

set aside the goal of trying to torpedo America's future because you want to torpedo the Presidency of Barack Obama. Think about the quality of health care for our working families and what we in this Chamber could do to make that quality of life far better. The costs of inaction, the costs of our broken status quo system, are too great to allow their solution to fall to petty, bitter partisan bickering.

Let's come together. Let's fight for a brighter future for America's families.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. GILLIBRAND). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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 Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. ALEXANDER. Madam President, I ask unanimous consent to speak for up to 10 minutes as in morning business.

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

Mr. ALEXANDER. Would the Chair please let me know when I have 1 minute remaining.

The PRESIDING OFFICER. The Chair will.

HEALTH CARE

Mr. ALEXANDER. Madam President, some friendly person is exercising his or her constitutional first amendment rights in Memphis these days running television ads urging me to vote for the health care proposal that is currently pending before Congress. That person may be wasting their money, because we are getting a fair number of calls in my Memphis office congratulating me for suggesting that we ought to slow it down and come up with a better plan.

We should start over in terms of what we are doing to try to find the right way to provide health care for the American people at a cost they can afford and, at the same time, provide a government they can afford. We are going in the wrong direction.

I know a lot of good effort has been put into the plan that came out of the Senate HELP Committee, and to the plans that have come out of two of the House committees and currently are being discussed in the third. But the most charitable thing I can say about it is, very well-intentioned people are working hard to try to find the best way to go in the wrong direction.

When you are going in the wrong direction, is it not the best course to start over, especially when we are dealing with something as big and complex and as personal and as important as the health care of every one of 300 million of us? We all know we will only have one opportunity to get it right. And that opportunity is before us. So if we are headed in the wrong direction, let us start over and let us get it right.

Who says we are headed in the wrong direction besides one Senator from Tennessee or maybe several members of the Republican Caucus?

The Mayo Clinic said that in an opinion it released about 10 days ago. The Mayo Clinic is often cited as an example of what we ought to be doing more of—good results, lower costs. But it said, we are headed in the wrong direction. It did release an addenda after someone obviously called, probably from the White House, and said, what is going on here? So the Mayo Clinic said one thing the White House said did seem to be helpful, but fundamentally it said we are going in the wrong direction with the idea of a public option.

A public option, as the President has said, is to help keep the insurance companies honest. That is like the President saying he is going to buy the rest of General Motors to keep Ford Motor Company honest, or to buy a drugstore to keep Walgreen's honest, or to have a government restaurant to keep O'Charley's honest. That is not the way our country works.

Who else says we are headed in the wrong direction? Democratic Governors as well as Republican Governors as I mentioned here on the floor last week—the Governors of Colorado, Montana. My State Governor said, this is the mother of all unfunded mandates. These Governors are looking at the idea of dumping—I use that word carefully—another 20 million low-income Americans into a failing government-run program called Medicaid, when 40 percent of the doctors will not see Medicaid patients.

The proponents of these proposals call it health reform, and then they are going to shift the cost to the States after about 5 years. The Governors are appalled by this plan. The Congressional Budget Office says we are going in the wrong direction. Senator MCCONNELL, the Republican leader, has said that the only bipartisanship thing about the health care debate is the opposition to it.

So let me take each of those points one by one. There are seven big problems with the two health care plans, one in the Senate, one in the House, that are before us. One is it flunks the first test which is reducing cost.

Two, it cuts grandma's Medicare and spends it on another program.

Three, it would pass big, new Medicaid costs on to the States, causing big increases in State taxes.

Four, despite what the President has said—or because the President said it, there is another reason to step back and take a different direction—millions would lose their employer-provided insurance.

No. 5, millions more Americans would find themselves in government-run health programs.

No. 6, during a recession, we would impose new taxes and new fines on employers in order to encourage more health care.

And, No. 7, with those government programs, you are more likely to wait

in line and you are more likely to have your health care rationed.

Let's take them one by one. Flunking the first test, reducing costs. We should start with the 250 million Americans who already have health care and make it more affordable. We know there are 47 million Americans who do not, but 5 million are college students, 10 million are noncitizens, 11 million are people making \$75,000 a year or more who can probably afford it, 11 million are eligible for an existing program.

