

higher health care costs, higher insurance premiums, and a vast expansion of government's role in our daily lives. They are pulling out all the stops. They are doing everything they can to jam this bill through, and they don't even seem to care anymore about how ugly it all looks.

What we are seeing is nothing more than a replay of the same revolting process Democrats used to pass this bill in the Senate, a process that completely outraged the public. The same deals they used to get this bill through the Senate are back. As if voting on these deals the first time wasn't bad enough, Democrats in the House are now getting ready to vote for them again. Every one of the deals that were so revolting to the American people will still be in the bill House Members are expected to vote on later this week. That means that anybody who votes for this bill will be voting in favor of the special deals that were put there for no other reason than to sway votes.

A handful of Democrats have stood up in opposition to these deals and this entire process. One longtime Democratic Congressman said last week that he won't be voting for the bill as a result of the deals. Here is what he had to say. This Democratic Congressman said:

I reject unequivocally the unsavory deal making that took place in the Senate where Nebraska, Florida, and Louisiana obtained special benefits that do not apply to the other States and those special benefits provided to those States at the expense of the residents of all other States. I simply cannot support legislation that contains those unwarranted giveaways to a select few States at the expense of others.

That was a Democratic Member of the House of Representatives.

But others are keeping quiet. They are still on the fence. That is why this week's vote promises to be even uglier than the last one, because this bill goes beyond things such as the "Cornhusker kickback" and the "Louisiana purchase" and the "Gator aid."

I was disappointed to see the White House reverse itself over the weekend and endorse many of these sweetheart deals after the President said he would try to have them removed. Apparently, they determined that removing the deals might jeopardize efforts to pass the bill. So now the White House says it won't object to all of the special deals, just some of them. The White House says it won't object to all the special deals, just some of them. What that means, of course, is that some Senators and House Members are getting special deals on top of special deals.

But that is not all the White House is willing to do to jam this bill through. According to press reports, it is also promising to raise campaign cash for House Members who vote for the House bill. We read in one of the papers today that the White House is openly signaling that those lawmakers will go to the top of the list for fundraisers and Presidential visits ahead of the Novem-

ber elections. So if press accounts are accurate, lawmakers who support the bill are being told they get repaid with Presidential visits and big-money fundraisers from the President or the Vice President—vote for the bill and you get a special visit for your reelection campaign.

We also read this morning in the Politico Pulse that the drug lobbyists were here in the Capitol over the weekend huddling with Democratic staffers to make sure their interests would be protected in the final bill.

This is precisely the kind of thing Americans rebelled against after the last vote on this bill. This debate should be about the substance of a bill that would restructure one-sixth of our economy and the direction Americans want to go in as a country, not how much money such-and-such Senator or Congressman needs in order to vote for it.

It is especially disappointing that this particular White House is supporting all this. After the "Cornhusker kickback" and the other special deals, the administration had an opportunity to distance itself from this process, to hit the reset button, and to work toward a bill Americans could be proud of. Unfortunately, in its desperation to force this bill through, the White House is reverting to the anything-goes approach, and the result is predictable: Americans won't like this bill any more than they liked the last one. They have issued their verdict about this bill and this process. They don't like either one. And once again, the only people who don't seem to get it are the Democrats here in Washington.

Mr. President, I yield the floor.

RESERVATION OF LEADER TIME

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

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period for the transaction of morning business until 3 p.m., with Senators permitted to speak therein for up to 10 minutes each.

The Senator from Arizona.

HEALTH CARE

Mr. KYL. Mr. President, I wish to pick up on the comments of my colleague, the Republican leader.

There is another distressing story in the paper today reported by the Associated Press. They report that all of the special deals that last week the President said he was going to try to remove from the legislation, now—except for the "Cornhusker kickback"—they are going to leave them in there because they need the votes. If that is correct, this process is even sicker than we thought it was.

Part of the reason for the Democratic leadership using the reconciliation provision to fix the Senate bill was to take all of these special provisions out, but now it appears, according to the Associated Press, that they are going to be kept in there because they need the votes.

