

businesspeople. If given the choice between paying \$750 per person, which the Senate plan does, or providing every single full-time and part-time employee health care, they will take the \$750 a person. And where are the employees going to be? They will be out of employer health care. That is not what the President said he wanted. Where are they likely to be? A lot of them will be in these government programs, one of which is being extended and one of which is being created.

Then there is the problem of waiting in line and rationing. If we create government programs with government people in between ourselves and doctors, there is more of a chance that we will be waiting in line and that we will have our health care rationed.

Republicans have offered a number of plans that make more sense. A number of us have joined with Senator WYDEN in a bipartisan plan that makes common sense. That plan, to be specific, would take the subsidies which we now spend on health care and spend them in a fairer way, giving low-income Americans a chance to buy health care like the rest of us have. It wouldn't create any new government programs. According to the Congressional Budget Office, it wouldn't add to the debt. If we are starting over, that framework would be a good place to start.

People at home in Tennessee, the Mayo Clinic, 1,000 local chambers of commerce that have made their announcement today, the Congressional Budget Office, and the Democratic Governors all say: Whoa, let's get it right. This has too many problems. Let's start over with something that Americans can afford in terms of their own health care plan and a government they can afford.

I ask unanimous consent to have printed in the RECORD an article by Martin Feldstein, President Reagan's former Chairman of the Council of Economic Advisers, from the Washington Post of today.

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

OBAMA'S PLAN ISN'T THE ANSWER

(By Martin Feldstein)

For the 85 percent of Americans who already have health insurance, the Obama health plan is bad news. It means higher taxes, less health care and no protection if they lose their current insurance because of unemployment or early retirement.

President Obama's primary goal is to extend formal health insurance to those low-income individuals who are currently uninsured despite the nearly \$300-billion-a-year Medicaid program. Doing so the Obama way would cost more than \$1 trillion over the next 10 years. There surely must be better and less costly ways to improve the health and health care of that low-income group.

Although the president claims he can finance the enormous increase in costs by raising taxes only on high-income individuals, tax experts know that this won't work. Experience shows that raising the top income-tax rate from 35 percent today to more than 45 percent—the effect of adding the proposed health surcharge to the increase re-

sulting from letting the Bush tax cuts expire for high-income taxpayers—would change the behavior of high-income individuals in ways that would shrink their taxable incomes and therefore produce less revenue. The result would be larger deficits and higher taxes on the middle class. Because of the unprecedented deficits forecast for the next decade, this is definitely not a time to start a major new spending program.

A second key goal of the Obama health plan is to slow the growth of health-care spending. The president's budget calls explicitly for cutting Medicare to help pay for the expanded benefits for low-income individuals. But the administration's goal is bigger than that. It is to cut dramatically the amount of health care that we all consume.

A recent report by the White House Council of Economic Advisers claims that the government can cut the projected level of health spending by 15 percent over the next decade and by 30 percent over the next 20 years. Although the reduced spending would result from fewer services rather than lower payments to providers, we are told that this can be done without lowering the quality of care or diminishing our health. I don't believe it.

To support their claim that costs can be radically reduced without adverse effects, the health planners point to the fact that about half of all hospital costs are for patients in the last year of life. I don't find that persuasive. Do doctors really know which of their very ill patients will benefit from expensive care and which will die regardless of the care they receive? In a world of uncertainty, many of us will want to hope that care will help.

We are also often told that patients in Minnesota receive many fewer dollars of care per capita than patients in New York and California without adverse health effects. When I hear that, I wonder whether we should cut back on care, as these experts advocate, move to Minnesota, or wish we had the genetic stock of Minnesotans.

The administration's health planners believe that the new "cost effectiveness research" will allow officials to eliminate wasteful spending by defining the "appropriate" care that will be paid for by the government and by private insurance. Such a constrained, one-size-fits-all form of medicine may be necessary in some European health programs in which the government pays all the bills. But Americans have shown that we prefer to retain a diversity of options and the ability to choose among doctors, hospitals and standards of care.

At a time when medical science offers the hope of major improvements in the treatment of a wide range of dread diseases, should Washington be limiting the available care and, in the process, discouraging medical researchers from developing new procedures and products? Although health care is much more expensive than it was 30 years ago, who today would settle for the health care of the 1970s?

Obama has said that he would favor a British-style "single payer" system in which the government owns the hospitals and the doctors are salaried but that he recognizes that such a shift would be too disruptive to the health-care industry. The Obama plan to have a government insurance provider that can undercut the premiums charged by private insurers would undoubtedly speed the arrival of such a single-payer plan. It is hard to think of any other reason for the administration to want a government insurer when there is already a very competitive private insurance market that could be made more so by removing government restrictions on interstate competition.

There is much that can be done to improve our health-care system, but the Obama plan

is not the way to do it. One helpful change that could be made right away is fixing the COBRA system so that middle-income households that lose their insurance because of early retirement or a permanent layoff are not deterred by the cost of continuing their previous coverage.

