

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:

DISCLOSURE OF CONGRESSIONALLY DIRECTED
SPENDING ITEMS

I certify that the information required by rule XLIV of the Standing Rules of the Senate related to congressionally directed spending items has been identified in the committee report which accompanies S. 1436 and that the required information has been available on a publicly accessible congressional Web site at least 48 hours before a vote on the pending bill.

COMMENDING THE CREW OF STS-
125

Mr. UDALL of Colorado. Madam President, today I wish to congratulate and honor the crew of STS-125, who conducted NASA's fifth and final mission to the Hubble Space Telescope earlier this year. The crew—Commander Scott D. Altman, Pilot Gregory C. Johnson and mission specialists John M. Grunsfeld, Michael J. Massimino, Andrew J. Feustel, Michael T. Good and Megan McArthur—brilliantly executed a mission that included an unprecedented five spacewalks in 5 consecutive days to install two new instruments, repair two others and add necessary upgrades to extend the life of the Hubble. Most importantly, they returned safely to Earth.

I would like to specifically acknowledge Dr. Grunsfeld, whom I have had the pleasure of knowing for many years. Prior to the mission, the New York Times referred to Dr. Grunsfeld as the “keeper of the Hubble” because of his long commitment to the program, including three servicing missions. I cannot imagine a better caretaker. Without him, the Hubble would not be the unparalleled success it is today. I am also thrilled that Dr. Grunsfeld will be joining the faculty of the University of Colorado at Boulder after an extraordinary career at NASA.

I had the pleasure of meeting with the crew last week. We talked about the marathon spacewalks needed to install upgrades to Hubble that often required on-the-spot improvisation by the astronauts. It is a testament to the crew's professionalism, teamwork and resourcefulness that the spacewalks were so successful given such challenging conditions. We also discussed what each astronaut will be doing next—most will be returning to the astronaut corps awaiting their next mission—and how the microgravity of space adds an inch or more to your height. I appreciate the time they gave me and am always honored to visit with these extraordinary Americans.

It isn't widely known, but the State of Colorado and NASA have deep connections. The University of Colorado receives more research funding from NASA than any other university. Colorado enjoys the second largest aerospace economy in the country, behind only California, including significant endeavors in both civilian and military aerospace. After this final servicing mission, which added the cosmic origins spectrograph and widefield camera

3 to the Hubble, every scientific instrument on the Hubble Space Telescope has been made by Boulder, Colorado-based Ball Aerospace. Ball also built the corrective optics to fix the telescope's flawed vision upon installation in 1993. Ball Aerospace played an essential part in the Hubble story, and I am extremely proud of the contributions it has made to Hubble's success.

We should not forget that there was a time when it appeared this mission would never occur. Following the Space Shuttle *Columbia* tragedy, NASA initially decided to cancel all further missions to Hubble, arguing that it was too risky. At the time, I was a member of the House of Representatives Science Committee's Space and Aeronautics Subcommittee, and I strongly urged NASA to reconsider its decision. I believed that we should not abandon the world's greatest scientific instrument when servicing missions were no riskier than missions to the International Space Station, which NASA was planning to continue. I was pleased that, after some deliberation, NASA changed course and decided to go forward with the final servicing mission.

Hindsight being what it is, it is easy to say that continuing the Hubble servicing mission was the right choice to make. But for me, it was always the best option. As Dr. Grunsfeld said during the mission, the Hubble is about humanity's quest for knowledge. Over the past 19 years, the Hubble Space Telescope has opened fantastic windows into the universe. With it we have seen the pillars of creation and the death throes of distant stars. We have seen signs of supermassive black holes at the centers of galaxies and evidence that our universe is expanding at an ever increasing rate. And we have found planets similar to our own orbiting stars much like the Sun, reigniting old debates that force us to ask if we are alone in this universe. That is a quest we should not easily give up.

I find it fitting that the crew of STS-125 visited Capitol Hill on the same week as the 40th anniversary of the *Apollo 11* Moon landing. For an agency that has had its fair share of tragedies and triumphs, surely the *Apollo 11* mission and the Hubble Space Telescope stand out as shining examples of the heights NASA can reach. They are arguably the agency's greatest successes in manned and unmanned space exploration.

As high water marks of the past, they also offer useful perspective on the future of NASA. NASA is at a crossroads, where we must answer questions about the future balance of manned versus unmanned space exploration, about whether we should set our sights next on the Moon, Mars or some other goal, about how to cope with completion of the International Space Station and retirement of the Space Shuttle in coming years. And we must answer all of these questions during the most difficult economic conditions of a generation. I look forward to

those debates in the Senate, but they are debates for another day.

Today is about honoring the crew of STS-125. Our thanks go out to Scott Altman, Gregory Johnson, John Grunsfeld, Michael Massimino, Andrew Feustel, Michael Good and Megan McArthur, and all of the other Hubble caretakers over the years. They have steadied Hubble's gaze, sharpened its vision and extended its reach. Thanks to them we can keep our eyes focused on the heavens, touch the face of God and learn a little more about the universe and ourselves.

COMMENDING DETROIT SHOCK

Mr. LEVIN. Madam President, this afternoon, I had the pleasure of joining President Obama on the South Portico of the White House for a ceremony to honor the Detroit Shock on winning the 2008 WNBA championship. This is the third WNBA Championship in 6 years for the Shock, an outstanding accomplishment for the WNBA's first expansion franchise and one in which many across the State of Michigan take great pride. As one of only two teams to win three or more championships in the league history, the Detroit Shock is clearly a part of an elite group in the WNBA.

The Shock completed a hard fought title run with a three game sweep of the San Antonio Silver Stars, capped by a 76-60 victory in the final game before an elated home crowd. Those in attendance, as well as those in Detroit and across Michigan, were pleased with the poised performance of this veteran team. Through persistence, perseverance and hard work, this team defeated two quality opponents, the Indiana Fever and the New York Liberty, en route to earning a spot in the WNBA finals.

Led by the determined play of Katie Smith, the Shock maintained their focus throughout a grueling regular season and their ensuing march toward the 2008 WNBA title. Katie Smith averaged 21.7 points per game in the finals and won the 2008 WNBA Finals Most Valuable Player award.

This championship win was yet another milestone in the storied career of head coach Bill Laimbeer, who was at the helm of each of the Shock's championship runs. He has amassed a total of five professional basketball titles, which includes two as a player for the Detroit Pistons. This was also the sixth championship for Detroit Shock owner Bill Davidson's Detroit sports teams. Fortunately, he was able to enjoy this championship before his recent death in March.

Each member of the Detroit Shock organization made valuable contributions through the season and during this memorable championship run, including Kara Braxton, Cheryl Ford, Alexis Hornbuckle, Taj McWilliams-Franklin, Deanna Nolan, Plenetta Pier-son, Elaine Powell, Sheri Sam, Olayinka Sanni, Kelly Schumacher,