Those are important things to do, but the idea here is to try to reduce the growing costs of Medicaid so you can afford your health care, and so that you can afford your government.

The Congressional Budget Office said on the 17th of this month that the legislation before us significantly expands Federal responsibility for health care costs. Over the weekend, in looking at the next 10 years, the Congressional Budget Office—that is our Congressional Budget Office—said: The proposal would probably generate substantial increases in Federal budget deficits during the decade beyond the current 10-year budget window.

No. 2, it cuts grandma's Medicare. The New York Times yesterday, in describing the proposal in an editorial, said: Reformers are planning to finance universal coverage in large part saving money in the traditional Medicare Program, raising the question of whether all beneficiaries will face a reduction in benefits.

If we are going to cut grandma's Medicare, we ought to spend it on grandma and grandpa.

We ought not to take that money from that program, which the Medicare Trustees have told us may be broke by 2017, and spend it on a new program.

Then there is the third issue, expanding Medicaid and increasing State taxes. As a former Governor, I am concerned that Congress hasn't got a real sense of how this will affect States—this plan to expand one government program, a failing, embarrassing program called Medicaid, into which we dump low-income Americans, and where we are going to dump another 20 million more. This is the reason the Democratic and Republican Governors, at their meeting in Biloxi a couple weeks ago, were up in arms about this. And after 5 years, we will shift the cost of that to the States. To expand it that much, to 133 percent of the Federal poverty level, would cost our State about \$423 million a year for the State share. If we really want to give people a bus ticket to a bus line that actually has buses, we will have to pay doctors more because today doctors, 40 percent of the time, don't see Medicaid patients. As a result, that adds another \$600 million. That equals a 10-percent new State income tax. It is inhumane to dump low-income Americans into a failing government program.

Then there are the employer taxes and fines. I have talked to a number of

businesspeople. If given the choice between paying \$750 per person, which the Senate plan does, or providing every single full-time and part-time employee health care, they will take the \$750 a person. And where are the employees going to be? They will be out of employer health care. That is not what the President said he wanted. Where are they likely to be? A lot of them will be in these government programs, one of which is being extended and one of which is being created.

Then there is the problem of waiting in line and rationing. If we create government programs with government people in between ourselves and doctors, there is more of a chance that we will be waiting in line and that we will have our health care rationed.

Republicans have offered a number of plans that make more sense. A number of us have joined with Senator WYDEN in a bipartisan plan that makes common sense. That plan, to be specific, would take the subsidies which we now spend on health care and spend them in a fairer way, giving low-income Americans a chance to buy health care like the rest of us have. It wouldn't create any new government programs. According to the Congressional Budget Office, it wouldn't add to the debt. If we are starting over, that framework would be a good place to start.

People at home in Tennessee, the Mayo Clinic, 1,000 local chambers of commerce that have made their announcement today, the Congressional Budget Office, and the Democratic Governors all say: Whoa, let's get it right. This has too many problems. Let's start over with something that Americans can afford in terms of their own health care plan and a government they can afford.

I ask unanimous consent to have printed in the RECORD an article by Martin Feldstein, President Reagan's former Chairman of the Council of Economic Advisers, from the Washington Post of today.

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

OBAMA'S PLAN ISN'T THE ANSWER
(By Martin Feldstein)

For the 85 percent of Americans who already have health insurance, the Obama health plan is bad news. It means higher taxes, less health care and no protection if they lose their current insurance because of unemployment or early retirement.

President Obama's primary goal is to extend formal health insurance to those low-income individuals who are currently uninsured despite the nearly \$300-billion-a-year Medicaid program. Doing so the Obama way would cost more than \$1 trillion over the next 10 years. There surely must be better and less costly ways to improve the health and health care of that low-income group.

