he or I just started working.

After I introduced the bill, I took my message of health care reform directly to the people in my State. I traveled 1,200 miles and held a series of events in March of last year to provide the people of Wyoming with the chance to see what I was working on and to voice their concerns with our current system. Everywhere I went, I heard the same message repeated over and over, and that was that people want change. They want a system that will provide them with a health care system that is affordable, more available, and easier for them to access. Simply put, the people of Wyoming, as do people all across the country, want more choices and more control over their health care. That was the goal of my Ten Steps bill. It was drafted with the aim of leveling the playing field in tax

treatment of health insurance. It was also intended to provide a helping hand to low-income Americans in the form of subsidies that would ensure access to quality, affordable health insurance.

As I traveled through the State, I also heard from members of the small business community. They made it clear that they wanted greater equity and access to a plan that would allow cross-State pooling so they could band together with small business owners in other States and get better rates on the health insurance they provide to their employees.

In the end, no matter whom I spoke with, they all had one message they wanted me to bring to the Senate: Keep costs down and under control. There have to be limits. That is why, as the only accountant in the Senate and as a member of the Budget Committee, I was and remain very concerned with the effect any health care reform proposal will have on our Federal budget, both in the short and the long term.

I can't be the only one who heard those things when I was back home. I think my experience on the road was very similar to that of almost every one of my colleagues. Last year, whether they were campaigning for themselves or for other members of our party, we logged on a lot of travel miles. We met with and spoke to people from all walks of life who came from every imaginable background. Some were from large cities and towns with large populations and others came from the smaller cities and some very small towns with fewer people and resources. Whomever we spoke to and wherever we were, we all heard the same concerns: We need a better health care system, and we need it now.

In response, I was pleased to join with several of my colleagues as we continued to work on health care reform this year. As the ranking member on the Senate Committee on Health, Education, Labor, and Pensions and in my service on the Senate Finance Committee, I have been working to foster and facilitate a constructive dialog with my colleagues on both committees. I have also met with the President and administration officials on numerous occasions so we could share ideas on how to best craft a strong, bipartisan bill. As the debate on health care reform proceeds, I continue to stand ready to work on this critical issue.

This is likely to be the most important legislation we will ever work on as Members of the Senate, no matter how many terms we serve. How well we handle this crucial issue will have an impact not just today but for many tomorrows and countless years to come. If we fail to provide the change that is needed, it may be a long time before the Senate will ever try to do this again.

I am convinced we have a perfect storm before us as we face this issue. The time is right, the political winds are with us, and we have the support

and encouragement of the current administration and the people of this Nation to get something done. That is why a good bill and a bipartisan effort are well within our grasp.

If we are to do the work that is before us and do it well, however, we can't have one side or the other try to grab the reins and lead the effort exclusively in their direction. The American people are looking for us to solve the problem, and they want to know we wrote this bill together, amended it together, and, most importantly, finished it together. They know no one side has all the answers, so they do expect us to put partisanship aside. This is too important an issue not to follow a path that will produce a bill that will have the support of 75 or 80 Members of the Senate. I have every belief we can do that, and that is why I am so strongly committed to bringing massive change to the policies laid out in the recently filed Kennedy bill. I will continue to try to bring that change to the work being done by the Health, Education, Labor, and Pensions Committee and in the Finance Committee.

Let me be very clear about what I believe we can do if we put partisanship aside and work together. We can draft a good bipartisan bill, one that will draw a large majority to its side, and we can get it done this year.

Last week, the HELP Committee began to mark up a very flawed piece of legislation. I understand the difficult circumstances that brought Senator DODD to chair this extraordinarily complex bill, and I appreciate Senator DODD's willingness to take on the task, as he also chairs the Banking Committee. However, the legislation we are considering in the HELP Committee is broken, almost to the point of being beyond repair. It is too costly and it is incomplete. Of course, we are promised we will get the other pieces of the bill. Arguments made about the unfairness of estimating the cost of an incomplete bill show that in the race to revamp our health care system, this bill was a false start. In order to get this right, we should slow down, and in some areas we need to start over.