Let me detail what a couple of these are. Last week, there was a story in Politico that detailed six specific items. Of course, there was the "Cornhusker kickback" that got such bad publicity and everybody agreed it had to go, including the Senator who voted for the legislation after he was promised that in his State there would be no cost for the coverage of additional Medicaid patients. Now that is apparently going to be "fixed," at great expense, I might add, to the taxpayers of the United States, but apparently unfixed are six other items, and there are more, by the way.

Quote:

"We have defended it and we will defend it," said Senator Bernie Sanders of Vermont, whose state picked up \$600 million in extra Medicaid funding . . .

Again, I am quoting from a March 10 Politico story.

Second:

In a letter to congressional leaders last week, Obama targeted the Nebraska and Florida deals for elimination. The Florida provision could also shield some seniors in California, New York, New Jersey, and Pennsylvania, according to Senator Bill Nelson's office.

This provision deals with Medicare patients. The reason it is important to me is because there are 330,000-plus Arizona seniors who have Medicare Advantage plans. These are the plans that would suffer under the legislation proposed by the President. Because they would have benefits they currently enjoy taken away from them, the seniors in all of the States are obviously complaining to their Senators. So Democrats have said: Well, OK, if seniors are upset about having these benefits taken away, then we will shield the seniors in our States who have these Medicare Advantage policies so that they don't have to give up their benefits—the biggest set of beneficiaries, and there are over 800,000 of them in the State of Florida but apparently also some in California, New York, New Jersey, and Pennsylvania. All right. Special deal for them.

If this bill, by the way, is so great, why do we have to protect our citizens from its provisions? But that is the way it works. However, my senior citizen constituents in Arizona don't get grandfathered as do those in other States. It just shows you how bad the bill policy is in the area generally that you have to protect your constituents from suffering the effects of the bill but also the bad policy that does that to the detriment of other constituencies. Apparently, now that is going to stay in the bill.

Then there was the so-called "Louisiana purchase," \$300 million to Louisiana. Then there was the \$1.1 billion

in extra Medicaid funding to Massachusetts and Vermont. This Politico article quotes Senator PATRICK LEAHY of Vermont:

What I told Harry Reid is that Vermont does the right thing, and I don't want Vermont to be penalized for doing the right thing.

Of course, that is the kind of argument that is made in response to provisions in the bill that are bad provisions because they hurt the people in your State. But the solution is not to exempt your State's constituents from the bad effects of the bill. Don't pass the bill. It is a bad bill.

Here is a fifth example. There is a \$100 million hospital grant program requested by our colleague from Connecticut, Senator DODD, "who has acknowledged that the University of Connecticut would qualify for the money."

Here is a sixth one that is being promoted by the chairman of the Finance Committee, Senator BAUCUS, on behalf of the residents of Libby, MT.

There is another one not mentioned here, but I am aware of it. It protects two insurance companies—Blue Cross/Blue Shield and Mutual of Omaha in Nebraska, again at the request of the Senator from Nebraska. I believe there is another company in the State of Wisconsin protected.

My point is, first, if this bill is so wonderful, why do we have to have all these separate carve-outs, special deals, for Representatives or for constituents in the States of certain Democrats in order, presumably, in the House of Representatives, to help the Speaker of the House get her vote total up to where she can actually pass the bill? Why don't we just fix the bill in the first place so none of these bad effects are visited on the constituents whom I represent, for example, or anybody else's constituents for that matter?

At a minimum, the President should follow through on his plan last week to try to get these provisions out of the bill. It turns out now that apparently this week, according to David Axlerod, during the rotations of the Sunday morning talk shows he was on, that is no longer part of the plan.

The last thing I would like to do is comment briefly on a Washington Post column by Robert Samuelson this morning.

Mr. President, I ask unanimous consent to have printed in the RECORD a Washington Post column by Robert Samuelson.

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

(See exhibit 1.)

