

administration, she spent “most” of her time not serving “as an attorney” but as a policy adviser. And her notes and memoranda reveal that all too often her policy advice and actions were based, first and foremost, on what was good for Democrats.

This kind of thinking might be okay for a political adviser. But there is a place for politics and for advocating for one’s party, and that place is not on the Supreme Court. A political adviser may be expected to seek political advantage, but judges have a different task.

We do not know how Elena Kagan will apply the law because she has no judicial record, little experience as a private practitioner, and no significant writings for the last several years. So the question before the Senate is whether, given Ms. Kagan’s background as a political adviser and academic, we believe she could impartially apply the law to groups with which she does not agree and for which she and the Obama administration might not empathize. So far, I do not have that confidence.

As the hearings progress, we will know better whether Ms. Kagan could “administer justice without respect to persons,” as the judicial oath requires.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Ms. MURKOWSKI. I ask unanimous consent that the order for the quorum call be rescinded.

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

Ms. MURKOWSKI. Mr. President, I understand we are in a period of morning business.

The PRESIDING OFFICER. The Senator is correct.

HEALTH CARE

Ms. MURKOWSKI. Mr. President, I rise to speak about the health care debate that has gone on in the Congress throughout the past year. President Obama promised that the Democrats’ health care bill would reduce the spiraling cost of health care. The promise was made that if one likes their health care plan, they can keep it. Not necessarily every day but just about every other day there is yet another report released that confirms what many of us who opposed a Federal takeover of the health care system feared all along—higher costs, less access, and unsustainable spending. The President and this Democratically controlled Congress need to repeal this bill and put in place meaningful health care reform measures that will allow individuals to exercise more control over their health benefits and see their premiums actually go down instead of up.

I wish to speak to some of the reports that have been coming out. Let’s start with a government report that came out 4 weeks after the health care bill

was signed into law. It was from the President’s own Chief Actuary at the Centers for Medicare and Medicaid Services, CMS, a gentleman by the name of Rick Foster. He released his report saying that President Obama’s new health care reform law will actually increase national health care spending by \$311 billion over the next 10 years. Foster’s report also said about 14 million people would lose their employer coverage by the year 2019, largely as a result of small employers terminating coverage and workers who currently have employer coverage enrolling in Medicaid.

Mr. Foster also reports that the \$530 billion in Medicare cuts may not be what he calls “realistic and sustainable,” potentially driving 15 percent of all hospitals, nursing homes, and similar providers into the red within 10 years. This would cause providers who depend on Medicare for a substantial part of their business to be forced to drop out of the program, “possibly jeopardizing access to care”—those are Mr. Foster’s words: “jeopardizing access to care”—for our senior citizens.

The situation in my home State of Alaska is particularly dire. I have stood on this floor and I have discussed and certainly spoke to the statistics. Back in March of 2009, the Institute for Social and Economic Research at the University of Alaska reported that just 13—13—out of 75 primary care physicians in Anchorage were accepting new Medicare patients. Anchorage is our State’s largest community, and we had 13 out of 75 primary care physicians who were accepting new Medicare patients. Just 15 months after this report was done by ISER, that number has dropped to the single digits.

Further cuts to Medicare will only worsen this situation for the most vulnerable Alaskans—our senior and disabled citizens. This is one of the main reasons I simply could not support the health care bill that came forward. The issue, as it relates to access for those who are Medicare eligible, has been a crisis in our State that only continues to worsen. But there are some other reasons for my objections.

In May—so last month—the neutral government scorekeeper, the Congressional Budget Office, or CBO, revised its initial cost estimate of the bill to say that the law will likely cost \$115 billion more in discretionary spending over 10 years than the original projection. So 2 months after the law was enacted, the American people learn from yet another new government report that their Congress has passed a bill that would increase their health care costs and reduce their benefits. Again, this was something Republicans warned about over and over again during the last year as we discussed health care.