This shouldn't be a matter of speed. To stay with the analogy of health care, no one goes to a doctor or a surgeon based on how fast they can operate or conduct an examination. It never matters how long it takes. All that matters is that they get it right. We should do the same.

I am not suggesting that we come up with a new process to develop this legislation. All I am saying is that we need to make better use of the one we already have in place, the way we have always done things in the Senate when we want to make sure we get it done right.

For instance, it wasn't all that long ago that we had to do something about our Nation's pension system. We worked together. We talked about what we had to do together. Then we came up with a way to get there, together.

The result was a bill that when it came to the floor was over 1,000 pages long and it had the immense involvement of two committees—the same two committees we are talking about with health care, the HELP Committee and the Finance Committee. Those two committees came together on a bill of over 1,000 pages. When it came to the floor, we already had an agreement between the two committee members which was taken to the leaders, which meant we had an agreement with everybody in the Chamber that there would be 1 hour of debate, two amendments, and a final vote. I asked the Parliamentarian when the last time was that there was a bill of that complexity that had that kind of an agreement before we even debated it, and that person said: Not in my lifetime. That is what is possible around here if we work together. That is what we did with the Nation's pension system.

I think we were talking about the Pension Benefit Guaranty Corporation being short a drastic \$24 billion. Boy, that doesn't look like much money anymore, does it? No. We are talking about some errors on this one that are over \$58 billion. That pensions bill wasn't so long ago. We worked together, we talked about what we had to do together, and then we came up with it together. The result was a bill that only had the two amendments offered to it because the agreement on both the illness and the remedy was so strong.

As we prepared to begin the markup of this bill last week, we received a troubling preliminary analysis from the Congressional Budget Office and the Joint Committee on Taxation regarding the costs and coverage figures associated with the legislation. In its review of the proposal, the CBO found that enacting the proposal would result in an increase in spending of about \$1.3 trillion, with a net increase to the Federal budget deficit of about \$1 trillion over the 2010-to-2019 period. This cost estimate did not include the promised "significant expansion of Medicaid or other options for subsidizing coverage for those with an income below 150 percent of the poverty level." As the markup continues, we will be asking the CBO for an official analysis of the impact of the addition of such a policy on the Federal budget deficit.

We are having more and more seniors moving into the category of long-term care—and we have a proposal before us, which we will debate when we get back. The Senator from New Hampshire, Mr. GREGG, ranking member on the Budget Committee, pointed out that the only part of that proposal that gets scored are the premiums people would pay in over that first 10 years for their long-term care, which comes to about \$59 billion, which shows a surplus of \$59 billion. But what it doesn't take into consideration is the obligation to those people who are paying in those premiums that they will get long-term care.

The expected cost of that long-term care to those people paying in that \$59 billion is \$2 trillion. The proposed payment doesn't match the proposed costs, and it would not be sustainable beyond the 10 years. Whether or not people actually start taking long-term care benefits right away, we will have another Federal Government program with a budget deficit. At the same time we received notice of the preliminary analysis of the Kennedy bill, we got word the Finance Committee was postponing the markup on health care legislation, after reports surfaced that the CBO was preparing an estimate of its legislation that projected an increase to the Federal deficit of \$1.6 trillion over the next 10 years. All of this was on the heels of President Obama's speech last week at the American Medical Association, in which he said:

Health care reform must be and will be deficit neutral in the next decade.

The bill we have before us misses the target of this commitment by more than \$1 trillion. Again, the bill is still missing language in three key areas.

I will take a few moments to speak about our Nation's deficit and overall fiscal and economic condition. My concern about the runaway spending in the Kennedy bill—I should call it the Kennedy staff bill; I know the Senator, had he been able to work with me, would have come up with some different conclusions on the bill. My concern with the runaway spending in the Kennedy staff bill is not simply a concern that it breaks faith with the President's health care reform commitments. Rather, I am deeply troubled by the direction this bill would take us during a truly perilous fiscal age.

