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Senate

The Senate met at 9:30 a.m. and was called to order by the Honorable TOM UDALL, a Senator from the State of New Mexico.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Our Father in Heaven in whom we live and move and have our being, we glorify Your Name today as we take this moment to remember Your grace and provision. Lord, we ask that You would guide our lawmakers as they influence the future course of this Nation. Lead them with Your wisdom, direct them with Your patience, and protect them with Your power.

We pray that our Senators will faithfully fulfill the duties set before them, providing for the common defense, striving to bring domestic tranquility, and working to ensure liberty and justice for all.

Likewise, we pray that You would lead and bless American citizens as they enjoy the freedoms of this land and work to spread these liberties from sea to shining sea.

We pray in Your righteous Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable TOM UDALL led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The bill clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, June 23, 2010.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable TOM UDALL, a Senator from the State of New Mexico, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. UDALL of New Mexico thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, following leader remarks, there will be a period of morning business for 1 hour. During that period of time, Senators will be allowed to speak for up to 10 minutes. Republicans will control the first 30 minutes, the majority will control the final 30 minutes.

Today we expect to resume consideration of the House message to H.R. 4213, the tax extenders legislation, and I hope we will have rollcall votes throughout the day.

I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

Mr. REID. Mr. President, I ask unanimous consent that we change the consent agreement that is now before the Senate, that we be in morning business until 2 o'clock today; that the first half

hour is controlled by the Republicans, the second half hour is controlled by the majority. After that, if there are enough speakers, we will alternate back and forth. Otherwise, people will just come and talk. There will, of course, be the 10-minute limitation.

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

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 of morning business until 2 p.m., with Senators permitted to speak for up to 10 minutes each, with Republicans controlling the first 30 minutes and the majority controlling the final 30 minutes and alternating back and forth thereafter.

The Senator from Wyoming is recognized.

A SECOND OPINION ON HEALTH CARE

Mr. BARRASSO. Mr. President, I come to the floor today as someone who has practiced medicine and taken care of families in Wyoming since 1983. Again this weekend I was home in Wyoming visiting with families across the State. I was in Thermopolis for Father's Day. I was in Sheridan and in Casper. In all those communities I had a chance to visit with people who are concerned about the direction of the country and are concerned about this new health care law.

Mr. President, I tell you this because I ran into a number of people I have taken care of as their doctor. This happened at church on Sunday morning, where people asked the question: With

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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this new health care law, will I be able to keep my doctor? So I come to you because there is more news as a result of the changes in the health care law in this country. I bring to you my doctor's second opinion as to what the impact of this health care law is going to be on the families across the country.

Specifically, at church, I was hearing from someone I operated on and somebody on Medicare, and they were saying: Am I going to keep my doctor under Medicare? These people have a right to be concerned. It is because of what has come out in this past week. It is a front-page article, USA TODAY: "Doctors Limit New Medicare Patients."

I have said from the beginning, as this body was debating and discussing the health care bill that has now come to be law, that I believed this was going to be bad for patients, bad for payers—the American taxpayers who have to pay for the care as well as people who pay for their individual care—and bad for providers, the nurses and doctors and hospitals that take care of all of these patients.

So I come to you with a second opinion because I think what has become law—a bill that cuts Medicare, cuts payment for our seniors on Medicare by \$½ trillion—not to help seniors, not to help save Medicare, but to start a whole new government program for other people is resulting in devastating impacts for families all around the country who are on Medicare or will soon be on Medicare.

One of the interesting things about this article in USA TODAY—this was Monday's USA TODAY—there is a list, a table of the number of people who are currently on Medicare and who will be on Medicare by the year 2015 and will be on Medicare by the year 2020. What we are seeing is, as Americans are living longer due to advances in medicine, advances in technology—people are living longer—more and more people every day are turning Medicare age, so the number of people on Medicare continues to grow.

As a matter of fact, if you do the math, there are over 4,000 Americans every day being added to the Medicare ranks. That is almost 1.5 million Americans a year. The question is, Who will the doctors be? Where will the health care providers come from to take care of these people? It is fascinating, when you read the article and you see the complete disconnect between Washington and the reality of the rest of America.

Because, according to this article, the people from the Centers for Medicare and Medicaid Services say 97 percent of doctors accept Medicare, so do not worry. That is what the Centers for Medicare and Medicaid say.

The American Medical Association says 17 percent of over 9,000 doctors who were surveyed are actually restricting the number of Medicare patients in their practice. Among primary care doctors—which is key for

our seniors to be able to see primary care doctors—31 percent of primary care doctors are restricting access to Medicare patients. Just since the first of the year in North Carolina, 117 doctors have opted out of Medicare. That does not include the ones who had opted out before. We are talking since January 1, 117 doctors in North Carolina have opted out of Medicare.