Now that congressional leaders have made it clear that Obama will not see health legislation until at least the end of the year, the president should look beyond health policy and turn his attention to the problems that are impeding our economic recovery.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 3183, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 3183) making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Dorgan amendment No. 1813, in the nature of a substitute.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Madam President, this legislation comes from the Appropriations Energy and Water Subcommittee. It has passed through the full Appropriations Committee and reported to the floor of the Senate. This is another one of our appropriations bills that we very much hope we can get done, have a conference with the House, and send to the President for signature. Regular order for this bill has not happened for a couple of years, which is a failure of the Congress and the White House because of the way things developed in the last few years. We need to change that.

I thank Senators INOUYE and COCHRAN, the chairman and vice chairman of the full committee. They have made a decision that they want to drive these individual appropriations bills through the process, get them conferred, then send them to the White House to sign them into law. That is the way they should be done.

We have put together legislation that we think is a good bill. It funds all of the energy functions across the country, including programs attached to the Energy Department. It funds all of the water policy issues across the country, all the projects that are ongoing. It is a very important bill. If we think of the subject of energy and water, there is not much more controversial or important at this point than those two subjects.

This bill is 1.8 percent under the President's budget request and 1.4 percent over the amount spent in the previous fiscal year. This is a fairly conservative, austere bill we have put together. We have tried to make the best case we can for the best investments for the future.

The other thing that is important to understand is that, at a time when our country is in a deep recession, funding water projects and energy projects provides a way of putting people to work and creating jobs. At the end, rather than only spending and having the money disappear, we have invested and we have returns on those investments in the form of water and energy projects that will benefit the country for many years.

Yesterday, I talked for a moment about the Department of Energy's national laboratories. We fund a lot of issues in this appropriations subcommittee, including all of our science, energy, and weapons laboratories. I am so proud of those laboratories. They remind us of the old Bell Laboratories, where so much good research and scientific inquiry occurred. The Bell Labs are now largely gone. The laboratories that we have—the science, energy and weapons labs—are the repository of the most important research that goes on in this country.

I believe it was in the last fiscal year that Los Alamos in New Mexico announced it had completed work on what is called the Roadrunner, which is the most powerful computer in the world. That most powerful computer does not exist somewhere else, it exists here at Los Alamos Laboratory.

It is a computer that has met the speed of what is called a petaflop. That sounds like a foreign language.

Let me start first by talking about a teraflop. A teraflop is something where a computer can do 1 trillion discrete functions per second. In 1997, we reached that standard of a teraflop, 1 trillion functions per second. Ten years later, the amount of space for the hardware to do what was called a teraflop was a very large home essentially. That is the amount of space it took for the hardware. The amount of energy it took to run all that computer power was the amount of energy it took to supply hundreds and hundreds of homes. Then, 10 years later, a teraflop, the same 1 trillion functions per second, could be provided with the energy equivalent of a 60-watt lightbulb on equipment the size of a very small token.

Now we are not talking about 1 trillion functions per second or a teraflop. We are talking about a computing standard called a petaflop. The Roadrunner achieved it. A petaflop is 1,000 trillion functions per second. It is so powerful and unbelievable, it is almost hard to describe. I asked a scientist: What does it mean that you can do 1,000 trillion functions per second? He said: As an example, they are using them on stockpile stewardship and

weapons issues. There are something like 1 or 2 billion synapses in the brain that communicate with each other. This is the first computer that has the capability and the power to analyze what these billion synapses of the brain are doing in communicating in order to produce something from one's eye called vision. We understand we can see. We just don't understand how it is all possible. Yet the development of very powerful computers like the Roadrunner, the world's most powerful computer in this country, allows us to do almost unbelievable things in science and research and inquiry. Is that an investment in the country, in the future? Yes, it is a big investment, an investment that will pay dividends for decades to come.

I point that out to say that we have brought a bill to the floor that deals with so many important energy and water issues. It attempts to accelerate research into renewable energy for programs like wind and solar and biomass. It attempts to evaluate how, through science and research, we can understand our ability to continue to use our most abundant resource: coal. We understand we will have to have a lower carbon future and capture carbon and sequester it or use it for beneficial use. The way we will do that is by investing in the kind of research and inquiry that will unlock the mystery of doing that. I am convinced we will. This is the legislation in which we make those investments.

Senator BENNETT has no doubt had the experience I have had because we lead the committee that funds all of this. I have had people from all around the country come to my office breathless about the silver bullet they have now patented that will solve all of our problems in energy, either the newest form of energy or the newest approach to capture carbon. They come in breathless. By the time they are finished talking, we are out of breath because they are so excited about what they are doing.

We have a guy who was a witness at a hearing on the beneficial use of carbon so that we can continue to use coal and not severely impact our environment. He has developed and patented an approach by which he takes the effluent coming out of the stack of a coal-fired generating plant and doesn't separate the CO₂. Through chemicals, he mineralizes it and creates a product that is equivalent and harder than and better than concrete. Is that the silver bullet? I don't know. But he made a strong and interesting case before the committee that this will dramatically advance our ability to use coal in the future while at the same time protecting our environment.

Senator BENNETT and I, in this legislation, provide the investment funds necessary to begin to scale up and demonstrate new approaches and new patents and new technologies in so many of these areas. Why is all this important? We are unbelievably dependent

on foreign oil. Almost 70 percent of the oil we use comes from outside of our country. That makes us vulnerable from a national security and an energy security standpoint. The country knows we have to move off that dramatic dependency and find ways to produce more here. That means more of all kinds of energy. That is what we support in this legislation. We produce, we conserve. We provide greater efficiency for virtually everything we use every day, as we use energy in our daily lives.