I was elected to this body in 1996. In my first years in Congress, we moved from a budget deficit to a budget surplus. I am deeply disappointed that nearly 13 years later, our projected deficit for this fiscal year exceeds \$1.84 trillion, and our national debt exceeds \$11.4 trillion. That is bad. People are starting to take notice, and that, unfortunately, includes our creditors. Add to this the losses to our gross domestic product and an unemployment rate heading toward 10 percent and the news is worse. Again, there have to be limits. People have them in their families, municipalities have them, and most States have them. The Federal Government doesn't.

According to the Federal Reserve, the level of debt-to-GDP ratio is estimated to reach the highest levels it has since immediately after World War II. The increasing spread between short-term and long-term treasuries is evidence that global investors are increasingly concerned about our Nation's level of debt and the real potential for future inflation.

In recent weeks, Treasury Secretary Geithner traveled to China to attempt to ease growing concerns about our ability to pay off our growing debts. When Geithner told an audience of Chinese students at Peking University

that "Chinese assets are very safe," reports are that this statement drew loud laughter.

It is really not a laughing matter for us. It is serious. Tough action, not "I will tell you what you want to hear" speeches, is what we need.

On the State and local front, our economic indicators are equally troubling. On Thursday, the Rockefeller Institute of Government issued a report on State personal income tax revenues for 2009. They are falling fast; 34 of the 37 States in the report saw declines in tax revenue, indicating that it will be increasingly more difficult than expected for States to close their widening budget gaps. I can hear calls for more bailouts, but my question is, who is going to bail out the Federal Government?

These numbers provide the critical backdrop as we consider the new deficit spending included in the Kennedy staff bill. Recently, Fed Chairman Bernanke stated that "achieving fiscal sustainability requires that spending and deficits be well controlled." He went on to note that "unless we demonstrate a strong commitment to fiscal sustainability in the longer term, we will have neither financial stability nor economic growth." For these reasons, the Kennedy proposal requires an entire rewrite with respect to its impact on our Federal budget deficit.

Just as troubling as this bill's impact on the deficit is its failure to help tens of millions of Americans get the health insurance they need. The Congressional Budget Office estimates that, if enacted, this bill would only provide health insurance for one-third of the Nation's uninsured. Let's see, \$1 trillion for 16 million people. This number falls far short of the President's stated goal of "quality, affordable health insurance for all Americans" in his recent letter to Chairmen KENNEDY and BAUCUS.

Of even greater concern, the CBO projects that about 10 million individuals who would be covered through an employer's plan under current law would not have access to that coverage under the Kennedy legislation. This figure breaks President Obama's often-repeated promise during both the 2008 campaign and since taking office that under his health care plan:

If you like your health care plan, you will be able to keep your health care plan, period. No one will take it away, no matter what.

Under the Kennedy plan, that promise rings hollow for millions of Americans, and that is simply unacceptable. I know the President has already scheduled an event on one of the networks to push his health care ideas. When it airs, I am sure we will hear him repeat the line over and over: If you like the health care plan you already have, you can keep it.

If he makes that promise again, every time we hear him say that, we should remind ourselves that the White House has already admitted that such statements aren't to be taken literally. I think that means they are not true.

I cannot recall ever hearing something like that from the White House, but those are their words. Maybe they should be applied to the whole presentation—that none of it should be taken literally.

I know one thing that can be taken literally, and we ought to give it straight to the American people, and that is this: Under the Kennedy proposal being rolled out, you would not be able to keep the care you have right now. Washington bureaucrats will be able to deny you and your family the care you need and that you fully deserve.

Unfortunately, that is not the only thing that we are in denial about. We are also in denial when it comes to the cost of the Democrats' health care plan and our ability to work our way out of a hole of debt that only promises to grow deeper and deeper for a long time and for many years to come.

