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 often end up 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 Heart, Lung, and Blood Institute do not 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 less likely to receive 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 death. 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 Medicaid beneficiaries who otherwise do 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 Harry R. Byrd Jr. Clinic provides comprehensive medical care as well 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 care they need. 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 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 burning a toxic tea—a dangerous concoction which 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 the Head Start Start Program. We will not let them sit 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. We want to go there and see 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 they should invest for college graduates. They insist on making 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 insist that we say no to part-time work, so if the family can't financially support financially, and won't be able to take advantage of the Pell grants, because they want to slash those. 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 first-hand. I came from a poor working-class family. I grew up in a trailer park and enlisted in the Army. My father was on the hazardous. He died and left a 37-year-old widow, myself, and my 12-
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 must cover, which is how much money 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. We have talked to 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. Sандерс). 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 industry. 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