Then, in addition to that large area of energy, which we will describe in greater detail as we have amendments to the bill, all of the water projects in this country, through the Army Corps of Engineers and the Bureau of Reclamation, are projects that are making life better for people, providing access to clean water and the storage of water.

We understand how controversial water is, but we also understand that water is essential to economic growth and human health. To monitor and conserve water resources and make the best use of all of those resources is exactly what we are trying to do with this legislation.

I won't describe more except to say this legislation includes the President's recommendations, his wide range of earmarks, and what the White House would like to be funded in water projects. We respect that and have accepted most of what the President has recommended for specific project requests. We have added some, while eliminating some of the President's, that we believe have higher value for various States based on information we have gleaned.

We will have amendments. I think there are already a couple dozen amendments filed. Some say the Congress should not have any imprint on what should be funded here, let's just let the White House tell us what they want funded.

Well, that does not make a whole lot of sense because the folks in this Chamber are elected by their constituents and perhaps have the best sense of what kinds of water projects will best meet the needs of their region or their State. But, as I said, we respect the President's views, and we have funded most of the specific projects he has asked us to fund and made some modifications where we think appropriate and where we think it will improve the legislation.

I say on behalf of myself and Senator BENNETT, we were here yesterday, and we did not have amendments offered. We had some filed but not offered. It is a quarter to 12 today, and we will be here all day. We very much hope, if people have amendments, they will come to the floor of the Senate, offer them, and debate them so we can proceed. So we are here. We very much would like to finish this bill by tomorrow evening—perhaps this evening, if people would be as optimistic as we

are. But we would like people to come and offer amendments as soon as possible.

Madam President, I do not know whether Senator BENNETT wishes to speak. Well, I believe we have someone who wishes to offer an amendment. We appreciate Senator VOINOVICH coming to the Chamber.

The PRESIDING OFFICER. The Senator from Ohio.

AMENDMENT NO. 1841 TO AMENDMENT NO. 1813

Mr. VOINOVICH. Madam President, I ask that the Voinovich-Carper amendment No. 1841 be called up.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Ohio [Mr. VOINOVICH], for himself and Mr. CARPER, proposes an amendment numbered 1841 to amendment No. 1813.

Mr. VOINOVICH. Madam President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To clarify the authority of the Nuclear Regulatory Commission regarding the acquisition and lease of certain additional office space)

On page 63, after line 23, add the following:

SEC. 3. AUTHORITY OF NUCLEAR REGULATORY COMMISSION.

The Nuclear Regulatory Commission may use funds made available for the necessary expenses of the Nuclear Regulatory Commission for the acquisition and lease of additional office space provided by the General Services Administration in accordance with the fourth and fifth provisos in the matter under the heading "SALARIES AND EXPENSES" under the heading "NUCLEAR REGULATORY COMMISSION" under the heading "INDEPENDENT AGENCIES" of title IV of division C of the Omnibus Appropriations Act, 2009 (Public Law 111-8; 123 Stat. 629).

Mr. VOINOVICH. Madam President, I thank Chairman DORGAN and Ranking Member BENNETT for allowing me to bring this amendment to the floor.

This bipartisan amendment renews authorization granted to the Nuclear Regulatory Commission and the General Services Administration in the fiscal year 2009 Omnibus appropriations bill that allows GSA to acquire additional permanent office space near the Nuclear Regulatory Commission headquarters location in Rockville, MD. We need to renew this authorization in the fiscal year 2010 appropriations because the current lease negotiations will likely extend beyond September 30, the end of fiscal year 2009.

This is a fairly straightforward and simple amendment, but I want to take this opportunity to underscore the importance of the original intent of the authorizing language.

Having served as either the chair or ranking on the Clean Air and Nuclear Safety Subcommittee for the past 8 years side by side with my good friend, the senior Senator from Delaware, I take great pride in the fact that the NRC has become one of the best regulatory agencies in the world.

Senator CARPER and I, together with other members on the Environment and Public Works Committee, have worked hard to provide the NRC with the necessary resources to do its job; that is, ensuring safe operation of the 104 operating nuclear powerplants while conducting licensing reviews of the 17 applications for construction and operation of 26 new reactors. That may sound like some new information, and it is. We have 17 applications filed with the Nuclear Regulatory Commission for construction and operation of 26 new reactors.

With three pieces of legislation included in the Energy Policy Act of 2005, we were able to help NRC hire more than 1,000 new workers and rehire retirees in the last 4 years to meet the increasing demand. The rehiring was to train new people who are being brought on board.

Now we need to follow through and provide NRC with adequate, colocated headquarters office space to ensure maximum efficiency and effectiveness. I must say that the subcommittee has looked at this over and over again, and we have concluded that it is very necessary to have them have space in the same vicinity so they can more adequately and more efficiently run the operation.

Lately, we have been hearing a lot about how we need to increase the use of nuclear energy if we are to achieve our energy independence, reduce greenhouse gases, and create jobs. I would point out that the NRC is at the center of all of this in the midst of reviewing those 17 applications for 26 new reactors.

