

The first amendment incorporates the key provisions of the FLAME Act, which establishes a separate appropriations account to fund Federal emergency wildfire suppression costs in an effort to initiate a more sustainable effort for funding Federal firefighting activities.

We have seen a dramatic growth in the number, the size, and the severity of wildfires in recent years. The trend and the number of acres burned by wildfires each year has tripled over the last 25 years, exceeding 8 million acres in 4 of the last 5 years.

While the agencies consistently have put out about 98 percent of the fires quickly and inexpensively, we have seen many fires that have been so extreme it takes weeks and months of effort and many millions of dollars to get those fires under control. The recent Station fire in southern California is one example. It is now nearly 4 weeks since that fire started. It has burned more than 160,000 acres. It still is not 100 percent contained. At times, there have been over 5,000 personnel assigned to the fire. Fire crews have built more than 130 miles of fire line, with the support of more than two dozen helicopters and airplanes, hundreds of fire engines, and more than 65 bulldozers. The pricetag for these efforts is more than \$85 million and still counting.

The Forest Service's costs for fighting wildfires have increased sevenfold over the last 20 years. Yet we still budget for wildfires the same way we did 20 years ago. We take the average of the previous 10 years of fire suppression costs out of the agencies' budgets, and we make that their standard appropriation for each year. Back then, wildfire management accounted for less than 20 percent of the Forest Service's budget. That was 20 years ago. Today, wildfire management accounts for 50 percent of the Forest Service's budget.

Not surprisingly, the Forest Service has exceeded that budget every year for more than a decade—as it is mathematically guaranteed to do with the wildfire trends we have seen. As a result, the agencies have had to borrow and to steal literally billions of dollars from other programs—such as recreation and grazing and wildlife and even fuels reduction—to pay for emergency wildfire suppression.

In sum, our wildfire budgeting practices are broken, and they are steadily breaking the Forest Service and the communities and businesses and natural resources that the Forest Service is committed to serving. These troubling trends are only expected to get worse as a result of continuing climate change and population growth in and around our national forests.

The amendment I plan to offer seeks to establish a new paradigm for funding Federal wildfire suppression activities. Under the amendment, the agencies would continue to rely on their regular appropriations accounts to fund their routine wildfire suppression

costs; that is, the approximately 98 percent of fires they can either swiftly put out or can manage for a resource benefit. But when they end up battling a large and extreme wildfire—such as the fire in southern California—they could access a new emergency account to cover the exorbitant costs of fighting those kinds of fires.

If funded as intended, the new emergency account would ensure Congress would not have to raid the rest of the agencies' budgets to make appropriations for wildfire suppression. It also would ensure that the agencies would no longer have to steal funds from the other programs for which Congress has proposed funding in order to pay for unbudgeted costs of fighting the massive fires that require an emergency response.

Thanks to the leadership of the administration, Senator FEINSTEIN, and the Appropriations Committee, for the first time in many years, the underlying bill would provide an appropriate amount of money for wildfire suppression. As a result, the amendment I am offering merely shifts money into a new emergency account. It does not result in any increase in spending.

The amendment will be cosponsored by a number of other Members. I appreciate their support, as well as support of many dozens of interest groups. I would also like to mention that the FLAME Act passed the House of Representatives in March by a vote of 412 to 3. So I believe this is a proposal that has broad support on both sides of the aisle and on both sides of Capitol Hill.

The second amendment I plan to offer simply provides for the funds that are already allocated to the Forest Landscape Restoration Act to be deposited in the special fund that was established to carry out that act. This amendment also will be cosponsored by a number of other Members. I would like to extend my sincere thanks to Chairman FEINSTEIN, who coauthored the Forest Landscape Restoration Act with me, and Senator Domenici and Ranking Member ALEXANDER for including funding for this important program.

Finally, Senator MURKOWSKI and I plan to offer an amendment that would make two technical improvements to the National Forest Foundation Act. Again, I hope these amendments will be adopted. I appreciate the consideration of the two managers of the bill for these three amendments.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

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

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

HEALTH CARE

Mr. KYL. Mr. President, during the last several months Congress has been engaged in a vigorous debate about how to achieve health care reform. Despite the President's repeated claims to the contrary, we all agree, Republicans and Democrats, that some reforms are necessary.

Costs are too high for families and businesses. Too many Americans lack access to affordable options. We need to make health insurance more affordable and more portable.