In Illinois, in the President's home State, 18 percent of doctors restrict the number of Medicare patients in their practice. In New York State, about 1,100 doctors have left Medicare. Even the president of the Medical Society of New York is not taking new Medicare patients. No new Medicare patients. You say: Why are these physicians not longer taking Medicare patients? It has to do a lot with the way Washington deals with Medicare patients, Medicare and the doctors around the country.

At this point, there is going to be a cut of 21 percent in what Medicare pays doctors for services they give. Prior to that, Medicare always has been kind of a deadbeat payor when it comes to paying for health care. Medicare has not kept up with medical inflation in this country. So as physicians, it is a challenge to take care of patients on Medicare. With 4,000 new people joining the ranks of Medicare on a daily basis, who will care for those people?

You can imagine, I was fairly surprised when the President of the United States yesterday visited with a number of people at the White House. He put out remarks printed from the White House and talked about what his new plan does. He says Americans—this is astonishing. The President of the United States said yesterday: Americans will be able to keep the primary care doctor or pediatrician they choose. He says these protections preserve America's choice of doctors.

What happens if your doctor cannot afford to keep you? We have the President of the United States, for well over a year, making statements just like the one he made a year ago: If you like your health care plan, you will be able to keep your health care plan. Period. That is what the President said. He said: No one will take it away. Period. No matter what. Period.

Yet here we are looking at the facts. Doctors are limiting new Medicare patients, and 4,000 new patients every day are joining the Medicare rolls looking for doctors. We see it all across the United States.

That is why the public remains very skeptical about this new health care law, and why 58 percent of Americans want this law repealed. That is why the American people, when they heard NANCY PELOSI say: We have to pass the bill before you get to find out what is in it, why the American people who are now finding out what is in it are very distressed. They were hoping to take the President at his word when he said he was trying to lower costs and improve quality and increase access to care.

But this body did not pass into law, nor did the House, a reform package that will do those things the American people had wanted, had asked for, and had heard from their President they would get—something that would lower costs, improve quality, and increase access to care. What the American people are seeing is the cost of their care is going to continue to go up, and the quality and the availability is likely to go down. That is not what the American people asked for in this health care law. That is why so many Americans are opposed to it. I talked with people all across Wyoming, and they think of what the impact is going to be on their own lives and their own family. People all across this country are worried for their own health care, that they are going to end up paying more and getting less. That is why the public remains very skeptical about what has been passed into law.

Twenty States have filed suit against the Federal Government because of a national mandate that people have to buy insurance. The Department of Health and Human Services, which says 97 percent of doctors are still taking care of Medicare patients, there actually has been a new nominee to take care of that Department. We have not yet had hearings in the Senate. We have not been able to ask those specific questions of that nominee: What about taking care of these patients? How will they find doctors under this new law and this new plan?

Here we are, 90 days after the health care law has been enacted, signed into law, 90 days ago this became law. The White House is holding press conferences and again repeating promises to the American people that the American people know have been broken. There is a litany of broken promises. It just seems that every week something new comes out that the American people look at and say: You know, it is amazing because we saw this coming. Yet this Congress, this Senate, jammed through a bill that is not going to provide better coverage. It is going to jam 16 million more people onto Medicaid—16 million more onto Medicaid. We know that almost half of the doctors in the country do not take Medicaid patients.

Now we are seeing more and more physicians and hospitals saying: How do we keep the doors open with what Medicare is paying? As fewer and fewer physicians are willing to take care of patients on Medicare, limiting their practice on Medicare and on Medicaid, and Congress now stymied with what is known as the doc fix, huge cuts in additional reimbursement to doctors who take care of our seniors, it is going to be increasingly difficult for the American people to be able to find a doctor.

That is why I come to the floor with my second opinion about this health care law, telling you it is time to repeal this legislation and replace it with legislation that delivers more patient-

centered solutions, delivers more personal responsibility, more opportunities for individuals to take control of their own health and their own care, which is what I tried to do as the medical director of the Wyoming Health Fairs: give people information they could use to keep healthy and drive down the cost of their care.

Half of all the money we spend on health care in this country is on just 5 percent of the people. There are patient-based solutions: allowing people to buy insurance across State lines, giving individuals who buy their own health insurance personally the same tax relief the large companies get when they pay for health insurance, deal with lawsuit abuse, allow small businesses to join together to lower the cost of insurance, and provide individual incentives for people who do take personal responsibility for their own health.

Those are the things that will actually help get down the cost of care. Those are the things that will help Americans stay healthy. But they are not in this health care law that has been passed by the House, passed by the Senate, and signed by the President. That is why I come to the floor this week, as I have week after week since the law has been signed, to offer my second opinion; and that opinion is, it is time to repeal and replace this health care law with a law that will work for the American people.

I yield the floor.

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

HEALTH CARE

Mr. JOHANNIS. Mr. President, I rise today to say at the outset how much I appreciate the very thoughtful advice that has been given by Dr. BARRASSO during this debate. He comes to the floor, he is carefully prepared, he has done his homework, he has done the analysis, but most importantly as a doctor, he understands what the health care system is about. We would all benefit if we listened to his advice.