Providing NRC with the tools necessary to achieve regulatory stability, efficiency, and effectiveness not only makes sense, it is the job of Congress. I urge my colleagues to vote for this amendment.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. BENNETT. Madam President, I am in favor of the Voinovich amendment. To use the language of the cloakroom, it has not yet been hotlined. I do not know of any objection to it, and at least on this side, we will do what we can to get it hotlined, get it cleared, so it can be adopted, I would hope by voice vote, as quickly as possible. But because it has not been hotlined on our side, I would suspect the vote will probably take place this afternoon, if that is acceptable to the chairman.

There has been, as Senator VOINOVICH has pointed out, a significant increase in the NRC workload, and GSA has been in negotiations with NRC to construct additional building space next to the existing NRC headquarters. The negotiations may extend beyond the end of this fiscal year, with the lease award occurring in 2010. So in order to anticipate that, the NRC and GSA agreed that the language should be continued in the fiscal year 2010 appropriations

for the NRC. That will facilitate the procurement process and protect the government from any protests after a contract is awarded. This would mean the NRC could continue the current procurement without interruption. For those reasons, I think we should facilitate this.

With that, Madam President, I yield the floor.

I suggest the absence of a quorum.

Mr. DORGAN. Madam President, if the Senator would withhold?

Mr. BENNETT. Madam President, I will withhold the suggestion of an absence of a quorum.

Mr. DORGAN. Madam President, I, too, rise in support of the amendment offered by Senator VOINOVICH. It is a good amendment. In fact, it would extend authority we have previously carried in this legislation in fiscal years 2008 and 2009. So I believe we would be able to clear this amendment by voice vote, but it has to be hotlined, I think. So my expectation is we will be able to clear this amendment at some point after lunch today.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. UDALL of New Mexico. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. UDALL of New Mexico. Madam President, I ask unanimous consent to speak as in morning business for 10 minutes.

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

Mr. UDALL of New Mexico. Madam President, as to the bill that is before the Congress, I heard Chairman DORGAN mention Los Alamos National Laboratory and the Roadrunner computer. I thank him for his attention to the two national laboratories in my State, Los Alamos and Sandia. This computer, the Roadrunner computer, is a very important computer in dealing with issues such as climate change, national security, and other scientific research. I applaud his efforts in moving us forward, and also Ranking Member BENNETT. I applaud them both for their leadership.

HEALTH CARE

Madam President, if you follow the debate in Washington about health reform, it is easy to get the wrong idea. The press likes to cover what we are doing out here as if it is a game of chess—one side wins by passing health care reform; the other side wins by blocking it.

I understand that somebody will disagree with whatever plan we produce to reform health care. That is democracy. Some Members of this body might decide they have to vote no on health reform. But let's be clear on one thing: If we fail to pass a health reform

plan, nobody wins. If we keep the status quo, all of our constituents will be worse off.

The health care debate can get complicated. Both sides have a list of numbers a mile long that are supposed to explain the problem and the possible solutions. But these numbers do not tell the whole story. For example, we know that 22,000 Americans die each year because they do not have health insurance. But that is only part of the story because every one of those 22,000 is a unique and irreplaceable individual—somebody's mother, somebody's son. Numbers cannot convey the injustice of it all, the needless pain for families and friends. Every year, this country produces 22,000 unnecessary stories of loss and suffering—22,000 stories that could go unwritten if we act now. These stories are everywhere we look, if we look.

Last week, I got a short note from a man in Pena Blanca, NM. The man wrote:

My wife and I have been self employed craftsmen for 25 years. We never made enough money for health insurance. My wife now has terminal colon cancer. If she could have had a colonoscopy at 50 [years old] she would not be dying at 54. My heart is broken.

All this woman needed was the simple preventive care that should be available to every American—care that costs little and saves lives. But our system did not provide that, and now she is dying. If we do not get health care legislation passed, thousands of women like my constituent in Pena Blanca will not get their colonoscopies and thousands more hearts will be broken like her husband's. I do not care where you stand in this body, that is not a victory for anybody.

Another thing we talk about in Washington is “preexisting conditions” reform. It sounds as if it should be something complicated, something most Americans do not quite understand. But my constituents know exactly what a preexisting condition is. It is the heart attack from 10 years ago that prevents dad from getting insurance through his job. It is mom's age. It is the fact that Sarah from down the street might get pregnant—a fact that forces her to pay more for insurance than her male coworkers.

I have held a number of townhalls on health care reform in New Mexico, and everywhere I go I hear stories.

A couple of weeks ago, I heard a story about a constituent who had come to my office for some casework a few years ago. This is one of those people whom you would expect to do great things. He works an incredibly technical job at Los Alamos National Laboratory. Until recently, he thought his knowledge and hard work would get him through any crisis. Then John began suffering from a host of unexplained neurological problems. The problems got so bad that he was actually relieved when a doctor told him about a tumor in his brain. He chuckles when he remembers that day. He

was so relieved to know what was wrong with him, and his doctor said something could be done.

But John's insurance company had other ideas. Months went by, and John was not approved for the operation his doctor recommended. Only just recently was he approved for the procedure he needs. But now he has other problems. His medical leave is about to run out, and he does not know what to do. If he loses his job, he loses his insurance. And if he loses that, he could lose everything. He will become just another American whose preexisting condition prevents him from getting health care.