Mr. KYL. Mr. President, I will briefly summarize it. The President is visiting in Ohio, I believe, today to highlight the case of a particular Ohio resident. I believe she is a breast cancer survivor. Her insurance eventually became too expensive for her to keep up. She now has a diagnosis of another disease, and the President is highlighting this

type of case. I think it is important to highlight it for another reason.

I presume the President or the Senators or Representatives of Ohio are finding an alternative way to ensure she is cared for. Frequently, we have constituents come to us with situations such as this. They represent very heartrending situations, problems with which you want to deal. The real question is how to deal with it. The answer to her problem is not to pass this health care bill. There are alternatives.

For example, for those who cannot get insurance that is affordable to them because of preexisting conditions—Republicans have put ideas on the table, as have Democrats, but that is a specific kind of problem that can be solved with a specific solution rather than this entire health care bill the President is trying to sell to us.

What Robert Samuelson points out in his article is there are a lot of different situations such as this, where people who are not insured nevertheless get care. In fact, the argument is made that we need this kind of health care bill because there are too many people who are uninsured and get expensive and ineffective treatment at the emergency room. He says: "Unfortunately it's not true."

He quotes a study by the Robert Wood Johnson Foundation that finds that the insured population "accounted for 83 percent of emergency-room visits, reflecting their share of the population." In other words, there is not a difference of who visits the emergency room and who does not depending on whether you are insured.

He goes on to say:

After Massachusetts adopted universal insurance, emergency-room use remained higher than the national average, an Urban Institute study found.

The point is, even after you get the so-called universal coverage, you do not find any difference in terms of emergency room visits. If anything, with universal coverage, you had even higher emergency room visits. His point is, and I quote Robert Samuelson:

If universal coverage makes appointments harder to get, emergency-room use may increase.

So you are not making the problem better; if anything, you are making it worse. My guess is, you are not affecting it much one way or the other. It is simply not an argument that because people who are uninsured go to the emergency room, therefore, we have to pass some kind of nationwide health care bill such as has been suggested to us.

He goes on to point out:

You probably think that insuring the uninsured will dramatically improve the nation's health.

He goes on to debunk that myth:

I've written before that expanding health insurance would result, at best, in modest health gains.

He goes on to point out that studies have validated the fact it does not make a difference one way or another.

Claims that the uninsured suffer tens of thousands of premature deaths are "open to question." Conceivably, the "lack of health insurance has no more impact on your health than lack of flood insurance.

He goes on to detail the reasons why that is so.

He concludes with this point:

Though it seems compelling, covering the uninsured is not the health-care system's major problem. The big problem is uncontrolled spending.

That is a point Republicans have been trying to make from the very beginning, to point out we ought to first focus on dealing with what is driving up health care costs. That will, if we are successful, have a positive impact on getting people insured because it will reduce the cost of insurance they have to buy or their employer is buying on their behalf.

That is what we should be focusing on rather than this rather elusive issue of coverage of the uninsured. To be sure, nobody is arguing we should not help cover the uninsured. That is not the argument we are making. The argument we are making is, it does not justify a \$2.5 trillion expenditure and that, in any event, if you focus first on dealing with costs, you are going to reduce costs, which is a good thing in and of itself, and, thereby, also enhance coverage because the cost is less expensive.

Here is the penultimate paragraph in the piece. I will quote him and close. What Samuelson said is the President is:

... telling people what they want to hear, not what they need to know. Whatever their sins, insurers are mainly intermediaries; they pass along the costs of the delivery system. In 2009, the largest 14 insurers had profits of roughly \$9 billion; that approached 0.4 percent of total health spending of \$2.472 trillion.

Four tenths of 1 percent.

He goes on to say:

This hardly explains high health costs. What people need to know is that Obama's plan evades health care's major problems and would worsen the budget outlook. It's a big new spending program when government hasn't paid for the spending programs it already has.

His point is, instead of trying to make insurance companies the villain, the President should be honest about what their true cost is.

