

anguish, pain, frustration and, too often, tragedy. They break your heart. They break your heart to read. Rhode Island is a small State. If we have it happening hundreds and hundreds of times, in the Presiding Officer's State of New Hampshire and across this country, it has to be happening thousands of times, tens of thousands of times, hundreds of thousands of times every day.

With all that suffering going on, with all the risks to our country of the perils of the costs coming at us from our health care system, if the other side can't care about the merits and substance of health care reform—if you cannot care about the merits and substance of health care reform, if, for you, it is just political theater, if all it is, is a way to “break” the President of the United States of America, in a time of domestic and international crisis, if your goal is to break the President rather than do something about health care, if that is how little you care about health care, then you can't care about the merits or substance of anything else because there is nothing domestically that is as important to our country as health care reform. If you cannot care about that and deal with us on the merits on that, then you can't care about anything.

What is really frustrating about this is for these Rhode Islanders, tormented by our health care system, and for their millions of fellow Americans across the country, who have those same experiences, there is a better way. We are working toward it. We can find it, and we can make it happen.

We have to do better, we can do better, and we will do better with this legislation than 47 million uninsured and millions more teetering on the brink, one paycheck away from losing their insurance, one illness away from losing their insurance. We can and we have to and we will do better under this legislation than 100,000 Americans dying every year because of avoidable medical errors and because, among other reasons, we have the worst health care infrastructure, information infrastructure, in health care than in any other American industry except the mining industry. We can make this better. We can do better and we have to do better and we will do better than health care outcomes for Americans that are at the bottom of all of our industrialized competitors—at the bottom; with all of our capabilities as Americans, our ingenuity and our entrepreneurship, we are at the bottom of developed nations in health care outcomes for our people, and we pay twice as much as they do to get there.

America can do better than this. Beginning with the work of the HELP Committee, we are on our way. Let's not squander the opportunity and the responsibility this day presents. Let's not be distracted by calls for delay or appeals to the pettiest political instincts this Chamber could express.

As I see it, we are about 55 years late already. We don't need further delay;

we need to get this done. Year after year, Americans have had the same complaints about their health care system. We have it within our power, under the leadership of this President, to make it happen, and we will.

I thank the Chair and yield the floor.

ARTS IN CRISIS PROGRAM

Mr. REID. Madam President, today I stand to recognize the outstanding efforts of the Kennedy Center in addressing the crisis facing our art organizations across this country. Under the leadership of their talented president, Michael Kaiser, the Kennedy Center has established a unique outreach program that will help cultural organizations throughout Nevada and our Nation weather the economic downturn.

Every Member of this body knows of the economic hardship facing American families and businesses. The art community is not immune. In Nevada, the Las Vegas Art Museum recently closed its doors due to financial troubles when donations dried up. The museum had been operating since 1974 and was a staple for art enthusiasts in the region. Unless help is provided to our cultural organizations, I am afraid this scene will continue to be rehashed throughout the country.

Considered the “turnaround specialist” in his industry, Mr. Kaiser knows a thing or two about struggling arts organizations. When the Louisiana Philharmonic Orchestra was struggling after Hurricane Katrina, Mr. Kaiser helped keep their organization performing. When the Dance Theater of Harlem was struggling, Mr. Kaiser helped reopen its school. When the New York City Opera needed restructuring, Mr. Kaiser's recommendations helped the Opera thrive. These are just a few examples of high-profile success in Mr. Kaiser's career as an arts administrator.

Now, Mr. Kaiser wants to use his talents to help struggling arts organizations across the country. The “Arts in Crisis” program offers free consultation from the Kennedy Center's experts about budgeting, fundraising, marketing, and other aspects vital to a struggling organization. Whether by phone, email, or in-person visits, the Kennedy Center's talented staff freely gives of their time and talents to help preserve America's cultural establishments. I am confident that this unique program will enable struggling arts organizations to emerge from the economic downturn stronger than ever.

I urge every arts institution that is struggling during this difficult time to take advantage of Mr. Kaiser and this exceptional team of experts. I know that the arts in Nevada will benefit from the Kennedy Center's sound advice and I look forward to Mr. Kaiser's visit to my State.

HEALTH CARE POLLS

Mr. KYL. Madam. President, a spate of new polls reveal that, while Ameri-

cans want health care reform, just as all of us in Congress do, most of them oppose the plan put forward by President Obama, disapprove of his handling of health care, and have serious concerns about the cost of his plan and how it would affect the quality of their own health care.

For example, a Rasmussen poll released July 22 shows a full 53 percent of voters oppose the health care legislation “working its way through Congress.”