A lot of times we talk about how we are spending our kids' and grandkids' money. I really feel compelled to point out that we are already spending our seniors' money. Why is that? Well, normally, what happens in this country is that a little bit is taken—well, a bunch is taken—out of your check for Social Security, which is matched by the employer. That amount of money each month has always gone to pay the seniors who are retired, their pensions, and to have a little bit of surplus. But do you know what? It is not doing that anymore. We are having to take money out of the trust funds now to supplement that to be able to pay the people who are retired now—and we are not even to the baby boomers yet. So we have a problem.

Unfortunately, that is not the only thing we are in denial about. Having shown the devastating impact of the Kennedy bill on the Federal deficit, and the failure of it to provide access to adequate health coverage for millions of Americans, I want to turn to one of the three foundational principles of my 10-step plan; namely, improving the quality of care.

On this front, I think the Kennedy plan again fails to live up to the promise laid out by President Obama to “improve patient safety and quality of care.” That is very important—to improve patient safety and quality of care.

I am deeply troubled by the real possibility that comparative effectiveness research, which is mentioned in the bill and has been debated in the committee, and which has been held intact in there, will be used as a cost-containment measure to ration care under this legislation. The result would be, for millions of Americans, a Federal bureaucrat would dictate the type of care they receive and interfere with the doctor-patient relationship.

As the Kennedy bill proceeds through Congress, I will fight to strip those provisions that will delay and deny needed health coverage to Americans. I spoke at length in committee about the truly

horrible stories of rationing care that we hear about from the United Kingdom. I will continue to speak out to make sure this type of so-called care is not imported to the United States.

Finally, I am deeply troubled with a number of other policies advanced in the Kennedy bill. I believe the community rating provisions will result in skyrocketing premium costs for younger Americans. I am troubled that the bill doesn't provide incentives to encourage individuals to make healthier choices. There are a lot of choices we can make to improve our health ourselves.

As we complete the second week of the HELP Committee markup, we are still missing the guts of the Kennedy proposal. We expect that the final proposal will include a government-run plan, a mandate on employers to provide insurance, and a provision dealing with biosimilars. It is difficult to comment on these provisions until they are released.

Proponents of the government-run option—including the President—consistently argue that a public plan is necessary to keep the insurance companies honest and to foster competition. With respect to provisions dealing with preexisting conditions, rate bands, and other reforms, we are all committed to taking action to keep insurers honest and make sure people with preexisting and chronic diseases can get insurance. The creation of a new government program at a time when the experts and Medicare trustees tell us that Medicare stands on the brink of insolvency, does nothing to foster honesty; it fosters fiscal irresponsibility. We are borrowing to pay for the government-run programs we have now. If you already have trouble making your mortgage payments, why would you go out and buy a boat and an RV?

With respect to the notion that we will be fostering competition with the creation of a government-run health plan, I think the public is growing tired of government intervention in our day-to-day lives. First, there was our involvement in the mortgage system and then the banking system and then we got more involved in our Nation's automotive industry. It is certainly more than a possibility that the government has taken on more than it can handle. We are operating at more than the maximum capacity already. Having government take over our Nation's health care system may be the last straw.

Think about that—about all the things that just this year the government has decided to take over. The comment I get at home, and in other places I have traveled across the United States, is, doesn't the government have a little bit of trouble just running government?

There is certainly a role for government as a strong regulator of free market enterprise, but the inclusion of the government as a principal player in our

competitive markets is entirely inconsistent with our Nation's capitalist economic system. I will forcefully oppose the creation of a government-run health plan.