John was supposed to be one of the lucky ones. Before he began having problems, he assumed he was one of the 55 percent of New Mexicans who have adequate health insurance. But John was just one illness away from the edge. And he is not alone. If we do not act, millions of Americans will fall off the edge in the coming years. I do not care how you feel about the President's health care plan, that is not a victory.

Because John cannot work, he could lose his health insurance. But you do not have to lose your insurance to lose everything.

When I was back in New Mexico over the Fourth of July recess, I stopped at a local TV station for an interview. I went to the front desk to check in and introduced myself to the woman sitting there. It was like I had touched a nerve.

“Senator UDALL,” she said, “I need your help.”

This woman works full time and she has health insurance through her work. Not too long ago, her doctor told her she needs cataract surgery or she will lose her sight. On Monday, before I met her, she was scheduled to get that surgery. Then, days before her appointment, she was informed that the deductible would be more than \$2,200, not including the cost of any followup care. Like many Americans, she has been struggling to make ends meet in this economy. She cannot spare \$2,200 from her paycheck, so she canceled her operation. Now she is afraid she will lose her sight and she doesn't know what to do. So when a Senator walked through the door, she asked me for help.

We can help this woman. She shouldn't have to choose between paying her rent and keeping her sight. Nobody should. And we can make it so. We can create a system where people can find and afford to pay for quality health insurance that provides the care they need. We can create a system where people do not have to worry that they are one layoff away from losing their insurance or one medical emergency away from losing everything. We can guarantee quality affordable health insurance to every American. If we don't—if we miss this opportunity—this is not a victory of one political party over another; it is a massive loss for all of us and for everybody we represent. It would be a national disgrace.

We are better than this. We can pass something that helps every American. We can declare victory not over the other political party but over the status quo. I hope we do so.

Thank you, Madam President.

I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. KOHL. Madam President, I ask unanimous consent to speak as in morning business for 10 minutes.

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

Mr. KOHL. Madam President, I rise today to talk about our effort to achieve comprehensive health care reform. Most people agree that reforming our health care system is a necessity and that we cannot afford to wait another 10 or 20 years until health care costs consume the American economy as well as the budgets of most American families. However, as urgent as this issue is, we must approach every aspect of health care reform thoughtfully and not rush to complete what might be one of the most important legislative initiatives any of us will ever work on during our time here.

As the HELP Committee and the Finance Committee release their proposals for health reform, we know we cannot consider a bill that does not control costs. Controlling costs is an enormous priority. I believe it is as important as ensuring universal coverage, because if we provide universal coverage without controlling costs, the result would be financial catastrophe for our Nation.

I want to be clear that lowering costs does not mean limiting access to care, although opponents of health care reform will try to convince the American people that it does. These political talking points are a distraction at a time when we are trying to expand access to health care. No one will be forced to change their health plan, their doctor, or their hospital if they like what they have now. Health care reform will provide coverage to those who do not have it today, and it must lower costs for both families and businesses.

One key component to cutting costs is to eliminate unnecessary testing and overtreatment. If we can do that, then our health care system and America's patients will be in better shape. We can move in this direction if the Federal Government starts paying for value of care, not volume. As it stands, the Medicare reimbursement system provides perverse incentives. Currently, geographic areas that provide the most inefficient care oftentimes get the highest reimbursements. We need to ensure that all health care systems provide better care in a more efficient

way and reward those systems that already do so; otherwise, we will never get costs under control.

As chairman of the Aging Committee, I am familiar with many of the health care issues that affect seniors as well as all Americans. In this capacity, I have been pushing for health reform to include improvements to our long-term care system. Our Nation's population is aging at a record rate, and with every passing year more elderly Americans find themselves in need of long-term care. Most of us will at some point struggle with the high and rising costs of caring for a loved one. These too are costs we must get under control as part of health care reform, and I applaud Chairman KENNEDY for including the CLASS Act in the HELP Committee bill. This bill will provide new funding for long-term care through a voluntary social insurance program.

We can also get long-term care costs under control by promoting a move toward home and community-based long-term care services in Medicaid. These programs break away from a "one size fits all" approach, offering flexibility and choices tailored to an individual's needs. Even better, they save a lot of money that would otherwise be spent on nursing home care. Senators KERRY, GRASSLEY, and CANTWELL all have good ideas in this area that I hope will be considered.

We must also protect those consumers who are making an effort to plan for the costs of their own long-term care in advance. In recent years, long-term care insurance has gained popularity. Over 40 States have initiated programs to encourage residents to buy long-term care insurance in an attempt to ease the burden of Medicaid costs on State budgets. I believe we have a duty to make sure these policies, which may span several decades, are financially viable.

Many long-term care insurance companies have been raising their policyholders' monthly premiums, which can be devastating for older persons who are living on a fixed income. Until we can guarantee that consumers have strong protections, that carriers will not deny legitimate claims, and that premiums will not skyrocket down the road, long-term care insurance is not ready to be a major part of the health care reform solution.

