

of the diet of some salmon species in the Pacific is pteropods. The salmon fisheries that support coastal jobs and economies also care about the salmon. Ocean fishing in the United States overall is a multibillion-dollar industry connected to hundreds of thousands of livelihoods, and we should care about our fisheries industry, even if one doesn't care about the salmon or the lowly pteropod.

These unprecedented changes in ocean acidity are not happening alone, unfortunately.

These changes come along with dramatically changing ocean temperature, which is also driven by the same carbon pollution. Just recently, NOAA proposed listing 66 species of coral as endangered or threatened, citing climate change as the driver of those species' three key threats: disease, warmer seas, and greater ocean acidification. When you add to those three conditions the preexisting stressors, such as nutrient pollution and destructive fishing practices, well, 35 percent of the world's reefs are classified as in a critical or threatened stage.

Scientific projections indicate that coral reef ecosystems could be eliminated in 30 to 50 years. The young pages who are on the floor of the Senate listening to this speech may very well live into a time when coral reefs and the ecosystems surrounding them are extinct. The death and decline of coral reefs, which are the most diverse ecosystems on the planet, in turn wounds hundreds of other species that call the reefs home. When a reef ecosystem collapses and does not recover, it quickly becomes dominated by algae, and the rich mix of species developed over hundreds of millions of years that was once present there then disappears.

Scientists think the coral reefs off the coast of Papua, New Guinea offer a window into future effects of ocean acidification because there are natural emissions of carbon dioxide which bubble up from the sea floor through the ocean and raise the concentration making the sea water more acidic. Researchers have found that many species, especially the more complex framework-building corals, which provide shelter to other organisms, do not thrive where the pH is lower.

These are two photographs taken in the same reef. We see how rich and vibrant this reef looks away from the carbon dioxide. Here, near the carbon, where the acidification is higher, it is a shadow of the healthy reef. The human-driven acidification of the ocean is capable of causing—indeed is destined to cause if we do nothing—a serious imbalance in the ocean's complex ecology. The external stress of carbon pollution will result in a new equilibrium in ocean ecosystems.

When we consider what this portends for our food security, for our planet's biodiversity and economically for ocean-based industries, we cannot afford to ignore these changes that are

happening, that are measurable in our oceans.

Unfortunately, ignoring it is exactly what we are doing by failing to curb carbon pollution. There are high stakes involved. Our oceans cover 70 percent of the planet. We cannot change their chemistry without expecting profound consequences. It is time we realize we are, in fact, part of the very food chain being disrupted by the mounting acidification of the ocean.

The disruption of international fishing due to climate change and acidification threatens to destabilize local and global economies and compromise a major basic food source. How much? How much are we willing to sacrifice for the luxury of letting corporate polluters foul our planet with unchecked CO₂ emissions? Carbon pollution from fossil fuels is depleting the health of the oceans as well as affecting the atmosphere. Unless we take serious action to reverse course, the consequences may be dire. We are sleepwalking through history. I implore my colleagues to heed the clear and persistent warnings that nature is giving us: to acknowledge the responsibility presented to us in this moment and to respond appropriately before it is too late.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

THE FISCAL CLIFF

Mr. GRASSLEY. Mr. President, a week ago I visited with my colleagues about the necessity of taking a closer look at the problems of Medicare and taking advantage of the opportunity we have now with the fiscal cliff debate, to bring attention to it because I do not think it was getting enough attention.

There is no greater threat to America's growth and prosperity than our uncontrolled national debt. Currently, the country's debt exceeds \$16 trillion. We face the so-called fiscal cliff that could send our economy into another recession. In these difficult times, we are challenged by the people we represent to find real solutions, not short-term bandaids.

As we move forward, it is clear that we must discuss spending. I emphasize that word, "spending." I know President Obama is hyperfocused on increasing taxes as part of his deficit reduction proposal. I think the election shows he is legitimate in doing that, but he could have declared victory about 3 weeks ago. And in the 3 weeks since then he could have spent time talking about the expenditure side of the ledger because if we are going to be serious about reducing our debt, we must talk about spending—not sometime next year, not only after we talk about taxes, we must talk about spending and talk about it now.