Before I conclude, I would like to say a few words about the current process of health care reform in the Senate Finance Committee. I said at the outset that I am committed to working toward bipartisan health care reform. As a member of the Finance Committee, I have witnessed and have been a part of at least the foundations of such reform. There are many hurdles to remain, but I thank Chairman BAUCUS and Ranking Member GRASSLEY for their very hard work on this extremely complex, difficult issue. We have never had an issue that involved as many people in this country—100 percent of the people. It is important we get it right, that we take the time to get it right. Ranking member GRASSLEY has been cooperative and Chairman BAUCUS has been open and that has been extremely helpful. We have spent hours upon hours in that committee receiving inputs and options from both sides on how to reform our Nation's health care system.

This stands in great contrast to the partisan process that has, unfortunately, unfolded in the Health, Education, Labor, and Pensions Committee we have been tediously working through. There have been comments about how many amendments we turned in. We had 388 amendments. I had to remind them that if you don't get any piece of the drafting, you have to get your opinions in somehow and you do it through multiple amendments. Probably half those amendments were to fix grammatical errors, punctuation, typos—about half of them. Those were accepted.

It is my hope that the difference in process will result in a difference in substance between the Health, Education, Labor, and Pensions Committee legislation and the Finance Committee legislation. I will continue to work in the Finance Committee to shape legislation that improves the quality of our health care, reduces costs, is responsible in its budgetary impact, and increases access to care for all the American people.

As I have said, there is a long way to go on that committee and many differences to resolve, but I continue to work in good faith and hope for bipartisan, responsible health care reform. I am holding out hope a better, more inclusive process will emerge as we continue our work in the HELP Committee. I hope that a change will come about soon, but the bill we currently have before us is a clear sign that just as we have been excluded early on in the health care reform effort, it looks like we will continue to be excluded as the process continues. There is time to get us included. There is an important reason to get us included. But we will see.

In the end, for me and many people across this country, our discussions

about health care can be summed up in a short story with a simple moral. I was reading a book about a Wyoming doctor who came home and decided to settle in a town called Big Piney. He found some ranch land he liked, and he decided to make it his home. When he was attending a local rodeo, one of the cowboys competing in the contest looked at him and said: You aren't from here, are you?

He said: Well, I am going to be, I am a doctor.

Unable to control his enthusiasm, the cowboy walked away shouting to all within earshot: Hey, we finally got ourselves a doctor.

That is what health care is all about in Wyoming, the West, and countless towns and cities all across our country.

I have to tell you, this doctor spent most of his life in the Congo. He studied Ebola and established a lot of health clinics over there. When he retired, he did move to Wyoming. He did health care the old-fashioned way. He made house calls. He sat with people while they were dying. He had a lot of friends over there. Incidentally, he did not take Medicare or Medicaid. He said there were too many strings attached to it. He set up a foundation, and people he worked with could make a donation to his foundation instead. That way he wouldn't violate any Federal rules about treating some people and taking money. He was a tremendous doctor. Unfortunately, we lost him this year. So that area is once again without a doctor. If you can send me one who likes rodeos, we would be happy to have him there. That is what health care in Wyoming is about.

In the big cities and towns of Chicago, New York, Boston, and Los Angeles, it seems to me there is a hospital or doctor's office on almost every corner. In States such as Wyoming, however, they are few and far between, which makes health care a very precious commodity. I always tell people the statistics are we are short every kind of provider in Wyoming, including veterinarians, which always brings the comment: Surely, veterinarians don't work on people. We say: Yes, if you are far enough from a regular doctor, you are happy to have a veterinarian. You just hope he doesn't use the same medicines!

If we are not careful with this legislation, it will not make health care more plentiful and abundant, it will make it even more rare and difficult to obtain, and when health care gets more expensive and less available in places such as the big cities in this Nation, imagine what it will be like in the small towns of Wyoming and the West. People back home know what it will be like—another one-size-fits-all policy that did not fit so well into the rural areas of this country to begin with. That is why people are worried right now. The only way we can assure them they do not have to worry is if we take the time to make sure we get it right the first time. Then, and only then,

will the American people feel like they will be getting what they said they wanted during our campaigns last year—not just change but change for the better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent to be recognized as in morning business for the time I consume.