A July 17 Zogby poll backs up these findings, revealing that a full 50 percent of Americans disapprove of the health care bill introduced in the House of Representatives and endorsed by President Obama.

A July 20, USA Today/Gallup poll shows that 50 percent of Americans disapprove of the President's overall handling of this issue.

These findings dovetail with polling that indicates Americans are very wary of the projected costs of the President's health care plan.

Zogby's July 17 poll shows that 59 percent of Americans say the President's proposals, including health care, call for too much government spending.

And a whopping 78 percent of U.S. voters believe it is at least somewhat likely that taxes will be raised on the middle class to cover the cost of health care reform, a July 16 Rasmussen poll tells us.

Nearly half of respondents—44 percent believe “government-managed coverage” will increase—not decrease—the price of health care, according to a July 21 Public Strategies Inc/Politico poll. Only 27 percent think a government-managed health care system would lower costs, while 29 percent said prices would remain the same.

Americans' concerns about how the President's plan would affect health care access and quality are reflected in this same Public Strategies/Politico survey.

Asked by pollsters “what effect a government-managed health care coverage option would have on access to health services, 40 percent said it would make the situation worse, 38 percent said it would make it better, and 22 percent said it would remain the same.”

Asked what effect the President's plan would have on the quality of health care, “42 percent said it would make health care worse, 33 percent said it would make it better, and 25 percent said it would not have an effect.”

We, in Congress, have heard Americans' concerns about the President's proposed health care reform for weeks now—and these concerns were not allayed at all when the Director of the nonpartisan Congressional Budget Office told us that these reforms would actually increase, rather than decrease, costs, and drive our Nation more deeply into debt.

That statement, along with congressional Democrats' plan to raise taxes

on small businesses—creators of two-thirds of new jobs in America—as well as individuals, should put to rest any claims that we need this Washington-run health care system to help the economy. Moreover, except for tax increases, many of the proposals in the President's bill wouldn't take effect for at least another 4 years, by which time the recession will hopefully be over.

In a recent radio address, President Obama criticized those “who make the same old arguments” in opposition to his health care plan and painted those who object to it as obstructionists.

I would like to know why the President equates having legitimate, honest objections to a government-run regulatory health care system with being an obstructionist?

No one in Washington wants to block health care reform. But many of us want to take the time to achieve the right kind of reform—the kind Americans are looking for.

Republicans want an approach that will bring costs down, make sure health care is accessible to all, and fix parts that aren't currently working. We have put forward many sensible ideas on how we can get there, without jeopardizing the care many happily insured Americans have.

To reiterate some of those ideas: We want to root out Medicare and Medicaid fraud, reform medical liability laws to discourage “jackpot justice,” allow small businesses to band together and purchase health insurance as large corporations can, allow insurance companies to sell their policies across State lines—just as car-insurance companies can—and strengthen wellness and prevention programs that encourage healthy living. We believe we should apply specially tailored solutions to specific problems, rather than scrap the whole current system and impose a one-size-fits-all Washington-run health care system.

If the President's plan is implemented, Americans could be left with a health care system that few people would recognize, or even want. And they would be stuck with it, permanently.

I urge President Obama and congressional Democrats to take a harder look at Republican ideas, which the Republican leader, many of my colleagues, and I have spoken of repeatedly.

These reforms would put patients first, lower costs, make health care more accessible to the uninsured, and most wouldn't cost taxpayers a dime. I believe that is an approach Americans would be sure to support.

Madam President, I ask unanimous consent that the Wall Street Journal article “Health Reform's Hidden Victims” be printed in the RECORD.

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

[From the Wall Street Journal, July 24, 2009]

HEALTH REFORM'S HIDDEN VICTIMS

(By John Fund)

President Barack Obama's health-care sales pitch depends on his ability to obfus-

cate who is likely to get hurt by reform. At Wednesday's news conference, for example, he was asked “specifically what kind of pain and sacrifice” he would ask of patients in order to achieve the cost savings he promises.

He insisted he “won't reduce Medicare benefits” but instead would “make delivery more efficient.” The most Mr. Obama would concede is that some people will have to “give up paying for things that don't make you healthier.” That is simply not credible.

While Democrats on Capitol Hill dispute claims that individuals will lose their existing coverage under their reform plans, on other issues many Democrats privately acknowledge some people will indeed get whacked to pay for the new world of government-dominated health care.

Democrats have been brilliant in keeping knowledge about the pain and sacrifice of health reform from the very people who would bear the brunt of them. They've done so by convincing health-care industry groups not to run the kind of “Harry and Louise”-style ads that helped sink HillaryCare in 1993.

