

is why we will continue in the coming weeks and months to reform health care in a way that protects what works and fixes what does not. It is why we are committed to getting this right, not just getting it done by an arbitrary deadline.

While we work on health care, we will also tackle other priorities on our plate. Over the next 2 weeks, we are going to complete at least two appropriations bills that invest in our Nation and support programs that will help our economy grow.

This week we will pass the Energy and Water appropriations bill and start the very important Agriculture appropriations bill. Both of these bills are important. The Energy and Water appropriations bill will help develop safe, homegrown energy sources that reduce our dangerous reliance on oil. The Agriculture appropriations bill, which invests significantly in nutrition programs, school lunch programs, food and drug safety, and international food aid, is important.

We also need to keep existing and successful programs alive so they can continue to succeed. These include the highway trust fund, the unemployment trust fund, the Federal Housing Authority, Ginnie Mae, and benefits for retirees of the Postal Service. All these extensions we have to take care of before we leave. So let me be clear: We are not looking to expand a single one of the programs I have just talked about. We merely must keep them running.

We will also revisit the Travel Promotion Act—a solid, important bipartisan bill that will create tens of thousands of new jobs, cut our deficit by almost a half a billion dollars, and help our economy recover in every single State in the Union.

We will confirm President Barack Obama's outstanding nominee for the Supreme Court, Judge Sonia Sotomayor.

With the cooperation of both Republicans and Democrats, and with a commitment to crafting productive policy rather than playing political games, we can finish this work and this work period strongly. I am confident we will.

#### 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 3 p.m., with Senators permitted to speak for up to 10 minutes each.

Mr. REID. Mr. President, I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

Mr. KYL. 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. KYL. Mr. President, I ask unanimous consent that I be allowed to speak in morning business for up to 20 minutes.

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

Mr. KYL. Thank you, Mr. President.

#### HEALTH CARE

Mr. KYL. Mr. President, what I wish to talk about today is the subject that probably more than any other is on the minds of the American people and certainly probably the No. 1 item on the agenda of most of us in the House and the Senate; namely, what we do about the escalating cost of health care in America and the need for all Americans to have access to coverage.

Those two questions are animating a debate which has captured the time of the people in the House and the Senate, who represent to the American people, and, as we have found more and more—and I found out this weekend when I was back in my home State—the attention of our constituents.

Let me begin by saying, I think that is good.

There was a question about whether the Congress would pass legislation on the House floor or the Senate floor before the beginning of the August recess. Most of us on this side of the aisle felt it would be beneficial if we could go back home and take the month of August, when we are supposed to be home visiting with our constituents, to have some townhall meetings and other fora, and engage them in a conversation about what they think the best ideas are. Because, at the end of the day, legislation this important, that is going to affect every single American, needs to be well understood by them. And we need, as their representatives, to get their input on what they think is a good idea.

The reality is that very few, if any, Members of either the House or the Senate have read the major bills yet, let alone be able to post them on the Internet so the American people can see them or get them in some kind of hard copy for other people to understand, evaluate them, and discuss them with the American people.

Anything this important cannot be done quickly. It has to be done right. And the first principle is: People need to understand what it is. I have found—and I confess, first of all, I have not read the three House bills nor have I read the HELP Committee bill, the Health, Education, Labor, and Pensions Committee bill. I have read a great deal of what has come out of the Finance Committee. But there is no bill put together in the Finance Committee yet.

The thing that strikes me is the complexity and the degree of government takeover involved. I can't begin, in the

brief period of time I have, to describe all the different ways in which the government would take over the key decisions about health insurance and health care in America if these bills were to pass. They are replete with references to the most minute things about people's health that the government will then be taking over.

There are major decisions being made here. We don't know the ramifications of them all. Among other things, the cost. One thing we are learning is ideas Members have about reducing costs don't translate into actual cost reduction because the Congressional Budget Office, which is the entity we have charged with the obligation of telling us how much these things cost, has come back with estimates that are very low in terms of savings and very high in terms of cost. For example, in the main bill in the House of Representatives, the deficit is increased by \$240 billion, and in the bill that has come through the HELP Committee in the Senate, the deficit is increased by \$600 billion.

Nor has the CBO been able to find much savings. I think it was last Friday that they examined the latest idea to come to the White House; namely, to put a group in charge—it used to be called MedPAC, but it would have a different name now—and they would be in charge of identifying what coverage for federal programs there was and how much would be reimbursed to the providers. Unless both Houses of Congress affirmatively voted to reject those recommendations, they would automatically go into effect.

Well, apart from the obvious concerns about that, CBO came back and said it will only save perhaps \$2 billion over 10 years, which is a drop in the bucket when given the over \$1 trillion cost of the legislation in the House, when it is fully implemented, \$2 trillion cost to the Senate bill.

I mention this simply to point out the order-of-magnitude issue we have facing us: a hugely complex subject; huge amounts of money to be spent, big increases in the deficit, lots of new taxes proposed to help pay for it, and ramifications that will affect all of us in terms of the health care we are entitled to receive. Because of the amount of government involvement in both what insurance can and cannot cover as well as what the government programs such as Medicare can and cannot cover, every American will be affected in terms of the health care our physician says our family or we need but which the government says not necessarily can we receive from our physician; in other words, putting the government between the patient and the physician. That will result in delay and denial of care and outright rationing of health care. This is something that is also of concern to the American people.

When we take \$500 billion in proposed cuts from Medicare at the same time we are adding a brandnew group of baby boom generation retirees, there