Although the president claims he can finance the enormous increase in costs by raising taxes only on high-income individuals, tax experts know that this won't work. Experience shows that raising the top income-tax rate from 35 percent today to more than 45 percent—the effect of adding the proposed health surcharge to the increase re-

sulting from letting the Bush tax cuts expire for high-income taxpayers—would change the behavior of high-income individuals in ways that would shrink their taxable incomes and therefore produce less revenue. The result would be larger deficits and higher taxes on the middle class. Because of the unprecedented deficits forecast for the next decade, this is definitely not a time to start a major new spending program.

A second key goal of the Obama health plan is to slow the growth of health-care spending. The president's budget calls explicitly for cutting Medicare to help pay for the expanded benefits for low-income individuals. But the administration's goal is bigger than that. It is to cut dramatically the amount of health care that we all consume.

A recent report by the White House Council of Economic Advisers claims that the government can cut the projected level of health spending by 15 percent over the next decade and by 30 percent over the next 20 years. Although the reduced spending would result from fewer services rather than lower payments to providers, we are told that this can be done without lowering the quality of care or diminishing our health. I don't believe it.

To support their claim that costs can be radically reduced without adverse effects, the health planners point to the fact that about half of all hospital costs are for patients in the last year of life. I don't find that persuasive. Do doctors really know which of their very ill patients will benefit from expensive care and which will die regardless of the care they receive? In a world of uncertainty, many of us will want to hope that care will help.

We are also often told that patients in Minnesota receive many fewer dollars of care per capita than patients in New York and California without adverse health effects. When I hear that, I wonder whether we should cut back on care, as these experts advocate, move to Minnesota, or wish we had the genetic stock of Minnesotans.

The administration's health planners believe that the new "cost effectiveness research" will allow officials to eliminate wasteful spending by defining the "appropriate" care that will be paid for by the government and by private insurance. Such a constrained, one-size-fits-all form of medicine may be necessary in some European health programs in which the government pays all the bills. But Americans have shown that we prefer to retain a diversity of options and the ability to choose among doctors, hospitals and standards of care.

At a time when medical science offers the hope of major improvements in the treatment of a wide range of dread diseases, should Washington be limiting the available care and, in the process, discouraging medical researchers from developing new procedures and products? Although health care is much more expensive than it was 30 years ago, who today would settle for the health care of the 1970s?

Obama has said that he would favor a British-style "single payer" system in which the government owns the hospitals and the doctors are salaried but that he recognizes that such a shift would be too disruptive to the health-care industry. The Obama plan to have a government insurance provider that can undercut the premiums charged by private insurers would undoubtedly speed the arrival of such a single-payer plan. It is hard to think of any other reason for the administration to want a government insurer when there is already a very competitive private insurance market that could be made more so by removing government restrictions on interstate competition.

There is much that can be done to improve our health-care system, but the Obama plan

is not the way to do it. One helpful change that could be made right away is fixing the COBRA system so that middle-income households that lose their insurance because of early retirement or a permanent layoff are not deterred by the cost of continuing their previous coverage.

Now that congressional leaders have made it clear that Obama will not see health legislation until at least the end of the year, the president should look beyond health policy and turn his attention to the problems that are impeding our economic recovery.

CONCLUSION OF MORNING
BUSINESS

The PRESIDING OFFICER. Morning business is closed.

ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 3183, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 3183) making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Dorgan amendment No. 1813, in the nature of a substitute.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Madam President, this legislation comes from the Appropriations Energy and Water Subcommittee. It has passed through the full Appropriations Committee and reported to the floor of the Senate. This is another one of our appropriations bills that we very much hope we can get done, have a conference with the House, and send to the President for signature. Regular order for this bill has not happened for a couple of years, which is a failure of the Congress and the White House because of the way things developed in the last few years. We need to change that.

I thank Senators INOUE and COCHRAN, the chairman and vice chairman of the full committee. They have made a decision that they want to drive these individual appropriations bills through the process, get them conferenced, then send them to the White House to sign them into law. That is the way they should be done.

We have put together legislation that we think is a good bill. It funds all of the energy functions across the country, including programs attached to the Energy Department. It funds all of the water policy issues across the country, all the projects that are ongoing. It is a very important bill. If we think of the subject of energy and water, there is not much more controversial or important at this point than those two subjects.