Somebody pointed out—my colleague, LAMAR ALEXANDER—if you take all the profits of all the insurance companies, it pays for 2 days' worth of health care expenditures in the country. What about the other 363 days? Nobody is defending the insurance companies, but you cannot say they are responsible for the high costs of health care in this country, since they are primarily just passing those costs on.

The bottom line is, we need to be honest and explain to the American people what we are trying to accomplish or what we should be trying to accomplish is reducing health care costs. That will have the salutary effect of making access easier for people

because they will be able to afford the insurance that now may be unaffordable for them. But the idea that the insurance companies are the reason we have the problem or that emergency rooms are used more because of the uninsured are two myths that are dispelled in this piece by Robert Samuelson.

I yield to my colleague from Oklahoma.

EXHIBIT 1

[From the Washington Post, Mar. 15, 2010]

OBAMA'S ILLUSIONS OF COST-CONTROL

(By Robert J. Samuelson)

"What we need from the next president is somebody who will not just tell you what they think you want to hear but will tell you what you need to hear."—Barack Obama, Feb. 27, 2008

One job of presidents is to educate Americans about crucial national problems. On health care, Barack Obama has failed. Almost everything you think you know about health care is probably wrong or, at least, half wrong. Great simplicities and distortions have been peddled in the name of achieving "universal health coverage." The miseducation has worsened as the debate approaches its climax.

There's a parallel here: housing. Most Americans favor homeownership, but uncritical pro-homeownership policies (lax lending standards, puny down payments, hefty housing subsidies) helped cause the financial crisis. The same thing is happening with health care. The appeal of universal insurance—who, by the way, wants to be uninsured?—justifies half-truths and dubious policies. That the process is repeating itself suggests that our political leaders don't learn even from proximate calamities.

How often, for example, have you heard the emergency-room argument? The uninsured, it's said, use emergency rooms for primary care. That's expensive and ineffective. Once they're insured, they'll have regular doctors. Care will improve; costs will decline. Everyone wins. Great argument. Unfortunately, it's untrue.

A study by the Robert Wood Johnson Foundation found that the insured accounted for 83 percent of emergency-room visits, reflecting their share of the population. After Massachusetts adopted universal insurance, emergency-room use remained higher than the national average, an Urban Institute study found. More than two-fifths of visits represented non-emergencies. Of those, a majority of adult respondents to a survey said it was "more convenient" to go to the emergency room or they couldn't "get [a doctor's] appointment as soon as needed." If universal coverage makes appointments harder to get, emergency-room use may increase.

You probably think that insuring the uninsured will dramatically improve the nation's health. The uninsured don't get care or don't get it soon enough. With insurance, they won't be shortchanged; they'll be healthier. Simple.

Think again. I've written before that expanding health insurance would result, at best, in modest health gains. Studies of insurance's effects on health are hard to perform. Some find benefits; others don't. Medicare's introduction in 1966 produced no reduction in mortality; some studies of extensions of Medicaid for children didn't find gains. In the Atlantic recently, economics writer Megan McArdle examined the literature and emerged skeptical. Claims that the uninsured suffer tens of thousands of premature deaths are "open to question." Con-

ceivably, the "lack of health insurance has no more impact on your health than lack of flood insurance," she writes.

How could this be? No one knows, but possible explanations include: (a) many uninsured are fairly healthy—about two-fifths are age 18 to 34; (b) some are too sick to be helped or have problems rooted in personal behaviors—smoking, diet, drinking or drug abuse; and (c) the uninsured already receive 50 to 70 percent of the care of the insured from hospitals, clinics and doctors, estimates the Congressional Budget Office.

Though it seems compelling, covering the uninsured is not the health-care system's major problem. The big problem is uncontrolled spending, which prices people out of the market and burdens government budgets. Obama claims his proposal checks spending. Just the opposite. When people get insurance, they use more health services. Spending rises. By the government's latest forecast, health spending goes from 17 percent of the economy in 2009 to 19 percent in 2019. Health "reform" would probably increase that.