The funding of care is not our only concern. It has been 22 years since we raised the standard of care in nursing homes, and quality improvements are long overdue. Every year, as part of our Medicare and Medicaid reimbursement system, our government collects information about all 16,000 nursing homes across the country. We should make this information available to consumers so they can judge a home's track record of care for themselves before deciding where to place a loved one. We should make nursing homes safer by instituting a comprehensive background check system for long-term care workers. Pilot programs

have shown that this would keep thousands of predators out of our nursing homes where they can cause, and do cause, terrible physical, financial, and emotional harm to residents and their families.

The truth is that while there are some hot button issues that divide us and while there is seemingly endless ground to cover, there is a lot about improving health care we do agree on. We all recognize the need to bolster the ranks of those who provide care. As America ages, we will face a severe shortage of workers who are equipped to manage seniors' unique health needs. It is important to expand the training and education for licensed health professionals, direct care workers, and family caregivers, and I applaud the HELP Committee for recognizing this need in their bill.

We agree that America's health systems should expand the use of health information technology, which has been shown to save lives by reducing medical errors and save money by promoting efficiency in testing and communication. We agree that those who have suffered from a health problem in their past should not be denied insurance that will protect them for the future by ensuring that these individuals with preexisting conditions can purchase coverage.

We also agree that we should do everything we can to remove fraud, waste, and abuse from the system. We must employ a vigorous health care fraud enforcement program that will protect policyholders, businesses, and taxpayers.

We agree that we should work to provide appropriate care at the end of life. We need to break down the barriers to advance planning and encourage Americans to talk with their doctors about end-of-life care long before such choices must be made.

Finally, we agree that we have a lot to gain if we get this done in a thoughtful, deliberate way. We can do this right and we must do this soon because so many Americans are depending upon us.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. THUNE. Madam President, I ask unanimous consent to speak as in morning business.

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

Mr. THUNE. Madam President, I think the American people are beginning to react in a negative way to what they perceive to be happening in Washington, DC, today with regard to the debate about health care, the debate about new energy taxes in the form of

a cap-and-trade program. Of course, we know there are a lot of questions about whether there was any value in the trillion dollar stimulus bill that passed earlier this year, which was supposed to keep unemployment below 8 percent, and now in many States it is well into the double digits and continues to go north from there.

They have seen a lot of government spending with the stimulus, a takeover of many industries, whether it is auto manufacturing, financial services, or insurance companies in this country. They have seen the cap-and-trade bill, which passed the House of Representatives, which they know—there are debates about how much, but they know it will increase what they pay for energy in this country. And now we are having this discussion about the government taking over one-sixth of the American economy in the form of health care.

I think what we are starting to see is that the American people, as they engage in these issues, are becoming increasingly concerned about the level of government expansion and intervention in the marketplace, and the amount of new taxation and new borrowing and spending that is going on in Washington, DC, at a time when the American people are being, by virtue of the fact that they have to live within a balanced budget, required to make hard choices in their daily lives. They see a disconnect between what they are experiencing in their family lives and what is happening in Washington, DC, where there continues to be this pattern of new taxes, spending and borrowing.

Logic would dictate, I think, when you are in a recession, you should not raise taxes. The worst thing to do in a recession is raise taxes and actually crush any economic recovery that might occur because, as we all know, what helps create jobs is small business. If small businesses are faced with higher taxes, they have less to invest in new equipment and in hiring new employees.

The other thing I think logic dictates is that when you are running trillion dollar deficits as far as the eye can see, you should not be piling more debt upon future generations. It seems as if everything we are talking about these days is an expansion of government in Washington, at greater additional costs to the American people, either in the form of higher taxes or increased borrowing from future generations, neither of which is something I think most Americans would acknowledge we ought to be doing when you have an economy in a recession and trillion dollar deficits as far as the eye can see.

The current health care debate is a good example of something about which people have reservations and concerns, because they see the attempt by the Federal Government to take over one-sixth of the American economy, to essentially nationalize it—whatever you want to call it. In any

event, it will mean greater government intervention and greater government involvement and an expansion of government in Washington, DC. I think they are starting to react in a negative way against that, and more and more members in Congress, in the House and Senate, are hearing that.

I think that is why it is becoming increasingly difficult now to move in the quick way in which the Democratic leadership in the House and Senate wanted to in order to enact some form of health care reform before the August break.

The way I view this issue is that we ought to look at starting over. Clearly, what has been proposed and rolled out so far is not working. It is not working in terms of winning the minds of the American people, in terms, in Washington, DC, of putting together what ought to be a bipartisan solution to probably one of the biggest challenges and crises facing the American people and our economy.

So far, we have seen a bill being debated at the committee level in the House of Representatives, and perhaps scheduled for the floor—if not this week, when we get back—and we have seen action by the HELP Committee in the Senate on a bill that, by CBO's estimate, is about a trillion dollars in new costs. Somehow, it will have to be paid for.

It seems as if we ought to push the reset button and figure out, OK, how can we do this in a way that achieves savings to the American people and the health care costs in this country, as opposed to actually adding new costs by increasing government spending in Washington, DC, expanding the size of government, and putting the government in the way of—I guess intervening in that fundamental relationship between physicians and patients.