We need to have a thoughtful conversation that focuses on where Federal spending most calls for control

and containment. That is the purpose of my charts today. That is the purpose of my remarks. We must have a thoughtful conversation about where our Federal spending is taking us. It is past time for the President to engage on health care entitlements with proposals that affect the long-term growth of health care costs. I am going to try to dissect this issue into 3 divisions and point out where the problems are.

The first division I will do, as shown in this chart, is the total government spending with everything except the interest on the national debt. By the way, this chart is from the Congressional Budget Office. It is not something I put together. It details, as I said, noninterest spending as a percentage of the gross domestic product.

We can see the percentages of GDP of health care, Social Security, and other noninterest spending. So we can see over the period of the next 25 years fairly level noninterest spending. We can see that Social Security, even though it has funding problems over the next 25 years, is going to be fairly constant as well. But when we get to health care costs, we can see a very dramatic rise. I suppose I should have had this on bigger charts so it would be more dramatic than it shows.

So this is the problem I want to address today. The driver of the cost is health care. And even though this chart only goes out 25 years, the board of trustees focuses 75 years ahead on Social Security and Medicare. So if this chart went out 75 years on Medicare, it would show about a \$40 trillion deficit.

So it is a very dramatic increase compared to other parts of Federal Government spending. I want you to look closely at these longer term projections as I proceed with some other divisions of this problem and segmenting the issue of health care, Medicare and Medicaid.

It is pretty clear that we must address the growth of health care as well as entitlements. I do not think my colleagues on the other side of the aisle can walk away from the issue. We should start by looking at where we are spending the most money in our health care entitlements.

This next chart that we will put up divides this into three categories: Medicare-only health care costs, Medicaid-only health care costs, and then what we call the duals. The duals are people who qualify for both Medicaid and Medicare.

The middle group, as I said dual eligible, account for just over 10 percent of the entire Medicare-Medicaid population. But we can see by the chart that the amount of money that is spent on that 10 percent is much greater than either Medicare only or Medicaid only. When we talk about the need to find ways to control spending for these dual eligibles, it is for a good reason. They are poorer, they are sicker, and more often they are in need of more extensive, as well as expensive, coordinated care.

The inefficiency created in the misaligned incentives of Medicare and Medicaid is frequently cited as one of the areas in health care in the greatest need of improvement, not only for the quality of health care but also maybe a better caretaker of the taxpayers' money.

ObamaCare created an office in CMS charged with creating demonstration projects to allow for greater coordination of dual eligibles. Those demonstration projects have been moving forward at breakneck pace, with nearly half of the States looking to participate. Essentially, all demonstrations under ObamaCare seek to give States greater control of the acute care of the dual eligibles—in other words, of this group here. CMS has the incredibly broad legal authority under ObamaCare to take these demonstrations nationally if they are successful.

No one argues that the way Medicare and Medicaid coordinate the dual eligibles works very well. The coordination today is akin to asking me and somebody else to compose a letter with the other person writing the consonants and my writing the vowels. Giving the States greater control over duals may be a good answer. Some States might do a good job.

But when we consider the fiscal challenges faced by the States, this should be a decision considered by Congress examining all possible alternatives and in consultation with States rather than something occurring through this regulatory action that we are seeing under ObamaCare and what CMS is doing with those demonstration projects.

Furthermore, moving more responsibility to the States may miss a real opportunity to address an even larger cost problem. While some dual eligibles are expensive and need extensive long-term support and services, there are dual eligibles who, in fact, are relatively low cost. More importantly, though, is that not all the expensive Medicare beneficiaries are dually eligible.

Take a look at this chart. In this chart we see the most expensive individuals in the Medicare Program.

These are beneficiaries who have multiple, chronic conditions and functional impairments. Fifty-seven percent of them are eligible for Medicare only, and 43 percent of them are dually eligible for Medicare and Medicaid.

We have numerous studies showing that the care for high-cost, Medicare-only beneficiaries is just as complex, and the quality of care calls for as much attention as that of the dual-eligibles.