Unless we change the fee-for-service system, costs will remain hard to control because providers are paid more for doing more. Obama might have attempted that by proposing health-care vouchers (limited amounts to be spent on insurance), which would force a restructuring of delivery systems to compete on quality and cost. Doctors, hospitals and drug companies would have to reorganize care. Obama refrained from that fight and instead cast insurance companies as the villains.

He's telling people what they want to hear, not what they need to know. Whatever their sins, insurers are mainly intermediaries; they pass along the costs of the delivery system. In 2009, the largest 14 insurers had profits of roughly \$9 billion; that approached 0.4 percent of total health spending of \$2.472 trillion. This hardly explains high health costs. What people need to know is that Obama's plan evades health care's major problems and would worsen the budget outlook. It's a big new spending program when government hasn't paid for the spending programs it already has.

"If not now, when? If not us, who?" Obama asks. The answer is: It's not now, and it's not "us." Pass or not, Obama's proposal is the illusion of "reform," not the real thing.

THE ACTING PRESIDENT PRO TEMPORE. The Senator from Oklahoma.

MR. INHOFE. Mr. President, I thank the Senator from Arizona for yielding.

I ask unanimous consent that I be recognized in morning business for such time as I may consume.

THE ACTING PRESIDENT PRO TEMPORE. Without objection, it is so ordered.

GLOBAL WARMING

MR. INHOFE. Mr. President, after weeks of the global warming scandal—and we talked about it on the floor, what happened with climategate just prior to the Copenhagen convention—I had the opportunity to visit and to uncover some of the things we had suspected were going on for a long period of time. Five years ago, I had occasion to give a speech on this floor, where I outlined, from information that had come through the backdoor to me from scientists, how bad the science was and how it had been, in fact, cooked. Then, of course, along came climategate.

After weeks of the global warming scandal, the world's first potential climate billionaire is running for cover. Yes, I am talking about Al Gore. He is under siege these days. The credibility of the IPCC is eroding, EPA's endangerment finding is collapsing, and belief that anthropogenic global warming is leading to catastrophe is evaporating. Gore seems to be drowning in a sea of his own global warming illusions. Nevertheless, he is desperately trying to keep global warming alarmism alive.

It is my understanding that tonight he is having a high-level meeting of all his global warming alarmists around the country to see how they can resurrect this issue and regroup.

Consider Gore's nearly 2,000-word op-ed piece that recently appeared in the New York Times. It is a sure-fire sign of desperation. Gore's piece was about China, solar and wind power, globalization, rising sea levels, big polluters, melting glaciers, and cap and trade. One searches in vain for any explanation of the IPCC's errors and mistakes or of Phil Jones, the former director of the Climate Research Unit. That is in East Anglia. We heard a lot about him. He was the one who was actually assembling a lot of the science—or so-called science—or creating the science, I should say, to support the position of those who believe anthropogenic gases cause global warming.

Seven years ago, I believe this month, I had occasion to study on the floor and find out that, in fact, we had spent so much time on this issue that everyone was believing this to be true. When we realized the science was not there, I made the statement that the notion that anthropogenic gases are causing catastrophic global warming is the greatest hoax ever perpetrated on the American people.

What is Gore's take on the climategate scandal? Climate scientists, he wrote, were "besieged" by an "onslaught" of hostile information requests from climate "skeptics." That is it, nothing else. Even the IPCC announced last week an independent review of its process and procedures.

You see, former Vice President Gore was saying: Oh, that was nothing; that was just a few comments. I might add, one of the largest and most respected publications in the UK, which is called the UK Telegraph, said this is the worst scientific scandal of our generation.

The Atlantic Monthly, the Financial Times, the New York Times, the Chicago Tribune, Newsweek and Time and many others are saying this is a legitimate scandal and reform of the IPCC is absolutely essential. Let's keep in mind, IPCC, the Intergovernmental Panel on Climate Change, is the United Nations. They put this together back in 1988 to try to scare people into changing our policy in this country.

By the way, I mentioned Time magazine as one of the many magazines and publications that have now said, looking at climategate, this investigation