The small businesses in this country stand to lose the most under this health care bill. They were promised a pipedream, filled with tax credits to save small businesses money, but the

bill is simply not having that effect. In fact, it is having the opposite effect. The Associated Press released a “fact-check” article last month that stated point blank: The small business tax credit included in the health care reform falls short.

The story interviews a gentleman by the name of Zach Hoffman. I know this story has been repeated on the Senate floor, but it is worth repeating.

Mr. Hoffman is the owner of an Illinois furniture company. He has 24 employees. They earn an average of \$35,000 a year—clearly, a very modest wage by any standard. Yet the amount of the credit Mr. Hoffman calculated he would receive under this new law as a small business would be zero to him.

The AP article points out, the “fine print”—which many small businesses will not qualify for the credit—was left out of the administration’s press releases that touted the credit’s “broad eligibility.” But you really just need to go back to the individuals who are being impacted by this or had hoped they would be impacted positively. Go back to the Illinois small business owner and look at his comment. He says:

It leaves you with this feeling of bait-and-switch.

But thinking of how Mr. Hoffman could be eligible for the tax credit, he learned that all he needed to do was to cut his workforce to 10 employees and cut their wages. To this, the small business owner says: This does not make sense. He says:

That seems like a strange outcome, given we’ve got 10 percent unemployment.

I think we would all agree it is a strange outcome. An unacceptable outcome is what it is.

This Illinois employer’s situation is no different than any other employer regardless of what State they are in. In States such as Alaska and other particularly high-cost localities—whether it is New York City, San Francisco—where wages are higher because of the cost of living, the employers stand to lose because they will not be able to be eligible for these tax credits simply because they pay their employees higher wages than are allowed for in the health care bill.

Since enactment of the health care law, we have also heard from well-respected health care consulting firms that have released information showing that businesses fear the law’s new employer mandate penalties. According to a report, more than one in four employers—about 26 percent—and nearly two in five retailers may not be in compliance with provisions requiring coverage of all employees working over 30 hours per week. Of those, a majority—54 percent—said they would consider changing their business practices “so that fewer employees work 30 hours or more per week.” This would be a devastating blow—a devastating blow—to an already ravaged economy.

We have another well-known consulting firm, Mercer. They released a

survey of the impact of the new health care law on employers just last month. The survey shows there is near unanimous belief by employers that the new law will raise employees' premiums. Only 3 percent of employers that responded said they believed the legislative changes would not cause their premiums to rise. This does not demonstrate very much faith in how this is going to benefit them.

One-quarter of respondents believed the bill would raise premiums by at least 3 percent over and above this year's normal rise in costs due to medical inflation.

Last week, there was a PricewaterhouseCoopers report that stated the cost for businesses providing health care coverage to employees will jump by 9 percent next year, in 2011, which analysts predict employers will shift more of the cost to workers next year. For the first time, most of the American workforce is expected to have health insurance deductibles of \$400 or more.

Also, last week, the administration's new regulations on grandfathered health plans were released, outlining the various ways in which existing employer health plans will be forced to change under the new law. According to the Obama administration report, these regulations could result in nearly 7 out of 10 workers—and 80 percent of workers at small businesses; so 80 percent of the workers in our small businesses—would see changes in their plans.

In other words, under the new health care bill, more than half of those who get insurance through their jobs may be forced to change their plans whether they want to or not. Internal administration documents reveal that up to 51 percent of employers may have to relinquish their current health care coverage because of the health care bill—which takes me back again to the statement the President initially made: If you like your health care plan, you can keep it. That simply is not what we are seeing. It is not translating in the real world.

Then, of course, we have the CBO letter that just came out. This is dated June 21—just the day before yesterday. This letter comes from Mr. Elmendorf, the Director of the Congressional Budget Office, in responding to the ranking member on the HELP Committee about the high-risk pools. That letter confirms that an additional \$5 billion to \$10 billion would be needed to fully fund all eligible enrollees in the high-risk pool expansion, and, further, that the new high-risk pool program, which was supposed to be providing health insurance coverage to Americans—but to date the government has failed to provide any funding for these new high-risk programs and those with preexisting coverage have not been able to enroll in these new high-risk pools—but, again, coming from the Congressional Budget Office, with these new estimates, in fact, the fund-

ing available for the subsidies is simply not sufficient to cover the costs of all applicants and then the additional cost that is anticipated, an additional \$5 billion to \$10 billion to cover all eligible enrollees.

