

Mr. President, I yield the floor.

RESERVATION OF LEADER TIME

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

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. The Senate will be in a period of morning business until 3 p.m., with Senators permitted to speak therein for up to 10 minutes each, with the time equally controlled and divided between the two leaders or their designees.

The ACTING PRESIDENT pro tempore. The Senator from Alaska is recognized.

Mr. BEGICH. I thank the Chair.

(The remarks of Senator BEGICH pertaining to the introduction of S. 3150 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

REMEMBERING STEWART UDALL

Mr. ALEXANDER. Mr. President, I was talking with the Senator from New Mexico and the Senator from Wyoming about Stewart Udall, whom the majority leader also talked about a little earlier. He is the father of Senator TOM UDALL and the uncle of MARK, and a great, distinguished American. He lived 90 long, good years, and did so much in our country to focus on conservation and the outdoors. So we remember and celebrate his life and send from our family, and I am sure from the entire Senate, our best wishes to our colleagues TOM and MARK and to their families.

HEALTH CARE

Mr. ALEXANDER. Mr. President, I have been in and out of public life a long time, and I have never had anything affect me in a personal way like the health care debate. I got up this morning in West Millers Cove in Blount County and drove to the Knoxville airport, and almost every single person with whom I talked on the way into the airplane had something to say to me about the health care debate. When I get on the plane, here comes another fellow right down the aisle, hands me a note, and says: Thanks for all your hard work. None of them are for the health care bill passed last night. They are all deeply concerned and deeply worried about it, and they see it as I see it. They see it as a historic mistake.

Unlike the Social Security bill, the Medicare bill, the Medicaid bill, the civil rights bills of 1957 and 1964 and 1968 and later, all those bills passed with significant bipartisan support. But the bill last night was a com-

pletely partisan act. The only thing bipartisan about it is the opposition to it. I think it is important that we continue to say why that is true.

The fundamental mistake is that the bill basically expands a health care delivery system that we all know is too expensive at a time of enormous concern about the national debt. In the middle of a great recession, we are expanding a health care delivery system that we know is too expensive; instead of focusing our attention and working together to set as a goal of reducing the cost of the health care delivery system so more Americans can afford to buy insurance. That is the basic difference of opinion.

The Democrats believe we should expand the system we have now. Of course, they make some changes, but basically it is an expansion of a system that is too expensive, and they make it more expensive. We believe what we should do, instead, is to reduce the cost of the American health care delivery system, and by doing so make it possible for more Americans to be able to afford health insurance.

Here is what the bill does now, as we see it. It imposes even larger taxes on job creators in the middle of a recession. It will mean Medicare cuts and premium increases for millions of Americans. The Medicare cuts, it is said, are alright because there is some fraud and abuse in Medicare. We agree with that. But what we are saying is that Medicare, according to its trustees, is going broke by 2010, and every penny of savings in Medicare ought to go to Medicare to help make it stronger. This bill spends almost all the money on a new entitlement, and the bill last night cuts Medicare even more deeply.

Some say: Well, it only hurts providers and hospitals. Well, those hospitals are the ones that may announce, as some are announcing, that we are not going to accept Medicare patients anymore because we are already being reimbursed so little. But it also cuts Medicare beneficiaries' benefits. The Congressional Budget Office says that fully half of those who have Medicare Advantage—and that is one out four Medicare beneficiaries in the country—will see their benefits cut. That is what this bill does.

As far as premium increases go, the President and I had a little friendly discussion about that at the health care summit. I said: For millions of Americans, individual premiums would go up. He said: No, they won't. I said: With respect, Mr. President, the Congressional Budget Office says yes, they will, by 10 to 13 percent, on the average. He said: Oh, no, oh, no, they will be getting a better policy. But that is like saying: If the government requires you to buy a better car and it is more expensive, it may be better but it is still more expensive. For a variety of reasons individual premiums are going to go up, and one is the government requirement that you buy a better policy.

Senator COLLINS, who was the insurance commissioner in Maine, has surveyed her State, and her conclusion is that 87 percent of the individual policies there will be more expensive under this bill. It is true that maybe half of those persons would get subsidies—paid for by taxpayers—but that still leaves maybe 40 percent of the individual policies in Maine where individual premiums will go up. They will go up because we are dumping more people into Medicaid—the State program for low-income Americans—and we don't reimburse physicians and hospitals adequately for those patients.

Today, one-half of doctors won't see new Medicaid patients. So what do hospitals and the doctors do when they do see a Medicaid patient? They transfer part of the cost of seeing that patient—that Medicaid patient—on to someone who has private insurance. So that forces premiums to go up.

When you have a provision in the bill, as this bill does, which says that my policy can't go up much when compared with my son's policy, well, that might keep my policy from going up so much, but my son is going to be paying a lot more. So younger Americans are going to be very surprised as the cost of their policies goes up. Then the provision in the bill with the requirement to buy policies was weakened, and because it is weak, a lot of young people especially may not join the policy. When they do not, that will leave sicker and older people within the system, and that will help drive premium costs up as well. So for all those reasons, for millions of Americans, it is accurate to say that premiums will go up.

I was at the University of Tennessee this morning—a tremendous university. Dr. Chu, the President's Energy Secretary, is visiting there today and tomorrow. I wish I could be with him to talk about the work they are doing, between the Oak Ridge National Laboratory and the university and its science program. Senator BINGAMAN has visited there before. But one of the undercurrent stories in America today is the condition of America's public higher education. State funding for public higher education has been flat for the last 10 years.

Why is that? Because Medicaid costs continue to rise. Governors can't control those budgets or control those costs, and the reason they can't is because we write the program up here and then send them about a third to 40 percent of the bill. They cannot afford it, so what do they do? They cut the amount of money that goes to the University of Virginia or the University of Tennessee or the University of New Mexico or the University of Wyoming and then what happens? Either quality goes down, fewer students are served, fewer faculty are attracted or tuition goes up, which is why the students are protesting in California about the 34-percent increase in tuition at the University of California. They probably didn't even imagine the reason for that