There are two basic approaches before Congress: reforms that impose much more government control over health care or reforms that provide consumers with more affordable options and keep control of health care decisions with families and doctors.

I happen to believe that the latter approach is better, that we must empower patients and doctors, not bureaucrats and politicians, to make health care decisions. I think it is clear that after the August recess, a majority of Americans rejected a Washington takeover of health care, along with the mountains of new taxes and debt and bureaucracy it would create.

While I appreciate the hard work of the Finance Committee chairman in trying to write a more acceptable bill, the end result is little better than the others, that is, the government's near total control over health insurance, and therefore the delivery of your health care.

Along the way, it would also spend nearly \$1 trillion and cut Medicare benefits by nearly half a trillion. The Finance Committee chairman's bill is a tangled web of federally documented insurance regulations which would control every aspect of health insurance from covered benefits to permissible premiums.

The bill would centralize the power of medical decisions with politicians and bureaucrats, not patients and doctors. It would result in higher health insurance premiums, less consumer choice, and ultimately the rationing of health care.

How would the government take over health care under this bill? There are two key provisions that would result in government-run health care for practically all Americans, and empower bureaucrats at the expense of patients.

The first is a requirement that every American buy an insurance policy. The second is a regulatory entity called the insurance exchange. First, let's talk about this mandate for everyone to buy an insurance policy. The chairman's plan imposes this individual mandate for all individuals to purchase a government-approved policy. To repeat, not just any insurance, but government-approved and therefore government-defined insurance.

Those who do not comply face steep fees—or fines, I should say—ranging from a \$750 to a \$3,800 per-year fine. The mandate constitutes direct interference in health care with a host of

new regulations that control the insurance plans that would become available to consumers.

Michael Cannon, a health policy expert at the Cato Institute, says that the individual mandate would be the “most sweeping and dangerous measure in any of the bills before Congress.”

He goes on to say: “Compulsory health insurance is nationalized health insurance, with all that implies for health costs and quality.”

The second control mechanism is an insurance exchange through which all small business and individual market policies must be sold, and eventually large plans would participate as well.

The exchange’s core function is to impose a new set of Federal rules that literally control everything the companies can and must do. Here are some examples. All companies must offer two government-specified benefit options—they define it as a silver and gold plan—or else the insurer cannot offer any insurance at all. So they have to offer two specifically defined insurance plans. But they can’t offer more than four specific types regardless of consumer needs or preferences. It is like telling the car companies they each have to make two kinds of cars and they can’t make any more than four kinds of cars. That is exactly what we are talking about, the Federal Government telling the insurance companies: This is the way you have to offer it—you have to offer at least two and you can’t offer any more than four.

All of the plans must comply with new Federal rating rules. That is how limits on premiums are established. They have to issue coverage to everyone regardless of health status and not cap total coverage regardless of cost. They have to comply with mandatory limits on copays and deductibles. They have to cover a broad range of medical benefits in addition to State-mandated benefits regardless of whether consumers want them.

All of this is subject to change from Washington depending on what politicians or bureaucrats believe you need. Remember, it will be illegal for you not to buy this insurance. You will notice that all of these things are required, and it is Washington that is doing the requiring.

Under this plan, insurers would no longer retain the flexibility to design insurance products that would satisfy specific consumer preferences. The Federal Government would dictate that all policies must offer the same package of benefits, the same types of plans.

Rather than having the freedom to compete, insurers would in essence become prepaid health payment utilities since the Federal Government would, as the Wall Street Journal editorialized last Thursday, essentially be writing all insurance contracts. Since every aspect of insurance coverage would be controlled by Washington and everyone would have to buy the insur-

ance, the government would control how your health care is paid for and therefore how it is delivered.

A final point about this insurance exchange. Since it will change the kind of insurance that can be sold, if you lose your current insurance, regardless of whether you bought the policy yourself or you got it through an employer, you will likely not be able to find that similar policy in the future. They will all be different. Insurers will have to comply with the new Federal rules, and that will change the coverage. This is one of the reasons the President was wrong when he repeatedly said: If you like your insurance, you get to keep it. That insurance simply is not going to be around anymore once the companies have to comply with the requirements of the exchange. There will be all new insurance policies written at that point.

The proponents of this radical change justify it on the assertion that it will bend the cost curve. In other words, it will reduce costs. But the problem is that massive new regulations will actually increase costs. The Council for Affordable Health Insurance found that mandating universal coverage and regulations in the bill, such as guaranteed issue and modified community rating, will increase the cost of health insurance between 75 and 95 percent.