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

Mr. INHOFE. Mr. President, let me say of my friend, the senior Senator from Wyoming, he does articulate this issue well. He has spent countless hours working on it. When you listen to him, his depth of knowledge and trying to work out something that would give improvements and avoid a total socialization of medicine, he knows what he is talking about.

When I go back to my State of Oklahoma, it is not all that different than from when he goes back to his State of Wyoming and people ask the question: If government isn't working well now, why do we want to put all the rest of these things in government, whether it is health care or the banking industry, the insurance industry, oil and gas and the other takeovers we are witnessing right now?

I do think you can summarize what he said very simply by merely saying, if there is a government option, of course, this is a moving target. For those of us who are not on a committee that is dealing with health care reform, we are not sure what is going on there, and I am not sure anyone else does either because it is a moving target. From one time to another, we hear different things that are going to be in the bill, and then they change their mind.

One thing we know, though, they keep saying there is going to be a government option. If there is a government option, we are going to see a huge impact on insurers, private companies that offer insurance, and you will see that market dwindling. You can't blame them for that.

The other thing that is a certainty in this whole issue of the Kennedy bill and what they are trying to do, what the administration is trying to do with the health delivery system in America is they would be putting Washington between the patient and the doctor. That gets a response when I am back in Oklahoma of we don't want that to happen.

So we have right now a lot of invasions on the systems that have worked well in America.

NATIONAL ENERGY TAX

I wish to talk about one other issue since tomorrow the House is scheduled to vote on what is known as the Waxman-Markey bill, which is the Democrat's answer to the worst recession in decades, a national energy tax, a tax designed to impose economic pain through higher energy prices and lost

jobs or as a recent Washington Post editorial put it:

The bill contains regulations on everything from light bulb standards to the specs on hot tubs and it will reshape America's economy in dozens of ways that many don't realize.

In other words, this would be, if it were to pass, the largest tax increase in the history of America. I know a little bit about this issue because I started working on this issue back in the late nineties when they were trying to get the United States to ratify the Kyoto treaty. The Kyoto treaty is very similar to the proposals we have had since that time. We know what that would have cost at that time. Somewhere between \$300 billion and \$330 billion a year as a permanent tax increase.

There have been proposals on the floor of the Senate in 2003, 2005, 2007, 2008, and now this time. We in the Senate have more experience in dealing with this issue than the House does because this is the first time they have ever had it up for consideration.

Over the past several weeks, Speaker PELOSI has been facing an insurrection within her own ranks. We have been reading about the Democrats who are pulling out saying: We don't want to be part of the largest tax increase in the history of America. More and more people are jumping in and saying we cannot have it. As of yesterday, the American Farm Bureau came in opposing, the strongest opposition to this legislation.

Let me say, if the Democrats are having trouble passing this bill in the House, where the majority can pass just about any bill it wants, then there is no hope for a cap-and-trade bill to come out of the Senate. I think we know that. We watched it.

Right now, by my count, the most votes that could ever come for this largest tax increase in the history of America would be 34 votes—34 votes. They are not even close.

I say that because there are a lot of people wringing their hands: She wouldn't bring this bill up in the House on Friday unless she had the votes. Maybe she will have the votes. There has been a lot of trading, a lot of people getting mad. Nonetheless, she may have bought off enough votes to make it a reality.

The fact is the Waxman-Markey bill is just the latest incarnation of very costly cap-and-trade legislation that will have a very devastating impact on the economy, cost American jobs by pushing them overseas, and drastically increasing the size and scope of the Federal Government.

In the Senate, we have successfully defeated cap-and-trade legislation in the years I mentioned. Four different times it has been on the floor. I remember in 2005, I was the lead opposition to it. Republicans were in the majority at that time. It had 5 days on the Senate floor, 10 hours a day, 50 hours. It was the McCain-Lieberman bill at