

managed by a primary care physician and an asthma specialist can avoid many of the complications associated with the condition. The ability to secure medications, such as an albuterol inhaler to alleviate attacks and steroids to suppress inflammation, can allow patients to play sports and live normal lives.

But patients who lack access to specialists or can't afford needed medicines will frequently miss school, must forgo physical activity, and are often hospitalized. So the effect of access to affordable, comprehensive care is apparent.

Even so, coverage is not enough. Asthma disparities have multiple interrelated causes, as I have outlined. We often view health disparities through the narrow lenses of genetic differences and differences in medical care. But upstream determinants such as social inequalities and neighborhood conditions can have a significant impact on health outcomes as well.

Even though we know this, national policies have not effectively addressed the problem of health disparities pertaining to asthma. National asthma guidelines that are supported by the National Institutes of Health recommend preventive services and asthma care by a specialist. These guidelines have been found to save money and improve quality of life. But data still show that patients covered by Medicaid are offered less preventive care and fewer referrals to asthma specialists compared to patients in the private insurance market. This matters when it comes to outcomes because specialists are more likely to prescribe controller medications than primary care providers, regardless of the patient's racial or ethnic background. Decreased access to specialists has been associated with higher rates of hospitalization, emergency room use, and mortality. The bottom line is that Medicaid patients have been receiving lower quality treatment for asthma, despite the guidelines put forth by NIH and the American College of Allergy, Asthma, and Immunology.

I am encouraged that there are significant efforts taking place to close the gaps at the local level. In Maryland, the University of Maryland Medical Center has developed an innovative approach to bringing specialized care to children who otherwise would not have access to it. Their BreathMobile program, led by Dr. Mary Beth Bollinger, is an asthma clinic on wheels. It is staffed by a pediatric allergist, a pediatric nurse practitioner, a registered nurse, and a driver who regularly travels to over two dozen schools in Baltimore City. The BreathMobile has provided ongoing care to more than 800 students.

At Johns Hopkins University, the Harriet Lane Clinic provides a comprehensive medical home for asthma patients. Over 90 percent of Harriet Lane's caseload are Medicaid patients, and they are provided with pulmonary

specialists, social workers, and case managers who help them secure healthy housing, and seek help from other programs for which they may be eligible.

With the passage of the Affordable Care Act, we have additional tools to address the problem of health disparities at a national level. I helped write into that law the new Institute for Minority Health and Health Disparities at NIH as well as the Offices of Minority Health at CMS and the Agency for Healthcare Research and Quality.

These offices are charged with evaluating, coordinating, and advocating for efforts to eliminate disparities, and they can do much to close the gaps with respect to asthma.

The new Institute will be instrumental in overseeing the coordination of asthma research at the National Heart, Lung, and Blood Institute and ensuring that the focus of biomedical research sufficiently addresses health disparities. We must encourage participation in clinical trials, particularly for underrepresented populations, so that we can speed the discovery of the most effective treatments. Provisions to encourage physicians to practice in underserved areas can improve access to care. The Office at AHRQ can help translate these findings into practice, and the Office at CMS can be instrumental in ensuring that eligible CHIP and Medicaid beneficiaries are enrolled in these programs and that they can receive the best possible care. With the Affordable Care Act, we have the momentum and the tools needed to make a difference in asthma health disparities.

I look forward to returning to the floor soon to explore the issue of health disparities further by focusing on another condition that disproportionately affects minorities.

Mr. President, 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.

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

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

#### TOXIC TEA

Mr. LAUTENBERG. Mr. President, everyone is aware of how deeply concerned the American people are about staying in their homes, about having adequate health care, and about providing education and a better path for the lives of their children. But everyone also knows there is a group calling themselves the tea party, and they are busy trying to eliminate those opportunities.

In Wisconsin, a tea party Governor is trying to take away workers' collective bargaining rights to be represented. It is like going into a courtroom without a lawyer.