There are a number of things that are, in my view, wrong with the current plan, the plan that passed the HELP Committee in the Senate, as well as the one currently being considered in the House of Representatives. The first fundamental test it flunks is that it doesn't do anything to reduce costs. To me, reform ought to be finding efficiencies, streamlining, looking at ways of doing things in a less costly way to achieve savings. We know that is not the case with the bill that passed the HELP Committee in the Senate, and we know the House of Representatives, in their bill, according to the most recent Congressional Budget Office estimates, also does nothing to find savings or achieve any sort of savings as a result of all these changes being proposed. So it flunks the first fundamental test of reform; that is, it does nothing to reduce costs.

Secondly, it does cut payments, reimbursements, under Medicare to providers, whether it is hospitals, whether it is the cost of pharmaceuticals. All of these things in this country that add to the overall cost of health care are obviously going to take a nick in this. We

don't want to see the health care currently provided under Medicare to American senior citizens somehow be hurt by the fact that they are trying to find money to pay for this whole new expansion of government health care in this country. So you have the issue of cuts to reimbursements currently under Medicare, which very likely would impact the delivery of care, the quality of care for America's seniors.

The third thing, and another big problem, is that it adds new Medicaid costs to our States. States currently are participants. Medicaid is a shared program between the Federal and State governments, and there is talk about a significant expansion, the size of the Medicaid Program, which obviously costs the Federal taxpayers a lot more money. But it also passes on an incredible new and costly mandate to State governments. Many States are figuring that out and are starting to react to it.

My State of South Dakota is a good case in point. Our State legislature, Governor, and people who looked at this have concluded it would cost South Dakota an additional \$45 million a year in Medicaid costs, which may not sound like a lot of money in Washington, DC, but in a State such as South Dakota, where there is a requirement to balance the budget every year, that represents a lot of money. Obviously, it will have to be paid for somehow. When you get to the larger States, the numbers increase in multiples.

You are talking about new taxes on States, in addition to the new taxes being talked about in Washington, DC, to pay for all this. You have new Federal and State taxes, again, at a time when already many State governments and budgets are strapped and they are trying to figure out how to balance their budgets currently.

Another reason why the current plan is such a big problem, and why we need to start over and hit the reset button, is because you are going to have a lot of people who are going to lose employer-provided insurance. Most of the studies conclude—and the House bill is a good example—that about 83 million people would lose their private health insurance under the bill that is under consideration in the House of Representatives. There are other studies that have been done. This was a Congressional Budget Office estimate. Other studies suggest that the number of people who could lose insurance on some of these plans under consideration in Congress could be in the 120 million range.

If you consider that we have 177 million people today who get their insurance through their employer, that is a significant number of people who are going to lose their privately provided health insurance and be pushed into a government plan.

That brings me to the next point of why the current health care plan being debated is the wrong direction in which to head and creates problems; that is,

you are going to have more people going into the government-run plan—literally millions of people, the ones who are going to lose their insurance in the private marketplace. They are going to be pushed into a government-run plan. Obviously, there are a lot of people who would like to see that. I don't happen to be one of them. We ought to preserve what is best about the market and competition we have and allow people to have more choices. We don't want to, by default, shove more and more people into a government-run plan, when there are opportunities out there available to them today where they can get their health care coverage and insurance in the private marketplace. That is a much better model and has worked very well for a long time.

That isn't to say there are not things we can do better. I don't know of any Senator on either side of the aisle who doesn't acknowledge that there are things we need to do to reform health care in this country, to get costs under control, provide access to more people. But certainly taking away private coverage and pushing people into a government-run plan is not a reform of the health care system that makes sense to me or, I argue, most Americans, especially when it will cost trillions of dollars to do it.

As I said, I think most people look at reform as something that would actually reduce or somehow eliminate costs or create greater efficiencies and savings in the health care system in this country. You have a lot of people who will lose private insurance, and millions of Americans would be pushed into a government-run program.

As I said before, another big problem with this idea is that for employers, during a recession, it imposes new taxes and fines, both of which would be very costly, and both of which would deprive them of the opportunity, as the economy hopefully starts to recover, to hire new people, create new jobs, which is what small businesses do best. They are the economic engine of this country. We are talking about imposing new taxes and fines on them, at great cost, and so that takes away a lot of the resources, as they generate revenue that they can be able to devote or allocate toward capital investment or hiring more people. They are going to be paying fines and taxes to the Federal Government to underwrite this new expansion of government in Washington, DC.

Logic would dictate, and history would suggest, that the worst thing you can do in the middle of an economic recession is to raise taxes on the job creators in the economy. Raising taxes on small businesses is a bad idea. In fact, the House bill that is under consideration, with the surcharges and increased taxes, would actually increase marginal income tax rates from the top rate today of about 35 percent to about 37 percent. Think about that. The size of the increase in marginal income tax rates that would occur in

State and Federal marginal tax rates, under the plan under consideration in the House of Representatives, and how that would impact the economy, would be the largest tax increase we have seen since the end of World War II.

Frankly, if you think about most Americans and most small businesses, when you start paying half, or 50 cents out of every dollar, in taxes, you are getting to a point where it is going to be very difficult for these businesses which might say: Why should I continue to try to create jobs and provide health care coverage for my employees, when the government takes more and more of the profits I make in this business? I think that is the risk we run with the job creators, the small businesses, which are the economic engine and create as many as two-thirds to three-quarters of all of the jobs in our economy, in a recession. When you put new taxes and fines on them, you are layering them and burdening them with more costs that will make it very difficult for them to lead us out of the recession and start to expand the economy and create jobs. Intuitively it makes no sense for us to head in this direction.

