Several months into this debate, it is easy to forget that at the outset everyone seemed to agree—at the outset of this debate on health care everyone seemed to agree—on two things: that health care reforms were needed and any reform would have to lower overall health care costs. We all agreed on that. Yet the evidence suggests that the bill Senate Democrats and White House officials are carving up in private would do just the opposite. It would actually increase costs, it would increase premiums, raise taxes, and slash Medicare. That is not reform.

Americans are concerned about the direction in which we are headed: record debts, record deficits, endless borrowing, and yet every day we hear of more plans to borrow and spend, borrow and spend. Americans don't want the same kind of denial, delay, and rationing of care they have seen in countries that have followed the path of government-driven health care for all. They are perplexed that in the midst of a terrible recession, near 10 percent unemployment, massive Federal debt, and a deficit that rivals the deficits of the last 4 years combined, the White House would move ahead with a massive expansion of government health care. They are telling us that common sense, step-by-step reforms are the better, wiser, and more fiscally responsible way to go.

This is the message I have delivered nearly every day on the Senate floor since the first week of June because, in my view, it is the message the American people have been sending us.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arizona.

ORDER OF PROCEDURE

Mr. KYL. Mr. President, I ask unanimous consent that the time controlled by the Republican side be allocated as follows: Senator KYL, 10 minutes; Senator ALEXANDER, 10 minutes; Senator GREGG, 10 minutes; Senator WICKER, 10 minutes; and Senator LEMIEUX, 20 minutes.

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

Mr. KYL. Mr. President, I ask the Chair to please inform me when I have consumed 9 minutes since I don't want to go over my time.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period of morning business for 2 hours with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

Mr. KYL. Mr. President, I had propounded a unanimous consent request. Has that been agreed to?

The ACTING PRESIDENT pro tempore. It has been.

Mr. KYL. Thank you, Mr. President.

HEALTH CARE REFORM

Mr. KYL. Mr. President, I wish to talk this morning about the same health care issue the Senator from Kentucky just addressed. I think Republicans have always had a lot of very good alternatives to deal with two critical problems: No. 1, the rising costs of health care and, secondly, the problem of some uninsured in this country needing help to get that insurance. Unfortunately, our ideas have not been included in the legislation passed by the committees. In fact, when we have offered amendments to propose these alternative ideas, they have been rejected.

One of the primary ways we know we can reduce costs is through the mechanism of medical malpractice reform. That deals with the problem of the jackpot justice system that currently is abused by trial lawyers where they file lawsuits, they get big recoveries or they force settlements, and the net result is two things which I spoke about yesterday.

First of all, liability insurance premiums for physicians now consume about 10 cents for every health care dollar spent. If we had medical malpractice reform, we could reduce that. We wouldn't, obviously, get rid of it, but the cost for physicians would be significantly less.

For example, we know some specialties, such as obstetrics, neurosurgery, and some others, including anesthesiology, for example, will frequently have annual liability premiums in the range of $200,000. That, obviously, is a cost that is passed on. When they bill patients, they have to cover the cost of their medical malpractice insurance.

I mentioned yesterday a study by the former president of the American Academy of Orthopedic Surgeons, Dr. Stuart Weinstein. He has written about the extra cost of delivering a baby because, he said, if a doctor delivers 100 babies a year and pays $200,000 for medical liability insurance, $2,000 of the delivery cost for each baby goes to pay the cost of the medical liability premium. So we could reduce by $2,000 the cost of delivering a baby if we were able to pass meaningful medical liability insurance reform.

The even bigger cost is defensive medicine—the kinds of things doctors do, not because they are necessary to take care of their patients, but because if they don't do them they might get sued and some expert will claim they should have had this extra test or done this extra procedure; and if they would have just done that, then maybe the patient would have been all right. So as a result, defensive medicine results in hundreds of billions of dollars of expenses every year.

In fact, a 2005 survey published in the Journal of the American Medical Association found that 92 percent of the doctors said they had, indeed, made unnecessary referrals or ordered unnecessary tests just to shield themselves from this liability. How much does this potentially cost? I said hundreds of billions. Well, let me cite two studies.

All of the studies I have seen are roughly within the same ballpark. They differ just a little bit. For example, Sally Pipes, who is president of the Pacific Research Institute, found that defensive medicine costs $214 billion a year. A new study by PricewaterhouseCoopers reveals similar findings, pegging the cost at $239 billion per year. Well, $214 billion, $239 billion, we can quibble about the amount; it is not insignificant. So when we are talking about well over $200 billion a year in defensive medicine, we know there is a big amount of money to be saved, and we could pass those savings on to the consumers of health care.

Yesterday I cited the statistics from Arizona and Texas where both States have implemented medical liability reforms of different kinds, but both States have found significant reductions in insurance premiums for physicians, fewer malpractice cases filed, and, in the case of Texas, an infusion of a remarkable number of physicians into Texas because it is a more benign environment now in which to practice their profession.

The reason I mention all of this is we have been talking about this for months now and not one of the Democratic bills contains medical malpractice reform. The reason is clear. Democrats are frequently supported by trial lawyers, and trial lawyers don't like medical malpractice reform. That is how they make a lot of money, so they don't want to see the reform. We ought to reform the system for the benefit of our constituents rather than to not do it in order to help trial lawyers.

Again, the reason I mention this is because a bill we are going to be taking up later today, the so-called ''doc fix''—and that is a very bad name for it—is a bill that would deal with the formula under which doctors are compensated for Medicare. One of the things that has been reported in newspapers is that the American Medical Association will not push for medical malpractice reform if they are able to get this bill passed. I find that to be a very troubling fact because all of the physicians I know realize we need medical malpractice reform.

Here is how the Washington Post editorialized it yesterday morning, and I am quoting:

The so-called ''doc fix'' is being rushed to the Senate floor this week in advance of