So, then, legitimately ask the question of, Why are we splitting these two groups? These are two groups of similarly situated individuals. They all have need for improved care. They all have multiple conditions that are very expensive. Why do we tell some people: You get Medicare solely because you have income—income that doesn't

qualify for Medicaid—and then we tell some people: You should get Medicaid solely because you don't have enough income. Why is it a good idea to give States control of poor beneficiaries? Why should low-income beneficiaries get one of 50 different models to coordinate their care and people with higher incomes get Medicare only? Why is CMS pushing States to take a greater role with a complex, expensive population when they are also being asked to find the resources to cover poor individuals in Medicaid and develop exchanges to cover people in the private market?

Congress should consider what States should do in health care and what are reasonable expectations in those States. Congress should involve States in this conversation. If Congress wants States to administer benefits for the aged, the blind, the disabled, and low-income individuals, along with managing the exchanges for individuals with incomes over or up to 400 percent of poverty, Congress can do so.

If health care is the primary responsibility of States, it is because of decisions made by this Congress. States are being asked to do so much in health care while also overseeing education, public safety, roads, bridges, and meet, in most cases, a balanced budget requirement.

So I think Congress needs to step back and ask where the States are best able to focus on health care. We should ask States.

When we look at the long-term spending growth of our health care entitlement, we should use this as an opportunity to reconsider the role of the States in providing health care coverage. What we ask of the States should be thoughtfully considered in any discussion.

I know there are people telling us we shouldn't talk about health care entitlements now. President Obama hasn't come to the table yet on this issue. We don't have a choice. All you have to do is look at the numbers I have given you. Look at the spending. We only make the problem worse by putting it off.

We can save Federal dollars by extracting more from beneficiaries, providers, and States, but that is not going to do the same thing we need to do when we talk about health care changes. It is the very same thing we went through when Obamacare was being considered by a bipartisan group.

We need to do things to change the long-term growth curve of Medicare and Medicaid costs generally. That needs to be done right now. We need to talk about solutions to actually lower the growth curve and do it sooner than later.

We are \$16 trillion in debt. One of every \$4 we will spend in this next decade will be on Medicare and Medicaid. When you get further down the road than 10 years, it is going to grow even more dramatically. We will see health care entitlements double as a percent-

age of GDP in the next 25 years. I said the trustees look ahead 75 years, and it is even a bigger problem 75 years out.

If we want Medicare and Medicaid to not only survive—and I do—but also to thrive for the next generation, we need to be willing to ask fundamental questions and seek solutions that can affect the growth curve. I sincerely hope we are able to look for solutions that can make a real difference.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. MERKLEY). Without objection, it is so ordered.

THE FISCAL CLIFF

Mr. CARDIN. Mr. President, I take this time to share the views of many people who I have talked to in Maryland, and I am sure the same has been said in Oregon and around the Nation. People are frustrated by the inability of Congress to come together on solving the so-called fiscal cliff. We understand this needs to be avoided. Going off the fiscal cliff could cause major damage to our economy.

If we take no action by January 1, as I am sure most people are now aware, tax rates will revert back to the pre-Bush tax rates. The alternative minimum tax that shields tens of millions of Americans from paying extra income taxes will expire and tens of millions of Americans will be subject to extra taxes. The unemployment insurance program, the extended benefit program, will come to a halt. The payroll tax holiday will end, and individuals' take-home pay will be reduced. We would have a serious problem on Medicare reimbursement to our physicians. They would be subjected to a significant cut, close to 30 percent, which would have an impact on seniors and our disabled population having access to physician care, and we would go through what is known as sequestration, which is across-the-board cuts to almost all Federal programs, ranging from 8 percent to about 10 percent. That would have a major impact on our entire country. We have looked at the numbers in Maryland, and it could mean as many as 60,000 jobs lost in our own State of Maryland. We have a large Federal workforce, with 5.6 percent of our workers working for the Federal Government. That type of across-the-board cut would have an incredibly negative impact on the people of Maryland and throughout the entire country.

We have to avoid that. The impact on our economy is estimated to be about 3 percent. We would go from a positive growth to a negative growth, throwing us into a recession. I understand the