Finally, I think the last problem—and, as I said, there are many with the current health care proposals—is we will have to start dealing with the lines and the rationing that so often occurs when we see a system such as they have in Europe or the Canadian system. Some here actually believe that is the best way to do this. They believe in a single-payer system. They believe we ought to nationalize our health care system in this country. Inevitably, what we will end up with is people ending up in lines. We will have government making decisions about what procedures will be covered, what the reimbursement will be for this procedure, that procedure. It is a disaster and a train wreck in the making, and it is a direction I don't think we ought to go.

These are all issues that I think point to the need for us to hit that reset button and to sit down and actually figure out what can we agree upon that will be a bipartisan solution to the challenge of increasing costs and a lack of access for millions of Americans.

That being said, we have a large number of proposals out there which, I submit, we ought to be able to debate. As the HELP Committee and the Finance Committee go through their deliberations, there are many things that have bipartisan support in the Congress for which we could get big majorities and which would address the fundamental issues of access to health care and cost of health care but none of which are being considered because right now the only plan out there is the one that has been written by the Democratic leadership, which consists of this government plan or this government takeover of the health care system.

We believe the principles in this debate ought to continue to maintain: People ought to be able to keep their health care; it ought to be health care they can afford; it ought to provide choices; and it ought to be patient centered.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:32 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Acting President pro tempore.

ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES APPROPRIATIONS ACT, 2010—Continued

The ACTING PRESIDENT pro tempore. The Senator from Ohio is recognized.

Mr. BROWN. Mr. President, I ask unanimous consent to speak as in morning business.

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

HEALTH CARE REFORM

Mr. BROWN. Mr. President, I come to the floor today, as I will in the next few weeks fairly often, to share letters with my colleagues in the Senate and the people of this country, letters I have gotten from people in Ohio. I have letters today from a woman in Clermont County, Cincinnati; a lady in Lake County, Cleveland; a gentleman from Lake County also; and a gentleman from Columbus. I want to read these letters because this is really what the health insurance debate is all about. It is partly about preexisting conditions and exclusivity and gateway and exchange and public option—all those terms we all throw around. But what this debate is really about is people who are hurting because of the health insurance situation in this country. We know it is broken. We know we need to fix it. These are real people I want to discuss, people my office has talked to and I have talked to in some cases, people, for instance, like Lee Parks, whom I sat next to at Medworks in Cleveland this weekend. She was helping people with intake, people without insurance. They had some 1,500 people who came by without insurance. They needed dental care, eye care, medical care. There were several hundred volunteers, as I said, like Maria Parks and her husband Lee, who came and worked with us on health issues. Let me share some of these letters.

This is Wes from Columbus:

I am a 42 year old single male, small business owner. I had been able to make sure that I have health insurance up until March of 2007. It was then that Anthem raised my premium by 40 percent to \$725 a month.

I had to decide whether to pay for the insurance or to continue to put money into my

business. I chose the business, since without it I wouldn't have had access to insurance anyway. Since then I have tried to get coverage, but because of my 3 spinal surgeries, 2 sinus surgeries, and a prescription, NO ONE will cover me.

He capitalizes “no one.”

Ohio has something called “open enrollment” which is a joke. Each month a different insurance company has legally to accept anyone who has pre-existing conditions. BUT, the way they keep people away is by making the rates so high.

We know that is what the insurance companies do. That is why we wanted the public option.

In 2008 Aetna quoted me a rate of \$26,000 a year for coverage.

This is a small business owner. He says:

That is over half of my pre-tax income.

He said:

It's clear to me I will never get coverage under the present system.

Margaret, from Amelia, OH, writes:

I am a 61-year-old woman who has oral cancer. I worked in a law firm in Cincinnati for over 27 years, as the records manager. I've had four recurrences of cancer, and so far have been very lucky, but the doctor has said it will be back . . . and will get progressively worse. I'm worried about the pain, disfigurement and death, but right now—

She has oral cancer, she says—

I am most worried that I will be unable to work following surgery or treatments and lose my job and health insurance.

So she loses her job, she loses her insurance. We know that happens to so many people.

In 4 years I will be on Medicare but the cancer is coming back within months, now, not years. My husband is several years older and will probably be retired before I could get Medicare.

She writes:

Do you really want a truck driver on the road in his late sixties?

Her husband.

I am worried that we will lose the house and everything we've worked for.

This is a letter from a woman from Lake County:

I am 80 years old and have several health problems making it necessary to take 8 prescription drugs. Last year I fell into the donut hole.

This was the President Bush privatization of Medicare. It provided a prescription drug benefit, sort of—a good one for some people. But it was a bill, as you remember, written by the drug companies and written by the insurance companies at the betrayal of the middle class in this country.

She writes:

I fell into the donut hole by July, and only made it through the rest of the year due to the doctor giving me samples. . . .

My son had been diagnosed with rheumatoid arthritis several years ago. The insurance he had with his employer agreed to allow the treatments with remicade.

Remicade is that very expensive biologic drug that costs tens of thousands of dollars a year for which there is no generic substitute, for which there is no way to get the price down.