In Florida, another tea party Governor has killed the critical high-speed rail project by rejecting Federal grants of \$2.4 billion to move it along. He threw it away, threw it back—\$2.4 billion. Here in Congress, tea party activists have seized control of the Republican side of the aisle. But it is far from a tea party for lots of jobless people and those qualified to study in college but unable to pay the freight. Now that they are in power, we see them brewing a toxic tea—a dangerous concoction that will create pain for our children and ultimately bring shame to our country.

We know cutting critical programs now brings sky-high prices later—in more illnesses and a less educated society. So we look at the future, we say we have to invest in our children, our environment, and medical research. But every time they hear something we need, they say no. They insist on saying no to 200,000 little kids who now go to Head Start Programs that help them in the earliest stages of life, when learning is fun and curiosity abounds. Look here. We see a young child's face through the window. They are holding back 218,000 Head Start kids from learning to learn. They ought to visit these schoolrooms and be upfront with these children and their parents and say, Sorry, America can't help you.

That is not all. Look at what they want to do to higher education. We say we must invest in Pell grants which make the dream of college a reality for millions of disadvantaged Americans. They say, Sorry, your country can't help you. They say no to future employers. Too bad we don't have enough qualified workers, so maybe the employers then can appropriately say, Oh, well, ship the jobs overseas. That is the alternative. Is that what we want America to do? They say no, even though the unemployment rate is twice as large for those who lack a bachelor's degree as for college graduates.

They are unable to look at a simple chart such as this one: There we can see the way the arrow is pointed, with the year 2000 over here and the year 2009 over here, and we see rising tuitions. That is what is happening. Therefore, it tells us how difficult it is for those who don't have the money, the family support financially, and won't be able to take advantage of the Pell grants, because they want to slash them. They want to get them off the record as much as they can.

The chart shows between a \$10,000 and \$15,000 tuition rate in 2001. In 2008 and 2009, we are somewhere close to \$20,000 a year. Do we want to force middle-class citizens to take on more debt in order to attend college or slam shut the campus doors on them altogether?

I know the value of government investment in college education firsthand. I came from a poor working-class family. I was a teenager when I enlisted in the Army. My father was on his deathbed. He died and left a 37-year-old widow, myself, and my 12-

year-old sister. Thanks to the GI bill, I attended college at Columbia and later cofounded a company with two other fellows—a company that was started with nothing. We had zero in funding. We put together a few hundred bucks. Now that company employs 45,000 employees in 23 countries, based in New Jersey. Jobs in this country. We built the “greatest generation” out of those educational opportunities we had in the military, and we were moving America to the top of the economic ladder.

Government investment in my education made all the difference in my life, and now the 45,000 people who work for ADP. Now Republicans want to take away opportunities such as that from young people. These are people who go into a business, have an education, learn something about how to operate a business, but also learn how we ought to be creating job opportunities and economic development for all in our country.

That is not all the House Republicans have in store for our country. We have to protect women's health, but they won't listen. They want to wipe out funding for title X. Title X offers women access to critical health services, including cervical cancer tests, breast cancer screenings, encouragement to think about family planning and how they are going to get by. But these people on the other side don't want to hear it. They don't care. They don't care that title X offers women access to take care of their health at all times.

Millions of poor women benefit from title X. So killing it will take care away from those who need it most. Title X funding for women's health: House GOP, tea partiers, lots of them, eliminate \$1 billion for women's care. They cancel funding for 2 million breast cancer screenings. How cruel is that in this country of ours? If you have money, you can take care of yourself. If you don't, too bad. Well, that is not the way we want to do it. That is not the way we want to do it on this side of the aisle. They are cutting off resources for 2.2 million cervical cancer screenings. What a horror that is. What did these women do to deserve higher health risks during their lifetimes?

But it gets worse. The Republicans are also going after medical research. We say we must invest in finding cures and treatment for millions of children suffering from asthma, diabetes, autism, and pediatric cancer, to name a few of those health-damaging afflictions. To these children they say, You know what. If you don't feel good, maybe you should go to an emergency room with your parents. Stand in line. Too bad. We would like to help, but we can't do that.