In addition, note that the chairman’s plan does not grandfather insurance plans currently offered by small businesses, so they would have to comply with these new Federal rating rules over a 5-year period, so that in short order premiums would rise for many small businesses and their employees as well. Of course, the newly established mandated benefits would also add to the increased cost.

Suppose, for example, a healthy individual or family prefers to have a less comprehensive package with a higher deductible. Say a young family of four with two children and two 35-year-old parents wants to buy a CIGNA PPO plan from the individual market with a \$2,000 deductible. In my hometown of Phoenix, that plan currently costs \$512 a month. If the reforms included in the chairman’s plan were implemented, the price of that plan would nearly double to \$998 per month.

The experts who said the cost of health insurance premiums would rise between 75 and 95 percent are right on the mark with regard to this real-life example I gave with a real-life insurance policy for a family of four in Phoenix. Instead of purchasing health care coverage that is personalized to their needs and budget, this family would be forced to purchase coverage they may not want for routine care that can be paid out of pocket or coverage for diseases and conditions that tend not to afflict their age group. Since insurers would not be allowed to charge according to risk, a low-risk family such as this one would have to pay more to make up for coverage needed by high-risk individuals.

Of course, I am not suggesting we turn a blind eye to the needs of Americans, for example, suffering from pre-existing health conditions. They struggle to purchase affordable health insurance. We have to address that issue. But that does not require a total Washington takeover of all insurance policies, and it doesn’t require raising insurance premiums for millions of other Americans and small businesses.

In my view, despite all of these other problems I have discussed, the most damaging impact of this takeover by the Federal Government is the inevitable rationing, the delay and denial of health care to American citizens. Since new Federal mandates and requirements would raise health care costs, politicians will have to search for ways to control spiraling premiums. When traditional cost-containment measures fail, such as reducing provider reimbursements or reducing how much doctors get paid, the government’s only option is to control how much health care everyone receives. That means rationing.

For a preview of how this plan would lead to rationing, we need only look to the State of Massachusetts where a law was passed in 2006 requiring all residents to obtain health insurance. In fact, the State insurance market now looks like the market that would be created by the chairman’s bill, with its guaranteed issue and modified community rating, State-approved plan types and benefit mandates.

Massachusetts health care spending is consuming an increasing share of the State’s budget. The State passed a \$1-per-pack increase in the State’s cigarette tax, \$89 million in fees and assessments on health care providers and insurers, and cost-sharing increases. It has even ordered insurers to cut provider reimbursements by 3 to 5 percent. But these measures still do not produce enough revenue to cover costs, leaving the State with few options. As a result, a special commission was created by the State legislature which developed a list of options to control costs, such as “exclud[ing] coverage of services of low priority/value” and “limit[ing] coverage to services that produce the highest value when considering both the clinical effectiveness and cost”—in other words, rationing. You ration health care when you say: We will figure in here how much it costs, how much we have available, and therefore how much we can afford to provide. People who have to have that care are therefore going to be the ones who suffer.

This is exactly what happens under the chairman’s proposal as well. It would establish a panel of health care stakeholders to identify physician services that are overvalued in the Medicare physician fee schedule and create a Medicare commission that would propose automatic Medicare cuts, even if Congress fails to adopt them. Our constituents rely upon us to protect the benefits we have promised

them, but what we are going to do in this legislation is establish a commission which would provide for automatic Medicare cuts. If Congress doesn't act affirmatively to somehow stop that from going into effect, it goes into effect. That is abdicating our responsibility to act as their representatives and, worse, putting somebody else in charge of deciding what is best for our Medicare constituents.

So when costs grow out of control, the government will adjust the volume of care provided based on how much it is willing to spend; that is to say, to ration your health care.

The fact that the Baucus bill does not include the so-called public option, the government-run insurance company, does not mean it does not otherwise totally regulate health care delivery. Together, an individual mandate to buy particular insurance and the regulatory insurance exchange, the two key provisions in the plan, facilitate the government's takeover of health care—some of it government run, all of it government controlled. No longer would families and doctors have the final say. It is almost unthinkable that this could happen in the United States.

Republicans have proposed ideas that would improve access and lower the cost of care, including real medical liability reform, allowing people to buy lower cost insurance across State lines, making the tax treatment of health care more fair for those who purchase insurance on their own, and removing barriers to health savings accounts.