The problems with this health care legislation just continue and continue. Each week this 2,000-plus page health care bill just produces more bad news, and it produces more unwelcome revelations. Not surprising.

Not that long ago, the President, at every opportunity he had, would allay public concerns by saying to people and promising them: If you like your health insurance, you get to keep it. Those proponents wrote a provision into the new health care law in an attempt to fulfill this promise by grandfathering existing plans.

Recently, the Department of Health and Human Services issued a new regulation on these "grandfathered" health plans. Lo and behold, what did the new regulations show? It showed that 51 percent of American workers will be in plans without "grandfathered" status by 2013, in just 3 short years.

In fact, under the worst case analysis, as many as four of five small business employees and 69 percent of all American workers will lose their current coverage. Almost 70 percent of those who were comforted by the President's promises are going to be sorely disappointed very quickly. You do not have to believe me. All you have to do is look at the Obama administration's own estimates. Yet instead of solving this problem and fulfilling the promise, the administration has a different approach: ramping up the public relations strategy.

According to the Washington Post, the White House has hired "a senior official whose sole portfolio will be to sell the health care overhaul to the public in the months leading up to the November elections."

The administration is spending millions of taxpayer dollars to sell the law to the American public. But let's look at reality versus what we are hearing. The Congressional Budget Office recently estimated that less than 12 percent of small businesses—less than 12 percent of small businesses—will benefit from the much touted small business tax credit. Yet the small business tax credit is one of the main talking points used to convince Americans that this law is actually good for them. In fact, the Internal Revenue Service recently sent out 4.4 million postcards to let small businesses know they might be eligible for small business tax credits.

The IRS spent \$1 million in taxpayer dollars on those postcards alone. It does not stop there, though. The Centers for Medicare and Medicaid Services recently mailed a brochure to senior citizens to "inform them" about the new law. Well, who paid the bill for that? Taxpayers are footing the \$18 million bill for marketing of a piece of legislation to themselves that they did not want in the first place. This classy brochure outlines provisions such as closing the doughnut hole and preventive health care services. However, there are some important details that are not in the brochure. CMS neglects to mention some very key information. For example, less than 10 percent of Medicare beneficiaries will actually receive the \$250 rebate for entering the doughnut hole coverage gap. Yet the new health care law will cause all prescription drug Part D premiums to rise, according to the Congressional Budget Office.

When our seniors heard the word "reform," they never would have imagined it meant they all pay more while getting less than 10 percent benefit.

Let me repeat that. Prescription drug premiums go up for all participants, and only 1 in 10 will see the \$250 check. Over \$½ billion in Medicare savings will be redirected toward creating a new entitlement program. The brochure also claims the new law preserves Medicare.

Yet according to the Obama administration's own Medicare Actuary, Medi-

care Advantage enrollment will be cut in half. More than one in seven hospitals could become unprofitable as a result of the law "possibly jeopardizing access to care for Medicare beneficiaries."

Before I came over here, I had a meeting with those in the oncologist area who were saying: This is a problem. What are they going to have to do to solve it? They will have to pull in satellite facilities, and rural health care suffers. Rural beneficiaries feel the pain of this legislation.

The New York Times recently published an article entitled "White House and Allies Set Up to Build Up Health Law." The article stated:

President Obama and his allies, concerned about the deep skepticism over his landmark health care overhaul, are orchestrating an elaborate campaign to sell the public on the new law, including a new tax exempt group that will spend millions on advertising to beat back attacks on the measure and Democrats who voted for it.

The article also highlights that many outside groups are now running campaigns to try to sell the bill to the public, in some cases with very direct help from the administration.

With all this going on, with all of this in mind, it is appropriate to ask a few questions—for example, should not the administration be concerned more about implementing the law, especially considering they have missed several deadlines? Is this taxpayer-funded marketing effort crossing boundaries between policy and good politics? Why do we have to spend taxpayer dollars to win over the public if the merits of this law are so solid?

People in Nebraska are not fooled by glossy brochures and media blitzes, especially when the facts are so clear. Facts are stubborn things. The administration's own regulation predicts many employees will not be able to keep their insurance plan. Their own Actuary confirms that Americans will still see health care costs rise because this new law does not bend the health care cost curve down. And the marketing campaign is not going to convince seniors that when they are losing services, they somehow benefit from this new law, especially since it makes it more difficult for them to access home health care services which have a bull's-eye for cuts, hospice services which have a bull's-eye for cuts, and home nursing services which have a bull's-eye for cuts.

We will continue to try to talk about what this health care bill really means to Americans.

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

The PRESIDING OFFICER (Mr. UDALL of Colorado). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BROWN of Ohio. I ask unanimous consent that the order for the quorum call be rescinded.

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