The National Institutes of Health is making strides in fighting childhood diseases, but the Republicans want to reduce NIH's ability to do their research by taking \$1 billion out of the

their budget. If you want to see bravery, look into the eyes of a child struggling with leukemia, and look in the parents' eyes, and you will see tears, often no hope.

Look at what the Republicans want to do to our environment. We say we must invest in the Clean Air Act, a law that spares millions of children from suffering from asthma, and the Republicans say, No can do. They say you can't restrict polluters with regulations. It is too cumbersome. And if you don't like regulations, for instance, take a look at this bothersome thing we have in America called red lights. They are cumbersome. They stop traffic. These people don't want regulations, so we ought to get rid of the red lights and let the traffic move, but watch yourself when you get to the intersection.

Maybe they want to get rid of the air traffic control system. Pilots have to wait for some government bureaucrat to tell them where and when they can fly? What a nerve that is to interfere with these regulations and rules.

The Republicans also want to let mercury back into our air. Mercury is brain poisoning for children. They also want to stop us from restricting soot pollution. Look at the picture. Soot is ugly when it is pouring from a smokestack, but it is even uglier inside a child's lungs. This is a picture we see in many places in our country.

Several years ago I wrote a law called the Right to Know. It says to people who live in areas where there are chemicals present—either manufacturing, chemicals being stored or transported—so people could know if they hear a particular alarm, they have to respond to it and report it to the fire department. We had an incident in Elizabeth, NJ, some years ago when a group of firemen responded to a chemical fire and, in some instances, their protective uniforms melted. That is the kind of situation we want to avoid. We want people to know what is being stored, what is being released into the air in case of a fire.

Finally, when we say we have to clean the water our children drink, the Republican answer is, Oh, we can't handle that. It costs too much. So they cut the funding that helps States protect our drinking water from E. coli, arsenic, and other dangerous substances. The water is not safe for dishwashing, much less consumption.

The House GOP keeps on brewing their toxic tea for America. Ask any parent if they want their kids to drink from that teapot. They don't, and we shouldn't make them do it. We need to gather together for things such as birthday parties and school graduations and lots of smiles instead of their toxic tea parties.

Let's reject the House Republican tea party approach to funding our government. When they say, hey, join us for a cup of toxic tea, we must say, no, we have had this long enough, and we are not going to stand for it anymore.

Mr. President, you know very well that what we are looking at is very constricted budgets. One doesn't have to be an economist or a business executive to know that when there is a financial statement, it comes in two parts. One part is the expenses you need with which to operate. The other is the revenues that permit the companies and the organizations to function. What we are looking at is revenues. I know the Chair shares that position with me. We have discussed it.

Why should people who have the means, who have the good fortune to make lots and lots of money—we saw something this afternoon on a chart that had janitors in New York City at some locations paying a higher tax rate on their earnings than those who earn a million dollars or more. That is not fair. So if we want to do the right thing, we have to introduce revenues into the budget. We have to restore the cuts they want to make on the other side. We want to restore children's health. We want to make sure the NIH is producing as much as it can, and we want to turn America back to a lot more smiles than we have seen.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. SANDERS). The Senator from Kansas is recognized.

Mr. ROBERTS. It is my understanding that at 2:15 morning business expires. I ask unanimous consent to proceed as in morning business for 15 minutes.

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

#### ASSAULT ON THE NATION'S ECONOMY

Mr. ROBERTS. Mr. President, I rise today to once again speak out against what I consider to be and many others consider to be a regulatory assault on our Nation's economy. I have previously discussed my concerns with regulations having a negative impact on our agriculture community. That was last week. Earlier this week, I spoke about what I consider to be the egregious regulations that are being promulgated by the EPA, or what Senator GRASSLEY calls the “end of production agriculture agency.”

Today, I rise to talk about health care regulations that patients and providers have brought to my attention. I have listed a number of these regulations in a letter I sent earlier today to President Obama. I ask unanimous consent that it be printed in the RECORD.

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

U.S. SENATE,

Washington, DC, March 10, 2011.

President BARACK OBAMA,  
The White House,  
Washington, DC.

DEAR PRESIDENT OBAMA: I write you today to express my sincere appreciation for the Executive Order that you issued on January