These are better alternatives than the entire takeover of the system as proposed in the chairman's bill. We all favor health care reform. Republicans favor measures that lower costs and improve access and, importantly, empower patients, not government bureaucrats.

I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

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

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

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 2996, which the clerk will report by title.

The legislative clerk read as follows:

A bill (H.R. 2996) making appropriations for the Department of the Interior, environ-

ment and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, we are back on the fiscal year 2010 Interior appropriations bill, which we started on Thursday of last week. Chairman FEINSTEIN will be joining us shortly, but she asked me to say there is no reason why Members cannot come to the floor now and offer their amendments for the purposes of debate.

We have a busy schedule ahead of us and want to try to complete action on this bill and the remaining appropriations bills for fiscal year 2010, so I ask my colleagues to please come and offer your amendments and work with our respective staffs so we can get as much done today as possible.

Mr. President, I see no other Senator on the floor, so I ask unanimous consent to speak as in morning business.

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

Mr. ALEXANDER. But what I plan to do is, if a Senator comes with an amendment for the appropriations bill, I will yield to that Senator, and then after that I will resume my remarks if I am not finished.

NUCLEAR POWER

Mr. President, if health care were not our first concern today, energy and climate change would be. It is lurking in the shadows, having had a lot of work done in the House, and it is about to come before the Senate. So as to the remarks I wish to make today, if I had to put a title on them, I would choose this: What the United States should really fear about nuclear power.

Communications experts say fear is the best way to get attention when you are trying to win an argument. Groups who oppose nuclear power have certainly mastered that technique by playing to economic, environmental, and safety fears.

So I wish to introduce a little element of fear into my argument here. I want to suggest what could happen if we do not adopt nuclear power as a more important part of our energy future, if Russia and China and India and a lot of other countries go with nuclear—as they are now—while we get left behind. Are we going to be able to compete with countries that have cheap, clean, reliable nuclear power while we are stuck with a bunch of windmills and solar farms, producing expensive, unreliable energy or, more likely, not much energy at all? The whole prospect of the United States ignoring this problem-solving technology that we invented is what I fear most about nuclear power.

Let me give you an idea of what I am talking about. A few years ago, in January 2006, the Chinese sent a delegation of nuclear scientists and administrators to the United States on a fact-finding mission. They toured the Idaho National Laboratory, the Argonne Na-

tional Laboratory, and they visited GE and Westinghouse, trying to decide which technology to choose for their nuclear program.

Now you might wonder why anyone would be seeking our advice about nuclear power when we haven't issued a construction permit to build a new reactor in the past 30 years. But as Kathryn McCarthy, deputy director of the Idaho National Laboratory, said at the time:

The world still looks to us for leadership in this technology. They'd prefer to copy what we've already done. They don't like being on the cutting edge.

Well, that may have been true in 2006, but it's not anymore. The Chinese eventually chose Westinghouse technology for their first reactors. At the time, Westinghouse was an American company. In 2007, Toshiba bought Westinghouse, so now it is a Japanese-based company. Then when the Chinese got their Westinghouse reactor, they insisted on having all the specifications so they could see how it was put together. That is what we call "reverse engineering." As you might guess, China's next wave of reactors is going to be built with Chinese technology.

By 2008, the Chinese had shovels in the ground. The first four Westinghouse reactors are scheduled for completion by 2011. They also bought a pair of Russian reactors, which should be finished around the same time. They started talking about building 60 reactors over the next 20 years and just recently raised it to 132. They're in the nuclear business.

What have we accomplished in the meantime? Well, people in the United States have been talking about a "nuclear renaissance" in this country since the turn of the century. In 2007, NRG, a New Jersey company, filed the first application to build a new reactor in 30 years. They're still at the beginning of what promises to be at least a 5-year licensing process before the Nuclear Regulatory Commission. No one really knows how long this will take, since as soon as the licenses are issued, opponents will file lawsuits and the whole thing will move to the courts. If they are lucky, they might have a reactor up and running by 2020. Other companies have followed suit, and there are now 34 proposals before the Nuclear Regulatory Commission, but nobody in the United States has yet broken ground. So it is not likely the Chinese will be coming to us any time soon for more tips on how to build reactors. In fact, we will probably be going to them.

That is one aspect of what is going on in the world today. Here is another. As countries began constructing new reactors, it quickly became clear that the bottleneck would be in forging the steel reactor vessels. These are the huge, three-story-high, forged steel units that hold the fuel assembly—the reactor core. That means forging steel parts that may weigh as much as 500 tons.