With new government reports telling us this bill will not reduce the premiums, and with employer groups looking at how they can minimize the hits they are taking under this new law, we have put American businesses, particularly our small businesses, in peril of dropping employees to avoid the \$2,000-per-employee penalty, called the employer mandate. We have put these small businesses in peril of reducing employee wages in order to qualify for small business credits. We have passed a bill that hurts our small businesses during one of the worst economic downturns in the history of our Nation.

Last week, Investor's Business Daily stated that small firms will be even more likely to lose existing plans. In fact—this is their statement—the “midrange estimate is that 66% of small employer plans and 45 percent of large employer plans will relinquish their grandfathered status by the end of 2013.”

So in the worst-case scenario, 69 percent of employers—again, 80 percent of smaller firms—would lose that status, exposing them to far more provisions under the new health care law.

Again, it makes you ask the question: Was this what the President envisioned in health care reform when he said: “If you like what you have, you can keep it”? I think this new law has failed—has clearly failed—to keep the President's promise to the people.

It was for these reasons I objected at the time this bill was moving through the process. I have stood up and strongly supported the efforts of the State of Alaska and other States to strike the most egregious provisions of the law through a multistate lawsuit. Again, it is why I voted to repeal the entire law when we had that opportunity this past March.

This law is not what the American people wanted, and it is not what our President promised. I believe the legislation has to be repealed. It has to be replaced with sensible alternatives that are widely supported. We know what so many of those are: buying across State lines; implementing medical malpractice reform; reimbursing for quality of service, not quantity of service. This is what the people wanted. This is what the American people expected. Yet this is not what was delivered.

It is time to help our economy rather than to kill it with this legislation that was passed.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant editor of the Daily Digest proceeded to call the roll.

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

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

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

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

TRIBUTE TO REGAN MURRAY

Mr. KAUFMAN. Mr. President, I rise today to recognize another of our Nation's great Federal employees. Americans continue to watch closely the efforts in the Gulf of Mexico to clean up the worst oilspill in our Nation's history. That oilspill has been a reminder to all of us just how important clean water is for wildlife, businesses, and our food supply.

The Federal employee I have chosen to honor today designed innovative software to identify risks and solutions to possible attacks against our Nation's water supply.

Dr. Regan Murray is a native of Cincinnati, OH. She holds a bachelor's degree from Kalamazoo College and a Ph.D. in applied mathematics from the University of Arizona. After completing her doctorate, she worked in the private sector but soon realized she wanted to make a difference by serving her country.

Then came the attacks of September 11. Shortly after that tragic day, Regan started working at the Environmental Protection Agency as a mathematical statistician.

Looking back at her decision to pursue public service, Regan said:

I wanted to do more meaningful work that directly impacted people's lives.

Regan was instrumental in leading the development team for new software that identifies security vulnerabilities in our water supply and helps devise solutions to make it safer. One of these programs, TEVA-SPOT, helps find the best locations in water utility distribution systems in which to install sensors. Another, called CANARY, is a real-time data analysis program to monitor the sensors and identify contaminants.

Regan attributes her success to a strong background in mathematics. She has said:

Math is the language of science, which is perfect when leading an interdisciplinary group of researchers.

I have spoken often on this floor about the desirability of more of our students, especially women, to consider careers in the fields of science, technology, engineering, and math, or STEM. Regan is a wonderful example of how someone who studies mathematics can make a real and important difference.

Her story, though, does not end with her success in developing these software programs. Regan also worked hard to build and maintain important relationships with water utilities in order to ensure that these programs would be put to use.