Sen. Tom Coburn (R., Okla.) says the pressure not to run ads has been “intense, bordering on extortion.” “Groups were told if they did they'd give up their seat at the table,” says former House Speaker Newt Gingrich. “What they weren't told is that they'd be at the table as lunch.”

Here are some of the groups on the menu if anything like the existing Senate or House health plans become law:

Young people. If the government mandates that everyone must have health insurance, healthy young people will have to buy policies that don't reflect the low risk they have of getting sick. The House and Senate bills do let insurers set premiums based on age, but only up to a 2-to-1 ratio, versus a real-world ratio of 5 to 1. This means lower prices for older (and wealthier) folks, but high prices for the young. “They'll have sticker shock,” says Rep. Paul Ryan, ranking Republican on the Budget Committee.

Small Businesses. Employers who don't provide coverage will have to pay a tax up to 8% of their payroll. Yet those who do provide coverage also have to pay the tax—if the law says their coverage is not “adequate.” Amazingly, even if a small business provides adequate insurance but its employees choose coverage in another plan offered through the government, the employer still must pay.

Health Savings Account (HSA) holders. Eight million Americans, according to the Treasury Department, are covered by plans with low-cost premiums and high deductibles that are designed for large, unexpected medical costs. Money is also set aside in a savings account to cover the deductibles, and whatever isn't spent in one year can build up tax-free. Nearly a third of new HSA users, according to Treasury figures, previously had no insurance or bought coverage on their own.

These policies will be severely limited. The Senate plan says a policy deemed “acceptable” must have insurance (rather than the individual) pay out at least 76% of the benefits. The House plan is pegged at 70%. That's not the way these plans are set up to work. Roy Ramthun, who implemented the HSA regulations at the Treasury Department in 2003, says the regulations are crippling. “Companies tell me they could be forced to take products off the market,” he said in an interview.

Medicare Advantage users. Mr. Obama and Congressional Democrats want to cut back this program—care provided by private companies and subsidized by the government. Medicare Advantage grew by 15% last year; 10.5 million seniors, or 22% of all Medicare patients, are now enrolled.

The program is especially popular with those in badly served urban areas and with those who can't afford the premiums for Medicare supplemental (MediGap) policies. A total of 54% of Hispanics on Medicare have chosen Medicare Advantage, as have 40% of African-Americans, according to the Centers for Medicare and Medicaid Services at the Department of Health and Human Services.

These plans tend to provide better coordinated and preventive care, and richer prescription drug coverage. But Democrats dislike Medicare Advantage's private-sector nature, and they have some legitimate beefs with its unevenly generous reimbursement rates. This week Mr. Obama told the Washington Post that the program was “a prime example” of his efforts to cut Medicare spending, because he claims people “aren't getting good value” from it.

That's not what others say. In January, Oregon's Democratic Gov. Ted Kulongoski wrote the Obama administration expressing his concern about its efforts “to scale back Medicare Advantage” because the plans “play an important role in providing affordable health coverage.” He noted that 39% of Oregon's Medicare patients had chosen Medicare Advantage, and that in “some of our Medicare Advantage plans . . . with proper chronic disease management for such conditions as heart disease, asthma and diabetes, hospitalization admission rates have declined.”

The \$156 billion in Medicare Advantage cuts over the next decade proposed by Mr. Obama will force many seniors to go back to traditional Medicare at greater expense. A new study for the Florida Association of Health Plans found that because Medicare Advantage plans have richer benefits and lower deductibles and copayments than traditional Medicare, seniors in that state would face dramatically higher payments if forced to give up their Medicare Advantage plans. Cost increases would range from \$2,214 a year in Jacksonville to \$3,714 a year in Miami.

There are reasons that Blue Dog Democrats in Congress are leery of their party's health-care reform plans. Many are in districts or states carried by John McCain, and they worry about the political fallout when these groups realize they will be paying for health-care reform.

They also know that every government entitlement winds up becoming a money pit. In 1965, Sen. Allen Ellender (D., La.) dismissed promises that Medicare would be a modest program to save seniors from bankruptcy. “Let us not be so naive as to believe that the Medicare program will not be increased from year to year to the point that the government will have to impose more taxes on the little man or else take the necessary money out of the Treasury,” he told colleagues.

Ellender was right, and his warning is even more relevant in our era of skyrocketing deficits and Medicare costs. The only way the House and Senate health plans can pass is if the costs they impose on vulnerable parts of the population continue to be hidden.

DISCLOSURE OF CONGRESSIONALLY DIRECTED SPENDING ITEMS

Mr. INOUE. Madam President, pursuant to Senate rules, I submit a report, and 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: