

reform would represent a significant victory for the American people—I think we all agree on that point—and it would be a significant moment in our Nation's history.

I think all of us can agree that insurance companies should not be allowed to deny coverage because of a pre-existing condition, that these same companies shouldn't be able to ration the benefits a family receives, and that citizens of the United States should be guaranteed that the coverage they pay for will be there for them when they need it. I think all of us in this Chamber, regardless of party or ideology, agree that reform should make insurance more affordable; that it should protect Medicare and keep it solvent so that it will be there for future generations; and that it should improve the quality of health care for all Americans, focusing on preventing diseases, reducing medical errors, and eliminating waste from our system so that our health care dollars are used more effectively. I think all of us can agree as well, regardless of which side of this debate one is on, that reform should empower families to make good decisions about purchasing insurance; empower small businesses to create jobs; empower doctors to care for their patients instead of filling out paperwork; and empower the sick to focus on fighting their illnesses instead of fighting their insurance companies. These are the commonsense reforms that will make insurance a buyer's market, keep Americans healthier, and save families and the government an awful lot of money in the years ahead. I think all of us share these views—at least that is what I have heard in the last year I have been so intensely involved in this debate and formulating the policy that is now before us.

If we listen to the distinguished minority leader, our good friend from Kentucky, we might be surprised to learn that his conference has decided to not just oppose our legislation but, unfortunately, to obstruct even further progress. After all, he called for a reform bill that incentivizes workplace wellness, allows people to purchase insurance across State lines, and reduces costs. Our bill does all three things. Let me be specific. On page 80, our bill includes a bipartisan proposal allowing employers to offer larger incentives for workplace wellness programs. On page 219 of our bill, it includes a Republican proposal allowing health plans to be sold across State lines. On page 1 of the Congressional Budget Office analysis of this bill, the Congressional Budget Office concludes that our bill would cut the deficit of our Nation by \$130 billion over the next 10 years—the single largest budget deficit reduction since 1997.

In a body of 100, as we are, in which both parties claim to agree on these principles, we should be able to achieve, one would think, a bipartisan consensus on a matter of this magnitude. But, sadly, it would seem our colleagues—many of them, again, on

the other side of this divide—don't seem to care what is in this bill specifically.

I am reminded again, as others have been, of what is actually included in this bill—not that I would expect them or anyone on this side of the divide to agree with everything that is here. We don't. There is not a single Member of this body who would not write this bill differently if he or she could. There is no doubt in my mind whatsoever about that. But we serve in a collegial body of 100 where we have to come to consensus with each other even when we don't agree with every single aspect of this bill.

Yet, when I read the words of the chairman of the Republican National Committee—and again speaking on behalf of a party, this is why I find this so disheartening. At a time such as this, I expect there to be full debate and disagreement over various ideas. But read, if you will, the words of the national chairman of a major political party in this country. Here is what he is suggesting his party ought to be doing at this critical hour:

I urge everyone to spend every bit of capital and energy you have to stop this health care reform. The Democrats have accused us of trying to delay, stall, slow down, and stop this bill. They are right.

Let's hear that again:

The Democrats have accused us of trying to delay, stall, slow down, and stop this bill. They are right.

It is awfully difficult to hear my colleagues talk about wanting to get a bill done, wanting to come together, when the chairman of their national party is recommending they do everything in their power to stop a bill that, in fact, includes many of the very reforms they themselves embrace.

Make no mistake, if the status quo prevails, one thing I can say with absolute certainty—if we do what too many of our friends on the other side and clearly what the chairman of the Republican National Committee are recommending—I can predict with absolute certainty the outcome, and that is that premiums will go up dramatically, health costs will continue to wreak havoc on small businesses, our deficit will grow exponentially, and Americans will see premiums nearly double in the next 4 years. In my state of Connecticut, a family of four is paying \$12,000 a year right now. It is predicted that those premiums will jump to \$24,000 within 7 years if we do nothing. That much I can guarantee.

For those who argue for the so-called status quo or keeping things where they are, know that more and more people will lose their health insurance. More families will be forced into bankruptcy. Hundreds of thousands of Americans are going to die unnecessarily, in my view, in the name of that obstruction. I don't think we can let that happen. So it has fallen to the majority to do alone the job we are all sent here to do collectively—the hard and honest work of legislating, as difficult as it is.

The factors that make this work so hard are not new or unique to this debate, and, as history shows, they will not be what is remembered a generation from now. The words that have been spoken here in this Chamber, the charts, the graphs—all of these things are slowly forgotten by history.

Today, we hold Medicare up as an example of a program worth defending. How many speeches have been given in the last 2 or 3 weeks about the glories of Medicare? I only wish those Members who are here today had been present in 1965. We might have been able to pass that bill without the partisan debate that took place in those days.

Today, no one talks about the 50 years it took to bring Medicare to the floor of the Senate. No one talks about what the polls said in 1965 when it took a lengthy debate involving more than 500 amendments, by the way, to achieve consensus on Medicare. I might add, nobody attacks it as socialized medicine as they did in 1965.

It is always easier to envision the legislation we want than it is to pass legislation we need. Such is the case here this afternoon. We won't end up with a bill that I would have written if it were up to me, and it won't be the bill that any one of our colleagues would have written either.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. DODD. Madam President, I ask unanimous consent for 2 more minutes.

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

Mr. DODD. But it will be a bill that improves the health care of all Americans. It will be a bill that makes insurance more affordable, improves the quality of care, and helps create jobs in our Nation. It will be a bill that saves money and saves lives. And it will be a bill that decades from now we will remember not for the differences we had in this Chamber but for the differences it made in our Nation and for the differences it made for our fellow citizens.

To get there, we must build on the consensus we have already reached, not tear it down with the petty weapons of political gamesmanship. We must answer not the call of today's poll or tomorrow's election but the call of history that we have been asked to meet, that other generations, other Congresses have failed to meet but we are on the brink of achieving.

My hope is that all of us will come together in these closing hours and do that which many predicted we could not do: pass legislation that we need.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

CLIMATE CHANGE

Mr. THUNE. Madam President, I wish to start by referring briefly to the remarks made earlier by the Senator from Alaska. She indicated earlier on the floor that she is going to be offering a motion of disapproval for a set of

regulations that are not final yet but have been announced by the EPA that they are coming forward with, the so-called endangerment finding. I wish to indicate that I intend to support her on that resolution.

I cosponsored the amendment she tried offering earlier this year to one of the appropriations bills that would have prevented the EPA from moving forward with the endangerment finding for a year, which would have allowed Congress an opportunity to examine this issue and perhaps approach it with a legislative solution as opposed to having the EPA move forward in a way even they acknowledge they don't have statutory authority to do.

I might say that the end result of what is being proposed at EPA—if they are successful—is they will implement a cap-and-trade program, only it will be a cap without the trade.

The reason they are moving forward, in my view, is because there isn't the political will in the Congress to pass a punishing cap-and-trade proposal this year. The House of Representatives passed it narrowly this year. There are a number of Members of the House who I think would like to have that vote over again. I know there aren't the votes in the Senate because many Senators on both sides realize the impact it would have on the economy—the number of jobs that would be lost in our economy and how it would punish certain parts of our country with crushing energy costs, at a time when we don't need to pile costs on small businesses and consumers who are trying to come out of a recession.

This is a wrongheaded move by the EPA. It is something they should not be acting on independently. This should be resolved by the Congress of the United States. Honestly, if the EPA moves forward, there are a number of industries in South Dakota that will be impacted and a number of businesses in my State. If the litigation is successful—and, inevitably, there will be lots of lawsuits filed—and if the 25,000-ton number is reduced to the 250-ton number that is used as a threshold in the Clean Air Act, there will be literally millions of entities that will be covered—hospitals, churches, farmers, ranchers, and small businesses.

In South Dakota, we have a lot of farmers and ranchers who make their living in small businesses that would be adversely impacted were these regulations to be enacted and then move forward with regulating and putting the caps in place. If the litigation is successful, we know what will be subsequent to that.

I say that as a lead-in to talk about impacts on small businesses. There are so many things happening right now in Washington that have an adverse and detrimental impact on the ability of small businesses to create jobs. I have heard the President talk about creating jobs—that is his No. 1 priority—and we need to give incentives to small

businesses to create jobs. I have heard my colleagues on the other side talk about how important job creation is. Yet everything coming out of Washington, whether it is in the form of heavyhanded regulation, such as this endangerment finding coming out of EPA, or in the form of a cap-and-trade proposal or whether it is this massive expansion of the Federal Government—the \$2.5 trillion expansion to create a new health care entitlement—all these things are raising clouds over the small business sector of our economy, which creates about 70 percent of the jobs.

We are essentially telling small businesses that you may end up with these massive new energy taxes or with this employer mandate that will cost you up to \$750 per employee if you don't offer the right kind of insurance; you are going to be faced with all these taxes imposed on health insurers and prescription drugs and medical device manufacturers that will be passed on to you.

Then we are saying go out and create jobs, in light of all this policy and uncertainty in Washington, all these proposals to tax and spend and borrow more money by the Federal Government. You cannot blame small businesses for acting with a little bit of hesitancy when it comes to making major capital investments and when it comes to hiring new people.

Those are the very things we want small businesses to do. We want to encourage that type of behavior. We want to encourage that kind of investment. We want to encourage job creation. Unemployment is at 10 percent. We have lost 3.3 million jobs since the beginning of the year. Who will put people back to work? It will be the small businesses in our economy. In South Dakota, they are about 96 percent of the game, when it comes to employment in South Dakota. Here we are debating a health care reform bill which, in addition to spending \$2.5 trillion to create this new health care entitlement, raises taxes on small businesses, cuts Medicare, and at the end day, according to the experts—the CBO and the Chief Actuary at the CMS, which is the so-called referee in all this, who tells us what these things will cost and their impact—they have all said premiums will either stay the same or go up. So the best small business can hope for under this is the status quo.

I hear my colleagues on the other side coming down here, day after day, making statements, saying this is going to be good for small businesses, and this will help small businesses deal with the high cost of health care.

The problem with all their arguments is one thing: They are completely and utterly divorced from reality. You cannot look at this health care reform proposal and come away from it and say this is a good thing for small businesses, when small businesses are saying this will drive up their cost of doing business, it will raise health care costs, and these taxes

you are going to hit us with will make it harder to create jobs.

Why do we proceed in the face of this and then deny what all these small businesses are saying, what the experts are saying, and what increasingly the American people are saying, which is that this is a bad idea. So why don't you reconsider this and start over again and do some things that will actually lower health care costs. That is what small businesses are saying.

We have people down here saying this is good for small business. What are small businesses saying—and large businesses, for that matter. The NFIB represents small businesses all over the country. They said:

This bill will not deliver the widely promised help to the small business community.

They say:

It will destroy job creation opportunities for employees, create a reality that is worse than the status quo for small businesses. It is the wrong reform at the wrong time, and it will increase health care costs and the cost of doing business.

That is the National Federation of Independent Businesses, as I said.

How about large businesses? The Chamber of Commerce expressed their disappointment with the Senate health care bill and has weighed in with strong opposition against it. That includes the National Association of Wholesaler Distributors, the Small Business Entrepreneurship Council, the Association of Builders and Contractors, the National Association of Manufacturers, the Independent Electrical Contractors, and the International Franchise Association. The list goes on and on. The Small Business Coalition for Affordable Health Care—50 organizations around the country that are members of the group—including many that have members in South Dakota, not the least of which is the American Farm Bureau Federation. That represents farmers and ranchers who are still businesspeople out there trying to make ends meet. They said this:

Our small businesses and self-employed entrepreneurs have been clear about what they need and want: lower costs, more choices, and greater competition for private interests.

They say:

These reforms fall short of long-term, meaningful relief for small business. Any potential savings from these reforms are more than outweighed by the new tax, new mandates, and expensive, new government programs included in this bill.

That is what small businesses across the country are saying. The reason they are saying that is because, as I mentioned, not only are they hit with these taxes every year, there is a tax on health plans that will amount to \$60 billion over 10 years, which will be passed on to small businesses. There is a new payroll tax, Medicare tax, which incidentally, for the first time ever, instead of going to Medicare, will be used to create a new entitlement program. That will hit about one-third of small businesses in this country, we are told.

As I said earlier, they have the employer mandate, which is going to hit a whole lot of small businesses—another \$28 billion that will hit small businesses across this country. So you have all these new taxes heaped upon our small business sector. The small businesses are saying: What do we get out of this? What is this going to do to affect our health care costs?

I will show you. This chart represents what the CBO has said health care costs would do if this bill is enacted. The blue line represents the cost of essentially, if you will, doing nothing. In other words, the blue line represents what will happen if Congress does nothing, the year over year increases we are already seeing. It represents the status quo. We have heard people from the other side say we have to do better than the status quo. The President and the Vice President say that and our Democratic colleagues say that. You cannot accept the status quo and then attack Republicans for being in favor of status quo. The blue line represents the status quo. The blue line is what will happen year over year, in terms of increases in health insurance premiums that small businesses and individuals will deal with.

It doesn't matter where you get your insurance—the small business group market or the large business employer group market or the individual market. If you get it in the individual market, your rates will be 10 to 13 percent higher. I ask unanimous consent to extend my remarks for another 5 minutes.

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

Mr. THUNE. It doesn't matter which market you get your insurance in, except if you are in the individual market, you will pay much higher insurance premiums than the status quo, which is locking in double the rate of inflation premiums for the foreseeable future.

The red line on the chart represents the spending under this bill. This is what the CBO says will happen. You will see the cost curve bent up, not down. You are going to have more money coming out of our economy to pay for health care than you do today. That is what small businesses are reacting to. That is why they are coming out strongly and adamantly opposed to this legislation. It bends the cost curve up, increases the cost of health care, rather than bending it down. We heard the same thing come out of the Actuary of the CMS just last week.

Again, the experts are saying—the referees, the people who don't have a political agenda—repeatedly, that this will increase the cost of health care. This will drive health insurance premiums higher.

The other point I wish to make, because after I have shown you how health care costs will go up under this legislation, the other amazing thing about it—this is, again, one of those phony accounting techniques or gim-

micks that Washington uses, the same old business in Washington, the Washington smoke and mirrors, the ways of disguising what this really costs: In order to bring this thing in at about \$1 trillion, which is what the majority wanted to do, they had to use budget gimmicks.

The Senator from New Hampshire knows all about this because he has followed this closely as chairman of the Budget Committee for many years. He can attest to the fact that one of the things they will do is start the tax increases immediately. So on January 1 of next year—which is now 18 short days away—all these businesses across the country are going to see their taxes go up—in 18 days. But the amazing thing about it is, many benefits don't get paid out for another 1,479 days. So they front-load all the tax increases; the tax increases will be passed on immediately. By 2013, every American family will be paying—starting next year—\$600 a year. So every American family will feel the brunt of the additional costs for taxes and the premium increases that will follow from those.

The remarkable thing about it is, they structured a bill that would punish small businesses and people who will pay these taxes on January 1 of 2010—18 days away. They don't pay out benefits for another 1,479 days. What does that do? In the 10-year window they use to measure what this will cost, it dramatically understates the cost of the legislation. So we are faced with not a \$1 trillion bill but a \$2.5 trillion bill, when it is fully implemented and when all the budgetary gimmicks and phony accounting is actually taken into consideration. This is a bad deal for small businesses. That is why all the small business organizations have come out opposed to it.

You cannot get up, day after day, and defy reality, logic, reason, and facts. That is what those who are trying to push this huge government expansion and huge takeover of health care in this country are trying to have the people believe. They are dead wrong.

I believe the American people are tuning in to that, which is why, increasingly, in public opinion polls, they are turning a thumbs down on this by majorities of over 60 percent.

I see the Senator from New Hampshire. I appreciate him indulging me for an extra few minutes.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire is recognized.

Mr. GREGG. Madam President, I ask unanimous consent to speak for 15 minutes.

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

Mr. GREGG. Madam President, I appreciate the explanation of the Senator from South Dakota of the effects of the bill on small business—especially the description of the gimmicks played in the bill in order to make it look fiscally responsible, which it is not—the

fact they use 10 years of revenues in Medicare cuts to offset 5 to 6 years of spending and then they claim somehow it is in balance.

I wish to turn to another part of the bill. I think it is important to recognize it is not our side so much that is representing the failures of the bill. It is actually the administration itself. The administration's Actuary came forward with a letter analyzing the Reid bill. You have to remember the Reid bill isn't necessarily the bill. This is sort of like a "where is Waldo" exercise here. We have a bill called the Reid bill—it is 2,074 pages—which we got 10 days ago. It took 8 weeks to develop it, in camera, by Senator REID and a few of his people.

Now we are told there is going to be a new bill. Nobody has seen it. Nobody on our side has it. I understand most Members on the other side have not seen it, but it is supposed to be a massive rewrite of the Reid bill. We can only project what that is through news reports. News reports are not very good. They represent they are going to expand Medicaid which will be a massively unfunded mandate to States and lead to letting people into a system that is fundamentally broken, and you are going to let people buy into Medicare age 55 and over.

Medicare is insolvent today. It has \$35 trillion of unfunded liabilities on the books, and they are going to let people buy into Medicare. What sort of sense does that make? It means that seniors who are on Medicare—and, by the way, Medicare gets cut significantly under this bill—will find Medicare under even more pressure when you put people into it.

Turning from those two obvious problems to the potential bill that we have not seen but will be asked to vote on before the week is out, it appears, I want to turn to this actuary report done by the CMS Actuary who works for the Department of HHS and whose job it is to evaluate this bill. He works for the President. He is a Federal employee. He is in the administration.

The CMS made a number of points. Remember, when we started down this road, the President said he wanted to do three things, all of which I agreed to: One, he wanted to expand coverage so uninsured would get covered. Two, he wanted to bend the outyears cost curve of Medicare and of health care generally in this country so we could afford it. And three, he wanted to make sure if you had insurance, you get to keep it. If you like your insurance, if you like the employer plan you have, you get to keep it.

What did the Medicare Actuary—this is not the Republican side, this is an independent, fair analysis of the Reid bill—what did they say on these three points the President held up as his test for what health care should be?

On the issue of whether this bill bends the outyears cost curve—which we have to do, by the way. If we do not get health care costs under control,

there is no way we are going to get our Federal budgets under control. What did the Actuary say:

Total national health care expenditures under this bill would increase by an estimated \$233 billion during the calendar period 2010 to 2019.

Instead of going down, they go up. The chart that Senator THUNE showed is totally accurate. There is no bending down of the outyear health costs. There are a lot of reasons for that, and I will go into it in a second. Primarily they did not put provisions in the bill I would support and should have been in this bill, such as malpractice abusive lawsuit reform, such as expanding HIPAA so companies can pay people to live healthier lifestyles—if you stop smoking, your company could pay you; if you lose weight, your company could pay you—which is not in this bill, which would have bent the cost curve down. Those were taken out of the bill because the trial lawyers opposed the first one and the unions opposed the second one.

On the second point the President set out as his test, which was there would be coverage for everybody who is uninsured, what did the Actuary say after he looked at this bill? There are 47 million people uninsured. Some people say there are 50 million. The Actuary said after this bill is completely phased in, there will still be 24 million people uninsured. So for \$2.5 trillion—that is what the cost of this bill is when it is totally phased in—for the creation of a brandnew entitlement, for cuts in Medicare which will be \$1 trillion over the 10-year period when the bill is fully phased in, \$½ trillion in the first 10 years, \$1 trillion when phased in, \$3 trillion of Medicare cuts in the first 20 years—for that price, \$2.5 trillion, what do you get? You still get 24 million people uninsured. Why? Because they set the bar so high on the insurance level people still cannot afford to get into it and people will be pushed out of their private insurance. That is the third point.

The President said if you like your private plan, you get to keep it. That was his third test. I agree with that. I agree with all these tests. We should bend the outyear cost curve and get everybody covered. The third test is if you like your private insurance, you get to keep it.

What does the Actuary say? Once again, the Actuary works for the President through HHS. The Actuary says 17 million people will lose their existing employer-sponsored insurance; 17 million people will be pushed out of their private plans into this quasi-public plan. Why is that? Because the way this bill is structured, there is so much cost shifting that is going on as you put people in Medicaid, which only pays about 60 percent of the cost of health care of a person getting Medicaid, and you put more people into Medicare, which only pays about 80 percent of what it costs to take care of a Medicare recipient, that difference—

that 40 percent in Medicaid, that 20 percent in Medicare—has to be picked up by somebody else. The hospitals have to charge the real rate of what it costs them. The doctors have to charge the real rate of what it costs them to see that patient. So they put that cost on to the private sector. They put it on to private insurance. So the private sector is subsidizing, the person who gets their insurance through their company is subsidizing the cost of the person who goes into Medicaid or the cost of the person who goes into Medicare.

In fact, today, the private sector is subsidizing the Medicare recipient and the Medicaid recipient through the cost of their insurance by almost \$1,700 a year. Madam President, \$1,700 a year of your private insurance, if you are insured by an employer plan, is to pay that gap in reimbursements, that underreimbursement for people who are under Medicaid and under Medicare.

When you put more people into Medicaid—and this bill assumes 15 million people are going to go into Medicaid—and you put more people into Medicare and this bill puts people age 55 and over into Medicare, you end up with even more people being subsidized. Who pays for it? Private insurance. So private employers, especially small businesses, see their insurance price going up. They cannot afford it. They figure it is cheaper to pay a penalty, a tax, essentially, under this bill than to keep their insurance for their employees. They have to say to their employees: Sorry, folks, you have to go over to the quasi-public plan. Seventeen million people, the President's Actuary has estimated.

There is another point that the President's Actuary makes here. It is critical because this Reid proposal is devastating to a program which is also under severe stress, and that is Medicare. We know today that because of the retirement of the baby boom generation, which doubles the number of retired people in this country from 35 million to 70 million, which generation will be fully retired by 2016, 2017, 2019, we know today that because of the demands of that generation for health care there is a \$38 trillion—that is trillion with a "t"—unfunded liability in Medicare. In other words, there are \$38 trillion of costs we know we have to pay but have no idea how we are going to pay it. No idea. The insurance system does not support it.

That program is under a lot of stress right now as it stands. As it stands, it is under a lot of stress. But when you start cutting that plan even further, which is what is proposed in this bill—under this bill there is approximately a \$500 billion cut in the first 10 years for Medicare, \$1 trillion in the second 10-year period when it is fully phased in, and \$3 trillion over the 20 years. When you cut Medicare beneficiaries by those amounts and you eliminate essentially Medicare Advantage for prob-

ably a quarter of the people who get it today, providers can no longer afford to provide the benefits to their recipients, to the Medicare patient. They cannot make a profit.

Again, you are going to say, oh, that is just a Republican throwing out some language here. No, it is not. That is the Chief Actuary of the President of the United States saying that. Let me read to you: Because of the bill's severe cuts to Medicare, "providers for whom Medicare constitutes a substantive portion of their business could find it difficult to remain profitable and might end their participation in the program (possibly jeopardizing access to care for beneficiaries)."

That is a quote from the President's Actuary. The Actuary suggests that approximately 20 percent of all Part A providers—that is doctors, hospitals, and nursing homes—would become unprofitable as a result of the Reid bill. What happens when you become unprofitable? You close. People will not be available to deliver the care to the senior citizens under this proposal.

The representation from the other side of the aisle is, oh, we don't cut any Medicare benefits. They cut Medicare benefits from Medicare Advantage, but what they do is cut provider groups. If you don't have somebody who is going to see you, you can have all the benefits in the world and it is not going to do you any good. That is clearly a very significant cut in benefits. It is not me saying this. It is the Actuary saying this.

Madam President, how much time do I have remaining?

THE PRESIDING OFFICER. Four minutes.

Mr. GREGG. So this is a critical point, that under this bill, the Medicare Actuary has said four major things: first, that it doesn't bend the cost curve down, it bends it up. Second, it leaves 24 million people uninsured when fully implemented. Third, 17 million people will lose their private insurance and be forced into quasi-public plans. And fourth, there are a lot of providers of Medicare who are going to go under and, therefore, will not be available to provide Medicare. That is not constructive to the health care debate.

How should we do this? I will tell you some things we should do that are not in this bill, things which are sort of a step-by-step approach, rather than this massive attempt written in the middle of the night, dropped on our desks for 8 days, 10 days, or for however long. Why don't we try to take a constructive, orderly approach? We know there are sections of insurance reform that can occur across State lines. We know we can do things if we set up the proper coverage scenario for preexisting conditions so people do not lose their insurance because of a preexisting condition. We know there is a lot of market insurance reform that can be done. We also know if we curtail or at least limit abusive lawsuits, we can save massive

amounts of money. We know there is \$250 billion of defensive medicine practiced every year in this country. CBO scores it as a \$54 billion immediate savings just like the plans they have in Texas and California, which work. Why isn't it in this bill? The trial lawyers didn't want it.

We know if we say to employers you can pay more to employees in the way of cash benefits if they stop smoking, get mammograms when they should, get colonoscopies when they should, reduce weight so they are not subject to obesity issues—if you do that, you get huge cost savings. Some employers, such as Safeway, have already proven that. Why don't we do that under this law? Because labor unions don't want that law, which was actually in the bill passed out of the HELP Committee, but it was out of this bill.

We know there are certain diseases that drive costs in this country—obesity, Alzheimer's. Why not target those diseases rather than this massive bill, \$2.5 trillion bill which our kids cannot afford? Change the reimbursement system so we reimburse doctors for quality and value rather than quantity and repetition. Things such as that can be done.

If you want to insure everyone, which I do, you can follow the suggestion I and other people have made around here. Let people buy into a catastrophic plan, especially the young and healthy, people between the ages of 20 and 45. They don't need these gold-plated plans or bronze-plated plans which have excessive amounts of mandated coverage in them. They don't need them. What they need is a plan that says if they are severely injured or they contract a very difficult disease, they are going to have coverage so their responsibility of care does not fall on the rest of the country. That can be done.

There are a lot of specific things that can be done to improve our health care system without this quasi-nationalization effort which is going to expand the size of the government so dramatically by \$2.5 trillion that there is no possible way our kids are going to be able to afford the debt that is going to come on to their backs as a result of this because this will not be fully paid for, in my opinion.

Certainly, we can at least look at the points made by the Actuary of the President who has disagreed with four of the core proposals in this bill, saying they do not meet the tests which were set out for good health care reform and say in those areas: Let's go back and take another look; let's start over again; let's do it right. That is our proposal. Let's do it right rather than rush this bill through.

Remember, most of the programs in this bill do not start until 2014. So why do we have to pass it before Christmas, especially when we have not even seen the final bill? It makes no sense at all.

Listen to the Actuary of the President and let's get this right.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Madam President, I ask unanimous consent to engage in a colloquy with my colleagues from Vermont and Ohio.

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

Mr. FRANKEN. Madam President, I rise today to urge my colleagues in the Senate to support Senate amendment No. 3135 to replace the proposed excise tax with a surtax that would affect only those making literally millions of dollars a year. Senator BROWN and Senator SANDERS, with whom I will engage in this colloquy, have shown tremendous leadership on the issue, and I thank them and join them in their efforts.

Before I get into this, though, I want to answer a couple of things I have seen and heard on the Senate floor. I walked in and my colleague from South Dakota, Senator THUNE, had a chart up. He had a chart up that said when your taxes will kick in and when your benefits will kick in. So I didn't hear the whole speech, and I felt bad about that—not having heard his whole speech—and I went up to him and said: I didn't hear your whole speech.

And he said: Oh, man, that's too bad.

But I said: Did you actually happen to mention any of the benefits that do kick in right away?

And he said: No.

So I think we are entitled to our own opinions, but we are not entitled to our own facts. Benefits kick in right away. If you are going to hold up a chart that says when taxes kick in and when benefits kick in, and you say 1,800 days, you better include the benefits that do kick in right away.

Mr. THUNE. Madam President, will the Senator from Minnesota yield for a question?

Mr. FRANKEN. Absolutely.

Mr. THUNE. Did the Senator understand that what I was pointing out on the chart—the point I was making—was that the tax increases start 18 days from now, and the benefits—the spending benefits under the bill, which are the premium tax credits and the exchanges that are designed to provide the benefits delivered under this bill—don't start until 2014. Did the Senator miss that?

Mr. FRANKEN. Does the Senator understand that spending benefits start right away?

Mr. THUNE. If the Senator missed that point, I can get the chart out.

Mr. FRANKEN. I asked a question. I yielded to you for a question. I am asking you a question. Does the Senator—

The PRESIDING OFFICER. The Senator from Minnesota may only yield for a question, and the Senator from Minnesota has the floor.

Mr. FRANKEN. Has to what?

The PRESIDING OFFICER. Has the floor.

Mr. FRANKEN. I have the floor. The Senator from South Dakota said: Did I

realize he was talking about the spending doesn't start for 1,800 days on health care—that the benefits don't start. Well, here is one: \$5 billion in immediate Federal support starts immediately for a new program to provide affordable coverage to uninsured Americans with a preexisting condition.

I don't know about anyone else in this body—

Mr. THUNE. Will the Senator yield for an additional question?

Mr. BROWN. Will the Senator yield?

Mr. FRANKEN. I yield.

Mr. BROWN. That is exactly right, what Senator FRANKEN says. The \$5 billion is for the high-risk pool—people who have the most trouble because of preexisting conditions, because of the behavior of insurance companies. And this debate is really all about the insurance companies. My friends on the other side of the aisle always come down with the insurance companies. The insurance companies really are the ones that are driving so much waste and so much bad behavior in the system.

Another thing in this bill that is very important now is the Medicare buy-in. The Medicare buy-in we have been discussing is for somebody who is 58 to 62 years old and who can't get insurance. Maybe they have been laid off or maybe they have a preexisting condition or maybe they are a part of small business that doesn't insure them. At 58 to 62 years old, they simply can't get insurance. This legislation will allow them, so far, to buy into Medicare.

I know my Republican friends can't make up their minds what they think about Medicare. They have opposed it, mostly, for 40 years. They opposed its creation; they tried to privatize it in the mid-1990s. They succeeded in partially privatizing it. They have cut it. Now, when we are—at AARP's request, in part—pushing legislation which will cut some of the waste out of Medicare, all of a sudden they are big fans of Medicare. But then they don't like Medicare again because we are trying to do the Medicare buy-ins. I guess I am confused.

Mr. THUNE. Would the Senator from Ohio yield for a question?

Mr. BROWN. We gave the other side 30 minutes.

Mr. FRANKEN. We have our time now.

Mr. BROWN. Senator THUNE wants to sort of monopolize our 30 minutes.

Mr. FRANKEN. We have our time, and the Senator from South Dakota just said, when he gave his presentation, nothing that we are paying for starts until 1,800 days from now. There is a whole list of things that start. The Patient Protection Affordable Care Act—

Mr. THUNE. Will the Senator yield for a question?

The PRESIDING OFFICER. The Senator from Minnesota has the floor. He may engage in a colloquy. He does not have to yield for any further questions.

Mr. FRANKEN. The Patient Protection and Affordable Care Act will prohibit insurance from imposing lifetime

limits on benefits starting on day one—starting on day one, Senator. He doesn't want to hear it.

We are entitled to our own opinions, but we are not entitled to our own facts. The fact is, benefits kick in on day one and the large majority of benefits kick in on day one, and we shouldn't be standing up here with charts that say the exact opposite.

Senator MCCAIN, a week ago, said: Facts are stubborn things. These are stubborn things. Small business tax credits will kick in immediately. The Senator from South Dakota just said that no payments, nothing that costs any money will kick in right away. That is not true. We are not entitled to our own facts.

I stand here day after day and hear my colleagues, my good friends from the other side, say things that are not based on fact.

We hear about this \$78 trillion unfunded liability. You know, I remember during the Social Security debate that we used to hear about this \$11 trillion unfunded mandate for Social Security. They asked the Actuary what that was about—Treasury Secretary Snow—because the American Actuarial Society got mad about this. You know what it was? It was into the infinite horizon, was the liability. It was into infinity. That was a figure used by the President of the United States—George Bush at the time—that we have an \$11 trillion unfunded mandate. What was the actuarial thinking behind it? Into infinity, and that people would live to be 150 years old.

Mr. SANDERS. Will the Senator from Minnesota yield?

Mr. FRANKEN. One second. I want to explain the end of this.

So this was the unfunded liability—assuming people lived to 150 and still retired at 67. That meant an 83-year retirement and that we would live to 150. I assume the first 50 years would be great, the next 50 years not so great, and the last 50 years horrible. Ridiculous stuff.

Let's have an honest debate, for goodness' sake. Let's not put up charts that contend one thing and that are just not true.

I yield to Senator SANDERS.

Mr. SANDERS. What I wanted to do is to get back to an issue that is of great importance to the American people, in addition to everything Senator FRANKEN appropriately pointed out; that is, as we proceed forward on this legislation, there is a provision in the Senate bill that I think needs to be changed. I have offered an amendment to do that. I am delighted Senator BROWN and Senator FRANKEN and Senator BEGICH, who is not here, and Senator BURRIS, who is also not on the Senate floor, are in support of that amendment, as I think the vast majority of the American people are.

Madam President, this bill is going to cost some \$800 billion to \$900 billion, and the American people want to know where that money is going to come

from. Is it going to come from the middle class whose incomes in many ways are shrinking, who have lost their jobs, are having very serious financial problems, or is it going to come in a more progressive way?

The amendment that we are supporting would simply say we will get rid of the 40-percent excise tax on health care benefits above a certain limit and move toward a more progressive way of funding, which is close to what exists in the language in the House.

Essentially, what we would be doing is addressing the fact that the so-called Cadillac plan is not a Cadillac plan because in a relatively few years, millions of workers with ordinary health care benefits are going to be impacted by that. According to a major health care consultant, the Mercer Company, this tax would hit one in five health insurance plans by the year 2016—one in five. The Communications Workers of America have estimated that this would cost families with a Federal employees health benefit—Federal employees with a standard plan with dental and vision benefits—an average of \$2,000 per year over the 10-year course of this bill.

So what this issue is about is do we sock it to the middle class again, with the heavy tax that over a period of years is going to impact more and more ordinary families, or do we say that at a time when we have the most unequal distribution of wealth and income, when President Bush gave huge tax breaks to the wealthiest people, that maybe we ask people who have a minimum income of \$2 million a year to start picking up their fair share?

I yield to my friend from Ohio.

Mr. BROWN. Madam President, I thank my colleagues for kicking off this debate. My understanding is that this amendment would eliminate the tax on people's health insurance plans, even people who have pretty generous union-negotiated—obviously, not just union, but when a union negotiates a good plan, the white-collar workers in those same plants, those same companies often get decent plans too. It would take away the tax for them, and it would then tax 1 percent, ½ percent of wealthy people?

Mr. SANDERS. Interesting that the Senator asks that. What this amendment does is it imposes a 5.4-percent surtax on adjusted gross incomes above \$2.4 million for individuals and \$4.8 million for couples.

What that means, I would tell the Senator from Ohio, is that this impacts the top two one-hundredths of 1 percent, which means 99.98 percent of the American people would not pay one penny in additional taxes. It is the top two one-hundredths of 1 percent, and I think that is in fact the proper thing to do.

Mr. BROWN. So that would be 2 out of 10,000—1 out of every 5,000 families would pay that or 1 out of 5,000 of the wealthiest families would pay that; is that what the Senator is saying?

Mr. SANDERS. That is true. Of the approximately 134 million individual tax returns filed in 2005, which is the latest data we have available, only two one-hundredths of 1 percent or about 26,000 individuals reported adjusted gross incomes over \$2.4 million.

Mr. BROWN. So 26,000 out of 134 million people would pay this.

Mr. SANDERS. That is right.

Mr. BROWN. As opposed to millions of families who have good health insurance that they have negotiated or been provided by their employer.

This brings me back to the discussion we had earlier this year; that when people talk about legacy costs, about pension and health care, which many people have, fortunately, almost always these health benefits and pensions people earn by giving up pay today. They say: I will take a little less pay today if I get a good pension and good health insurance. So that is why the Senator from Vermont is arguing that we shouldn't be taxing this insurance, I assume.

Senator FRANKEN.

Mr. FRANKEN. Let me go into this term "Cadillac." You know, I never had a Cadillac, but that was the thing, right?—a Cadillac? That was an incredible extravagance—a gold-plated extravagance. But, in fact, this would be taxing plans that provide basic comprehensive coverage for thousands of middle-class workers and their families. One of the problems with the excise tax is that it categorizes plans based on their actuarial cost, not solely on the generosity of their benefits. Plan characteristics explain only a small percentage of the differential in cost. Some reports suggest only 6 percent of the difference in cost is explained by generosity of benefits.

Let me give an example: A small business that employs many older workers is going to face—actuarially, it is going to be considered higher than a business with a young workforce. So even if both of these employers provide the exact same benefits, their costs will be different. The employer with the older workforce faces a higher risk of falling under this tax—not due to the richness of the benefits but due to the age of its employees.

The same goes for small workforces. If a small business offers one set of health benefits and a large company offers the exact same set of benefits, the cost for the smaller employer is higher because its risk pool is smaller.

Do we really want to penalize small businesses or workplaces that retain older workers?

Senator SANDERS.

Mr. SANDERS. Let me pick up on the point the Senator from Minnesota made. When you use the term "Cadillac," the implications are that maybe we will get some of those guys at Goldman Sachs who have this off-the-wall outlandish benefit package.

The reality is, the CWA—Communications Workers of America—has done a bit of work on this. What their

estimate is, as health care costs continue to rise—and we are seeing 6 percent, 7 percent, 8 percent increases every year—obviously, the way the language of this legislation is written, it will impact more and more health care plans. By the year 2019, it will burden one out of three health care plans in this country. Does that sound like a Cadillac plan, one out of three plans? And eventually, as health care costs continue to rise, it will impact virtually every plan in this country.

The bottom line we are talking about is, yes, we need to raise money. How do you do it? Do you do it by socking it to the middle-class and working families? And as the Senator from Ohio has indicated, many of these workers have given up wage increases in order to maintain a strong health care benefit. Are those the people we are going to tax or do you tax the top two one-hundredths of 1 percent, many of whom have received generous tax breaks in recent years?

Mr. BROWN. If the Senator will yield, I want to talk for a moment about the people who will be paying more taxes. The Senator said their income is over a couple of million a year, those who will pay these taxes.

During the last 10 years—during the 8 years President Bush was in the White House, the tax system changed pretty dramatically during that time. It is my understanding—maybe the Senator can shed some light on this, either colleague—my understanding for sure is that the tax system, as it changed, had much more of a tilt toward the wealthy; that is, President Bush's tax cuts always included a few middle-class people, so a family making \$50,000 might get \$100 in tax savings over a year but, on the other hand, if you made millions of dollars, you got huge tax cuts.

I remember Warren Buffett, one of the most successful businesspeople in America, who generally likes what we are doing here and wants a fairer tax system, Warren Buffett said he pays a lower tax rate than his secretary and he said he pays a lower tax rate than a soldier coming back from Iraq.

Talk, if you would, either Senator, Senator FRANKEN or Senator SANDERS, about what happened over the last decade to taxes for the group of people, the wealthiest, who we think should pay a little more under this plan.

Mr. SANDERS. I think the evidence is overwhelming that one of the reasons we have seen recordbreaking deficits and we have a \$12 trillion national debt—it is not just the war in Iraq but also the huge tax breaks that have been given to the very wealthiest people in this country. As the Senator from Ohio indicated, the facts are very clear. Yes, the middle class may have gotten some benefit, but the lion's share of tax breaks went to the people on top.

What we are seeing in this country is a growing gap between the very wealthy and virtually everybody else.

In many ways, the middle class is shrinking. Poverty is increasing. It makes zero sense to me that in the midst of all of that, we ask the middle class to pay more in taxes to provide health care to more Americans and we leave the top one-hundredth of 1 percent alone.

Let me also say this: There is a lot of support out there for the amendment Senator BROWN, Senator FRANKEN, Senator BEGICH, Senator BURRIS, and I are offering. Let me just read one. This is from the president of the Fraternal Order of Police. These are cops out on the street. Most people do not think the police are getting extravagant health care benefits.

This is what he said:

I am writing to you on behalf of the membership of the Fraternal Order of Police to express our support for your amendment which would eliminate the excise tax on high cost insurance plans.

Et cetera, et cetera.

This provision is intended to tax the health plans of the wealthiest Americans, but it will also tax the plans of many law enforcement officers who need high cost and high quality insurance due to the dangerous nature of their profession. The Fraternal Order of Police strongly supports your amendment, because health care reform legislation should not increase the tax burden for those who fearlessly risk their health, and even their lives, to keep our communities safe.

Mr. FRANKEN. Again, let's think about what these folks, these union folks who negotiated these health care policies and sacrificed in salary—what are they getting? They are getting affordable deductibles. They are getting affordable co-pays. Sometimes, they are getting vision and dental care. This is comprehensive health care we want Americans to get. That is who is going to get hit.

Over the last 20, 30 years, we have seen a squeeze on these people. We have seen a squeeze on the middle class, a shift in the risk to people. That is what this whole bill is about. We are trying to eliminate the risk of losing your health care if you have a preexisting condition; we are trying to lose the risk of going bankrupt. That is the whole point of this bill. Let's not shift more risk onto these folks who are doing these kinds of jobs and supporting their families with their salaries and their benefits.

Mr. BROWN. Exactly right. Think about that. We want to give incentives for people to do the right thing. We are glad when people have good health insurance because then they do not rely on Medicaid or they don't show up in the hospital or the emergency room and get the care for free, while other people have to pay for that care—others who use the emergency room and have insurance, others who use the hospital. So the hospitals don't get stuck with the costs. If they have dental care, they are getting the right kind of preventive care so they do not have more expensive care later.

Ideally, we want everybody to have one of these "Cadillac" plans. We want

people to have insurance that includes vision, that includes eye care, that includes catastrophic coverage, that includes preventive care. If more people had this, there would be a lot less burden on taxpayers to take care of everybody else.

It is clear the arguments here are not just it is the right thing for police officers, as Senator SANDERS said. It is the right thing for the person Senator FRANKEN talked about who is getting dental and vision care, but it is good for society as a whole, that people are willing to give up some of their wages to get a good medical plan.

Mr. SANDERS. If I could jump in, a moment ago Senator BROWN asked me a question about the extent of the tax breaks given to the wealthiest people, and I do have that information. Since 2001, I say to Senator BROWN, the richest 1 percent of Americans received \$565 billion in tax breaks. In 2010 alone, the most wealthy 1 percent of Americans are scheduled to receive an additional \$108 billion in tax breaks. That is point No. 1.

Point No. 2—let me be a little political here. In the Presidential election of 2008, one of the candidates said that it was a good idea to tax health care benefits. That candidate—Senator MCCAIN—lost the election. The other candidate said it was a bad idea to tax health care benefits. That was Barack Obama; he won the election.

Let me quote from what then-Senator Obama said when he was running for President. On September 12, 2008, he said:

I can make a firm pledge, under my plan no family making less than \$250,000 will see their taxes increase, not your income taxes, not your payroll taxes, not your capital gains taxes, not any taxes. My opponent, Senator McCain, cannot make that pledge and here is why. For the first time in American history—

This is Senator Obama speaking about Senator MCCAIN's plan.

For the first time in American history, he, Senator McCain, wants to tax your health benefits. Apparently, Senator McCain doesn't think it's enough that your health premiums have doubled. He thinks you should have to pay taxes on them, too. That's his idea of change.

I agree with what Senator Obama said in 2008. I disagree with what Senator MCCAIN said then. Right now, we are in a position to follow through on what Senator Obama said at that point and make sure the middle class of this country does not pay taxes on their health benefits.

Mr. BROWN. If the Senator will yield, I say thank you. I think that made it very clear.

Earlier, the Senator talked about what the tax cuts for the wealthiest citizens during the Bush years did to our national debt. He mentioned the war in Iraq, the trillion-dollar war in Iraq and Afghanistan, not to mention the huge cost it is going to be to continue to take care of the men and women who served us courageously with their physical and mental injuries from Iraq.

Senator FRANKEN is so familiar with this because of tours he made as a private citizen to battle zones, year after year, to talk to our troops and entertain our troops. He didn't get a lot of credit for that, but he didn't care about the credit for that. He was there, always doing that.

One of the things that is pretty interesting, listening to my Republican friends on the other side of the aisle talk about this bill now, which the Congressional Budget Office says is paid for and more, while they continue on their side to talk about the budget deficit, it was that group who passed—Senator SANDERS and I were both House Members at that time and voted against it—passed the Medicare Privatization Act, and the people who were on the floor talking to us voted for cloture for the Medical Modernization Act. That bill was not paid for. That bill was a giveaway to the drug industry and the insurance industry. It has added tens and tens of billions of dollars to our national debt.

On the one hand, they support these tax cuts that are not paid for, they support the Iraq war which was not paid for, and they now want us to go into Afghanistan and not pay for it, yet increase the number of troops. They continue down this road when we are on this bill doing the right thing. Even with our amendment here to eliminate the Cadillac—the taxing Cadillac plans, we are saying we are going to find another way to pay for it. We are not just going to eliminate that cut in taxes. We want to, but we are going to pay for it some other way.

I yield for Senator FRANKEN.

Mr. FRANKEN. We are actually addressing that doughnut hole that was in the Medicare Part D bill. We are closing it by half. Do you know when it starts? Next year.

Mr. BROWN. I thought Senator THUNE said none of the benefits started then.

Mr. FRANKEN. Senator THUNE did say none of the benefits started next year, but I guess he just hasn't read the bill. I have so many constituents come to me and say: Read the bill, read the bill. I ask—

Mr. BROWN. If the Senator will yield, perhaps if you are going to vote against it, you do not need to read it? Is that the way to think about it?

Mr. FRANKEN. I do find that many of my colleagues with whom I am very friendly have not read the bill and are not very familiar with it. I think if you are going to get on your feet and debate and make assertions, you should really be familiar with the content of the bill. That is what I thought. I have only been here a while, so maybe I am naive, but I think when you say none of the benefits are going to start next year, you should be right.

Mr. SANDERS. If I could just add to the point Senator BROWN and Senator FRANKEN have made regarding concern about the national debt, every day there is a Republican coming up here

to say we have a \$12 trillion national debt and we have to cut this and cut that—all that. Yet I think virtually every one of them is in support of the repeal of the asset tax, which would benefit solely the top three-tenths of 1 percent and would cost the Treasury \$1 trillion over a 20-year period—\$1 trillion over a 10-year period. I am sorry, \$1 trillion over a 10-year period.

I am really concerned about the deficit, I am concerned about the national debt, but I am prepared to vote for repealing the entire estate tax which only impacts—gives \$1 trillion in tax breaks over a 10-year period to the top three-tenths of 1 percent.

Some may question the sincerity about their concern about the national debt.

Mr. FRANKEN. In fairness, I am not sure they are all for that. I think I have heard some soundings from the other side to extend what we have this year because this runs out on January 1 and we do not want to see a lot of plugs pulled.

Mr. SANDERS. I am talking about what happens now. Overall, the vast majority of our Republican friends—

Mr. FRANKEN. Yes, in theory.

Mr. SANDERS. Want to abolish the estate tax, which is \$1 trillion in tax breaks.

Mr. FRANKEN. I just want to bend over backward to be fair to my colleagues on the other side.

Mr. SANDERS. The Senator is so nice.

Mr. FRANKEN. Maybe I do that to a fault, and I apologize to our side.

Mr. SANDERS. Madam President, polls show there is overwhelming support among the American people for what we are discussing today. Organizationally, it has the support of the AFL-CIO, the National Education Association, the Fraternal Order of Police, the United Steelworkers of America, AFSCME, the American Postal Workers Union, and a number of other organizations representing millions of working people. This is not a complicated issue. Somebody will have to pay for this bill. Should it be the middle class and working families or should it be the people at the top two one-hundredths of 1 percent who, over the period of the last 8 or 9 years, have enjoyed huge tax breaks? This is kind of a no-brainer.

The good news here is that our friends in the House have moved correctly in this area. The bill before us in the Senate does not. What we are trying to do is to get an amendment to take out the tax on health care benefits and replace it with similar language, not exactly the same as exists in the House.

Mr. FRANKEN. Let's get back to the excise tax and what it is purportedly supposed to do. It is supposed to bring down costs and generate revenues. Those are both necessary objectives. I have been submitting stuff over and over again to bring down costs, including a 90-percent medical loss ratio, in-

cluding uniform standardized insurance forms which will save billions of dollars. I don't think this excise tax is the best way to bring down costs and generate revenue. We should be focusing on actually bringing down the cost of services instead of trying to limit the availability of care.

One way to actually bring down the cost of services is the value index in the bill, which Senator CANTWELL introduced in the Finance Committee and which is still in this bill, and which Senator KLOBUCHAR fought for, and many of us from high-value States. That will change the Medicare reimbursement rates to incentivize value. Another unintended consequence of the excise tax is its effective penalty on comprehensive benefit packages secured for workers by their unions. Again, I come back to these unions who gave up salary benefits, who gave up earning benefits. As soon as this gets going, this is going to be returning year after year as we see medical inflation go up and up. This is the cost of living index plus 1; right?

Mr. SANDERS. Right.

Mr. FRANKEN. Plus 1 percent. That is not what we have seen from medical costs.

Mr. SANDERS. That is the point. The point is that medical costs are going up substantially more than inflation. In fact, general inflation is actually going down. There is no question but that as medical inflation continues to remain high, millions and millions more workers are going to be forced to pay this tax. One of the other side effects of this tax is that many employers, in order to avoid it, are going to start cutting the health care benefits that workers receive. Today it may be dental; tomorrow it will be vision. The next day it will be more copayments, more deductibles. This is grossly unfair to working families.

Mr. BROWN. Again, it is making the choices. Unlike the Medicare Modernization Act, which Republicans pushed through in 2003—I know Senator ENSIGN voted against that although he voted for cloture, but he actually opposed that, to his credit—that was legislation that wasn't paid for. It was a giveaway to the drug insurance industry. It wasn't paid for. Our legislation is, and our amendment is. We made a choice. Do you charge the middle class? Do you say to the middle class, you are going to pay a tax on your health care benefits, or do we have someone else pay who has gotten a lot of advantages in the last few years? Since 2001, the richest 1 percent of Americans, because of the Bush tax cuts, got \$565 billion in tax breaks. This year that same wealthiest 1 percent of Americans are scheduled to receive an additional \$108 billion in tax credits. It is clear we want to go to the right place in this. We want to keep it fiscally sound. We want to keep it balanced. We want to pay for it, something my friends on the other side of the aisle rarely do when it comes to

war, when it comes to tax breaks for the rich, when it comes to giveaways to the drug and insurance companies.

We are doing it that way. That is why the Sanders-Franken-Begich-Brown amendment makes so much sense.

Mr. FRANKEN. One last word on the deficit and the debt. May I remind everyone that when the Republicans were in the majority and President Bush came to Washington, we had a surplus, a record surplus. At the time the Chairman of the Fed, Alan Greenspan, testified to Congress that we had a new problem. The new problem was that because of the projected surpluses, we were, in a number of years, going to have too much money, that we were going to pay off the debt and the Federal Government would be forced to buy private equities and that this would not have a maximizing effect on our economy. That is what he said, after Bush became President. That was what he said. He said we were going to have too much money. That is what the Chairman of the Fed said. So we handed the ball off to President Bush, and we handed the ball off to these Republicans. The problem was, we were going to have too much money. That is not a problem anymore, is it? Now you hear them screaming about the deficit. Think about the deficit they left us. Think about the economic circumstances they left us in. We are talking about getting rid of this excise tax, but we are talking about paying for it. The CBO has scored this bill as cutting the debt in the next 10 years by \$179 billion and then \$500 billion in the next 10. That is responsible.

What we saw in the years that we had a Republican President and a Republican House and a Republican Senate was an explosion in the deficit. I don't want to hear lectures about the deficit. When I hear presentations from my colleagues, I want them to remember what Senator MCCAIN said when he said facts are stubborn things.

When we debate in this Hall on this floor, let's stick to the facts. So many of the benefits in this bill start immediately. It is simply not fact to say they don't.

Mr. SANDERS. Madam President, how much time do we have remaining?

The PRESIDING OFFICER. There was no time limit on the colloquy.

Mr. SANDERS. I think we are coming to the end of it. I hope, focusing on the issue of the excise tax, the Senate is prepared to support our amendment. If that is not the case, certainly support what the House has done in the conference committee. Taxing middle-class workers is not the way we should fund health care reform.

Mr. FRANKEN. I thank the Senator. I thank both of my colleagues from Vermont and Ohio, and urge my colleagues to support amendment No. 3135.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Madam President, I ask unanimous consent that I be allowed to engage in a colloquy with the senior Senators from Connecticut and Montana.

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

Mr. REID. Madam President, when the American people demanded last November and throughout this year that we make it possible for every American to afford to live a healthy life, they did so because they know from personal experience how broken our country's health care system is. As the Senate has worked to answer that call this year, we have drafted a bill that will save lives, save money, and save Medicare. Many aspects of the current bill achieve that goal. But there is one more thing we could do, closing the notorious gap that arbitrarily charges seniors in Nevada and throughout the Nation thousands and thousands of dollars for prescription drugs.

As seniors know all too well, the prescription drug plan is called Medicare Part D, and the coverage gap is commonly known as the doughnut hole. Right now Medicare will help seniors afford their prescription drugs only up to a certain annual dollar limit, \$2,700 a year, then stop, then help it again only once their bills reach another much higher level, \$6,100. So from \$2,700 to \$6,100, that is the notorious, bad doughnut hole. Between these two points, seniors are stuck with the full bill. Imagine if you had car insurance that covered you until you drove 2,700 miles in a given year, then stopped, then started covering you again once you hit 6,100 miles. From 2,700 to 6,100 miles would be pretty scary. That wouldn't work for drivers, and the doughnut hole doesn't work for seniors. The effects of this broken system are painfully simple. More and more seniors have to skip or split the pills they need to stay healthy. It means that in January someone will pay \$35 to fill a prescription, but by October he or she could be asked to pay thousands of dollars for the very same pills.

I was at CVS a day or two ago to pick up some stuff for my wife at the prescription counter. They had on the counter there where you were waiting a list of the cost of all drugs. I didn't fully understand it, but I looked at it. Some had values of thousands of dollars to fill a prescription. The only one I saw—I didn't want to flip through the pages—but the one page, \$9,800 for one prescription. I don't know if that was 30 pills or what, but it was striking.

If someone will pay \$35 to fill a prescription, that is fairly inexpensive. But by October, he or she would be asked to pay thousands of dollars. That is what it is. It is not an uncommon problem. Millions of seniors, a quarter of all in the Part D Program, reach that no man's land during the year, the doughnut hole. But only a small fraction get to the other side. Both numbers will only get worse if we don't act.

Not surprisingly, those caught in the middle don't take the medicine they need at far greater rates than those who do have coverage. Like we see with uninsured Americans of all ages, those who can't afford the treatments they need to get healthy will get even sicker. Down the road that means more expensive doctor visits, more expensive hospital stays, and more expensive medicines. It means more sickness and more death.

We have already taken the first steps to fix this in the current bill, closing the gap by half and by an additional \$500 for 2010. Because I am committed to saving lives, saving money and saving Medicare, I personally am committed to fully closing the doughnut hole once and for all. Once we pass this bill out of the Senate, we will do so in the conference committee with the House, whose bill already closes the gap. The House legislation closes the doughnut hole. The legislation we will send to President Obama for signature will make good on his promise and ours to forever end this indefensible injustice for America's seniors.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. DODD. Madam President, I agree with my friend the majority leader that we must close the doughnut hole. I think it is something all of us appreciate. I second his commitment to doing so with this bill that we will send to the President. As most seniors live on modest incomes, we all know it is imperative that they can afford the prescriptions they need. As the majority leader has noted, seniors who have trouble paying for prescription drugs are more likely to skip doses or stop taking their medications altogether which would lead to more serious health problems and higher long-term costs, both for them and our health care system as a whole. In my State of Connecticut, 25 percent, a quarter of all Part D enrollees fall into the doughnut hole. I understand the significance of delivering on the commitment to fixing this problem.

We have a responsibility, as all of us can appreciate, to protect and strengthen Medicare and to improve the lives of our seniors. If we fail to act, the doughnut hole, we are told, will continue to grow in size, doubling in less than 10 years. The size of the doughnut hole is directly tied to drug prices, prices that are rising at an alarming rate.

Seniors who have spent thousands and thousands of dollars—not including the cost of their premiums—before they get out of the doughnut hole and get the treatments they need cannot afford to wait any longer to close this costly gap.

Our historic reform effort must improve the quality and affordability of Medicare. Closing the doughnut hole is a very clear and concrete way to do that.

I understand we may not have the opportunity to fix this issue in the Senate bill before it leaves this Chamber,

but I want it to be known that I support the idea of closing the doughnut hole in the conference committee that will meet with the other body.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Madam President, closing the doughnut hole is clearly the right thing to do. Medicare beneficiaries face extremely high out-of-pocket costs for outpatient prescription drugs. In fact, they face costs that are six times higher than out-of-pocket costs for those of us fortunate enough to have employer-sponsored coverage.

The doughnut hole contributes to these high out-of-pocket costs. As a result, the doughnut hole often results in seniors skipping vital medications.

Eliminating the coverage gap in the Medicare prescription drug program will save people with Medicare thousands of dollars every year. Lowering the costs for seniors will also keep them healthier by ensuring they can afford their medications.

In my home State of Montana, 33 percent of seniors enrolled in the Medicare prescription drug program fall into the doughnut hole every year—one-third. We all know what the consequences are when people cannot afford the medicines they need to stay healthy, both for the affected individuals and for society at large.

Recognizing the scope of this problem, in his address to a joint session of Congress in September, President Obama promised to close the doughnut hole once and for all. It is our responsibility to make good on this promise and provide this needed relief to seniors. I join my colleagues in committing that we will send a bill to the President that closes the doughnut hole and fulfills his promise.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Madam President, I wish to, if I could, ask my two colleagues, through the Chair, if it is their understanding that the President fully supports this action.

Mr. BAUCUS. Madam President, responding to the leader, that is my full understanding.

Mr. DODD. Madam President, I would add, that is my full understanding as well.

The PRESIDING OFFICER (Mrs. HAGAN). The Senator from Nevada.

Mr. ENSIGN. Madam President, I want to address a few of the things that were mentioned on the floor just now. However, I want to start by talking about how this health care bill will affect small businesses.

Small businesses are the engine that drives our economy. We know they are struggling right now. The President met with some bankers today at the White House because many of the large banks are not loaning money to small businesses. We all know that. Many small businesses are struggling to keep their doors open.

One of the reasons small businesses are a little nervous right now is be-

cause they do not know if this bill goes into effect, what that massive effect is going to be on them. They are uncertain about the future.

Let me tell you a few things.

First of all, we all know that there is a \$500 billion tax increase contained in this 2,074-page bill that is before us today. In that bill, there is also an employer mandate of \$28 billion. This is what the nonpartisan Congressional Budget Office has said about that \$28 billion: Not only does it fall heavily on small businesses, but the CBO goes further to say that "workers in those firms would ultimately bear the burden of those fees" in the form of reduced compensation. That is a direct quote.

This bill also discourages small businesses from hiring folks. CBO went on to say: "... the employment loss would be concentrated among low-income workers." Do we want to do that to folks out there who are struggling right now? We have heard across this country that record numbers of people are signing up for food stamps, welfare, unemployment insurance, and all of the various government subsidies that are out there to try to help people through a tough time. Do we want to keep them from getting a job?

The Medicare payroll tax, that is \$54 billion in this bill, will hit one-third of all small business owners. Those small business owners that it will hit about 30 million people in the United States. If you put a tax on somebody, especially during a recession, you are going to inhibit them from investing in their business and creating jobs.

I have heard many people from the other side of the aisle say that it is not a good time to raise taxes, and yet they are raising taxes in this bill. Sometimes they call them fees, penalties, assessments, or different things, but they are taxes.

This bill will also require small businesses to buy a government-approved insurance plan. So even for those small businesses that currently have a plan that they like, one that works for them and their employees, and one that is affordable and even though these small businesses have tried to do the right thing, the plan that they have selected may not quite meet the government criteria. This may be because the plan they chose was a little more of a bare-bones type of plan—in any event, this bill will require them to spend more money for a higher level of coverage than maybe they can afford.

What will that do? Well, if the small business is barely getting by now, barely keeping its doors open, and the government requires it to spend more money on health insurance, some employees may be laid off or in some cases, small businesses may close and all its employees may lose their jobs.

Most people in this body have never operated a small business. I built, owned, and operated two different small businesses—veterinary clinics. I understand how difficult it is for a small business owner, especially when

you are just starting out and you are investing, you are putting everything you have into it, with all your hard work, and the few profits you make you plow right back into the business. You are trying to expand. You are trying to hire the next person, and you are trying to grow your business. When the government comes along and puts extra taxes and extra burdens on you, it makes it tough. That is not what we should be doing, especially during a time of recession.

This bill before us also caps what are called flexible spending accounts at \$2,500. Flexible spending accounts are used by a lot of small businesses, but they are also used by a lot of Federal employees. They are used by a lot of people. They are especially used by a lot of people who have serious chronic diseases.

If you are a Federal employee, for instance, you can put \$5,000 in a flexible spending account, and then you can pay, for instance, for approved out-of-pocket health care expenses. This bill caps that at \$2,500 a year. So for somebody who has multiple sclerosis or somebody who has diabetes or somebody who has a chronic disease that requires a lot of medical attention, you are hurting those people who need that money the most. That is not something we should be doing, but that is exactly what this bill does.

Let me talk about some of the general provisions in this bill and not just how it affects small businesses. We have talked about the Medicare provisions in the bill a lot on the floor. We know there is a \$500 billion cut in Medicare. Folks on the floor were just talking about the doughnut hole for senior citizens in the Part D prescription drug plan under Medicare. Under this bill, Medicare Advantage will be cut by \$120 billion. Most Medicare Advantage plans have no doughnut hole, yet this bill would take \$120 billion out of Medicare Advantage, cutting extra services. According to CBO, there will be a 64-percent reduction in extra benefits by the year 2016 for those seniors who have Medicare Advantage.

Ten million seniors in the United States today have Medicare Advantage. They have chosen it. They were not forced into it. As a matter of fact, Medicare Advantage is a relatively new program. Seniors do not like change that much, yet they saw an advantage in this program. They did not have pay to pay their Medigap insurance. They did not have a doughnut hole. Many of them get vision and dental services, yet their extra benefits are going to be cut by 64 percent because of this bill.

Overall, because of the smoke and mirrors that are used, it is said this bill only costs \$849 billion. But, the costs are hidden. First of all, \$849 billion is a huge number. But it is actually a \$2.5 trillion spending bill. The reason is because when you look at it fully implemented—right now, a lot of the benefits do not start right away but the taxes start right away—when

you look at the full 10 years when taxes, benefits, and everything is implemented, it is a \$2.5 trillion bill. This is a massive increase in the Federal Government.

As an example, within the 2,074 pages of this bill there are almost 1,700 new places where authority is provided to the Secretary of Health and Human Services to make health care decisions for the American people. Madam President, this bill gives the Secretary of Health and Human Services the authority to make health care decisions for the American people 1,700 times. If that is not a massive government expansion into our health care field, I do not know what is.

There is also about \$500 billion in new taxes. I have this chart in the Chamber. This is a quote by President Obama on his health care promises. He said:

Let me be perfectly clear. . . if your family earns less than \$250,000 a year, you will not see your taxes increased a single dime. I repeat: not one single dime.

He said:

Nothing in this plan will require you or your employer to change the coverage or the doctor that you have. Let me repeat this: nothing in our plan requires you to change what you have.

And thirdly, he said:

Under the plan, if you like your current health [care] insurance, nothing changes, except your costs will go down by as much as \$2,500 per year.

Let me focus on the first quote about the new taxes that are in this bill. The bill includes a 40-percent insurance plan tax. There is a separate insurance tax on top of the 40-percent insurance plan tax. This is the one, by the way, that several of my colleagues were talking about that the unions are all up in arms about. It is the Cadillac plans they were talking about that are going to be taxed. Most union members have a Cadillac plan, and their plans are going to be taxed at 40 percent above a certain dollar figure. Because this tax is not indexed to inflation, by the end of a decade, most Americans' plans will be subject to this 40-percent tax.

There is also an employer mandate tax. But as the Congressional Budget Office said, this tax actually gets shifted down to the workers. There is a drug tax. Every time you purchase drugs, taxes are passed onto you by the drug companies, so all of us are going to be paying more for drugs. There is a laboratory tax. Every time you go in, there is a tax on lab work. All of these taxes end up raising health care premiums. There is a medical device tax. There is a failure to buy insurance tax. There is a cosmetic surgery tax. And, there is an increased employee Medicare tax.

At this point, let's remember that first quote I showed where President Obama said he would not raise taxes on families making \$250,000 or less, and on individuals making \$200,000 a year or less. Well, 84 percent of the taxes in

this bill will be paid by people making less than \$200,000 a year—84 percent of the taxes.

I would like to point out another problem with this bill. It contains a sense of the Senate on medical liability reform. In his September address on health care reform, the President talked about the need to do something about medical liability reform. The problem is that this bill before us today only includes a sense of the Senate on medical liability reform. Let me show you. As shown on this chart, this is how much money this health care bill saves with their sense of the Senate. Zero.

However, the Congressional Budget Office said that real medical liability reform would save \$100 billion in this country—between what the government spends and what the private sector spends, that is \$100 billion in total.

The problems with this bill are so numerous that we could go on and on discussing them, but we truly do need to start over. We need to start over and take more of a step by step approach. We need to develop an incremental approach, where both sides can agree on some of the reforms we need to do—without destroying our current health care system. We need to enact meaningful medical liability reform.

We need to agree on provisions about eliminating preexisting conditions. We need to agree on an incremental approach to reward people for engaging in healthy behaviors. It is cheaper to insure people who are nonsmokers and people who are not obese. It is about \$1,400 less to insure a non-smoker versus a smoker; and it is about \$1,400 less to cover someone who has the proper body weight versus somebody who is obese. Encouraging individuals to engage in healthy behaviors is a good thing. We can agree on that.

We also need to allow small businesses to join together to take advantage of purchasing power in the same manner that big businesses do. This is an incremental reform proposal that would not destroy the quality of our health care system and would not take the costs and put them on the backs of small businesses. This is something we should do. This is something we can do.

The only way to enact these incremental reforms is to stop the bill that is before us today. The only way for us to do that is to sit down together, not as Republicans or Democrats, but to sit down together and come up with ideas that we can all agree on that will actually help the health care system in America. That is what this body should do if we want to do what is right for the American people.

I yield the floor.

The PRESIDING OFFICER. The Republican leader.

Mr. McCONNELL. Madam President, I ask unanimous consent that Senator McCain and I be permitted to engage in a discussion regarding the health care matter.

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

Mr. McCONNELL. Madam President, last Friday, we heard from two entities. We heard from the Center for Medicare & Medicaid Services, indicating health care costs in this country would actually go up under the Reid bill. We also heard from CNN. We heard from CMS and from CNN. We heard from CNN about how the American people feel about this measure. At a time when all the polls indicate the American people do not favor this bill, do not want us to pass it, and when the government's Actuary indicates the bill will actually not cut health care costs, which we thought was what this debate was all about in the first place, we are being confronted with a procedure that is quite unusual: an effort to restructure one-sixth of the economy through a massive bill that it appears almost no one has seen.

At what point, I would ask my friend and colleague from Arizona, could we expect that the American people would have an opportunity to see this measure that has been off in the conference room here and being turned into sausage in an effort to get 60 votes?

Mr. MCCAIN. I would say to my friend, the Republican leader, that I have seen a lot of processes around here and a lot of negotiations and a lot of discussions, but I must admit I have not seen one quite like this one, nor do I believe my leader has.

I was on the floor in a colloquy with the assistant Democratic leader a couple days ago, and I said: What is in the bill? He said: None of us know. Talk about being kept in the dark.

I would say to my friend from Kentucky, we have to put this into the context of what the President of the United States said in his campaign because the whole campaign, as I well know better than anyone, was all based on change. On the issue specifically surrounding health care reform, I quote then-Candidate Obama on October 18, 2009:

I am going to have all the negotiations around a big table televised on C-SPAN so that people can see who is making arguments on behalf of their constituents and who is making arguments on behalf of the drug companies or the insurance companies.

He went on to say that a couple more times.

I would ask my friend: Hasn't it been several days that we basically have been gridlocked over one amendment, which is the amendment by the Senator from North Dakota that would allow drug reimportation from Canada and other countries?

So then, guess what the reports are today:

PhRMA renegotiating its deal? Inside Health Policy's Baker, Pecquet, Lotven and Coughlin report: 'The pharmaceutical industry is negotiating with the White House and lawmakers on a revised health care deal under which the industry would ante up cuts beyond the \$80 billion it agreed to this summer, possibly by agreeing to policies that would further shrink the . . . doughnut hole. . . .'

I will not go into all the details of that.

Just a few minutes ago on the floor, guess what. They announced there would be some change made, an amendment that would be included in the managers' package.

I would ask my friend, is it maybe the case that the majority leader, who is having a meeting, as we speak, of all the Democratic Senators behind closed doors, without C-SPAN, has cut another deal along with the White House with—guess who—the pharmaceutical companies that have raised prices some 9 percent on prescription drugs this year?

This is a process the American people don't deserve, so I would ask my friend from Kentucky.

Mr. McCONNELL. I would say to my friend from Arizona, that is a process that gives making sausage a bad name.

Mr. McCAIN. So we were hung up—or should I say gridlocked—for 2 or 3 days, over the entire weekend. The Republican leader even agreed to a unanimous consent agreement that would allow a Democratic side-by-side amendment, and that was not agreed to—until over at the White House, according to this report, PhRMA renegotiated its deal and apparently they now have sufficient votes to defeat the Dorgan amendment which, as of last summer, according to the New York Times, said the last deal shortly after striking that agreement, the trade group—the Pharmaceutical Research Manufacturers of America, or PhRMA—also set aside \$150 million for advertising to support the health care legislation.

I ask my friend, is this changing the climate in Washington or is it not only business as usual but, in my opinion, I haven't seen anything quite like this one.

Mr. McCONNELL. I would say to my friend, it certainly is not changing business as usual in Washington. Even more important than that, it is not changing American health care for the better, which is what we all thought this whole thing was about when we started down this path of seeing what we could do to improve America's health care, which almost everyone correctly understands is already the best in the world.

Mr. McCAIN. Hadn't there been charge after charge that Republicans are "filibustering" and Republicans have been blocking passage of this legislation? I would ask my friend, hasn't the Republican leader offered a series of amendments we could get locked into and have votes on?

Mr. McCONNELL. We have been trying to get votes on the Crapo motion, for example, since last Tuesday. It will be a week tomorrow. Maybe at some point we will be able to have amendments again.

We started off on this bill with each side offering amendments, and we went along pretty well until, I think, the majority decided it was not only better to write the bill in secret, it was better to not have any amendments to the bill. So they began to filibuster our ef-

forts for Senators to have an opportunity to vote on aspects of this bill, such as the \$½ trillion worth of cuts in Medicare which we, fortunately, were able to get votes on; the \$400 billion in new taxes, which we would like to be able to get votes on.

This is the core of the bill. The American people have every right, I would say to my friend from Arizona, to expect us to debate the core of the bill—the core of the bill, the essence of the bill—which is not, of course, going to be changed behind closed doors or during this meeting that is going on with Democrats only.

Mr. McCAIN. As I understand it, there is a meeting going on behind closed doors, again, where there are no C-SPAN cameras.

According to the Washington Post this morning, it says:

The Senate will resume debate Monday afternoon on a popular proposal to allow U.S. citizens to buy cheaper drugs from foreign countries which led to a last-minute lobbying push by drug makers last week and bogged down negotiations over a health care reform bill.

It goes on to say:

The fight over the imported drugs proposal poses a particularly difficult political challenge for President Obama who cosponsored a similar bill when he was in Congress and who included funding for the idea in his first budget. But the pharmaceutical industry, which has been a key supporter of health care reform after reaching agreement with the White House earlier this year, has responded with a fierce lobbying campaign aimed at killing the proposal, focusing on Democratic Senators from States with large drug and research sectors.

So it will be interesting to watch the vote.

I would also point out to my friend, it is clear that if we allow drug reimportation, we will save \$100 billion, according to CBO, and the deal that was cut—the first deal that was cut with the White House was they would reduce it by \$80 billion, so they had a \$20 billion cushion. Now it will be very interesting to see what the latest deal is and how the vote goes.

But, again, I wish to ask my Republican leader, we get a little cynical around here from time to time and we see sometimes deals cut and things done behind closed doors. I am past the point of frustration; I am getting a little bit sad about this. Because I think we know we are now bumping up against Christmas. Sometime we are going to break for Christmas. So the pressures now are going to be even more intense because I think it is well known and reported that if they don't get a deal before we go out for Christmas, then it will be very much like a fish sitting out in the sun. After awhile, it doesn't smell very good, when people see a 2,000-page bill which has all kinds of provisions in it.

So I understand, without C-SPAN cameras, that all the 60 Democratic Members of this body are going to go down to the White House for another meeting tomorrow, and we will see what happens then.

Mr. McCONNELL. I would say to my friend from Arizona, talk about an example of manufactured urgency. Is it not the case, I ask my friend from Arizona, that the benefits under this bill don't kick in until 2014?

Mr. McCAIN. Well, my understanding is, if you go out and buy a car today from any car dealer, you don't have to make payments for a year. You can get that kind of a deal if you want it. This deal is exactly upside down. You get to make the payments early, and then you get to drive the car after 4 years.

Mr. McCONNELL. So the urgency, it strikes me, I would say to my friend from Arizona, is to get this thing out of the Congress before the American people storm the Capitol.

We know from the survey data, do we not, that the American people are overwhelmingly opposed to this bill? So what is the argument I keep hearing on the other side? I was going to ask my friend from Arizona: I hear the President and others say: Let's make history. Well, there has been much history made but much of it has actually been bad, right?

Mr. McCAIN. I would also like to say, there is a history we should not ignore; that is, that every major reform ever enacted in the modern history of this country has been bipartisan, whether it be Medicare, whether it be Social Security, whether it be welfare reform, as we remember under President Clinton. Every major reform has been accomplished by Democrats and Republicans sitting down together and saying: OK, what is it we have to do? What kind of an agreement do we have to make?

Some of us have been around here long enough to remember that in 1983, Ronald Reagan and Tip O'Neill, a liberal Democrat from Massachusetts and the conservative Republican from California, sat down with their aides across the table and key Members of Congress when Social Security was about to go broke.

Why can't we, since there must be areas we agree on, now say to our Democratic friends and the President, rather than trying to ram 60 votes through the Senate, why can't we now sit down and proceed in a fashion—we will give things up. We are willing to make concessions to save a system of Medicare that is about to go broke in 6 years. We will make some concessions but get us in on the takeoff and don't expect us to be in on the landing when already the bill is written and the fix is in, as the fix apparently is in on the Dorgan amendment.

Mr. McCONNELL. Could I say to my friend from Arizona, no one has done more in the Senate, in the time I have been here, to express opposition to and warn us about the perils of excessive spending.

As I recall, one of the things the Senator from Arizona told us after he came back following his campaign was, what the American people are concerned about is the cost of health care—the cost. Of course, we are also

concerned about government spending—the cost to consumers of health care and the cost to government spending. Dr. Christina Romer, a part of the White House's economic team, said on one of the shows yesterday:

We are going to be expanding coverage to some 30 million Americans and, of course, that's going to up the level of health care spending. You can't do that and not spend more.

Maybe she didn't get the talking points for yesterday's appearances. But we have conflicting messages out of the White House on this very measure.

In short, it is safe to say this is a confused mess, a 2,100-page monstrosity of confusion and unintended consequences. Yet they are in this rush to enact a bill—the benefits of which don't kick in until 2014—before Christmas Day this year. I am astonished at the irresponsibility of it.

Mr. MCCAIN. Madam President, it is a remarkable process we are going through. I see that my friend from Tennessee is here. I know he, being the head of our policy committee and a major contributor to keeping us all informed and up to date, would also like to say something.

First, I will say something I had not planned on saying; that is, this has been a vigorous debate. I think we have been able to act in an effective way, which has been reflected in the polls of the American people who are largely opposed to this measure and greatly supportive of a process where we can all sit down together—with the American people in the room, to be honest—when we are talking about one-sixth of the GDP. The Republican leader's job has been compared by one of his predecessors to herding cats—I agree with that—or keeping frogs in a wheelbarrow. I have not seen the Republican Members on this side of the aisle as much together and as cohesive and working in the most cooperative and supportive fashion of each other since I have been in the Senate. For that, I congratulate the Republican leader.

Mr. MCCONNELL. I thank my friend.

Mr. ALEXANDER. I congratulate the Senator from Arizona for his comments and his own leadership on this issue. I want to add my commendations to the Republican leader.

My thought is that the reason we are working so well together is because we are afraid our country is about to make a historic mistake. There is a lot of talk about making history. There are a lot of ways to make history. Put aside all of the laws about race—don't talk about them. When we talk about race, that is often misunderstood. We didn't fail to make a historic mistake on laws about race until the 1960s, when we began to correct those laws. Let's put aside all the historic mistakes we might have made in failing to stop aggression before World War II. We know about those mistakes. We can remember historic mistakes.

I ask the Republican leader if the Smoot-Hawley tariff sounded like a

good idea when President Hoover pushed it in the late 1920s. We were going to raise tariffs on 20,000 imported goods, create more American jobs, and it created the Great Depression. The Alien and Sedition Act sounded like a great idea. That made a little history. Shortly after our country was founded, we made it a crime to publish false and scandalous comments about the government. It has never been repealed. Our Supreme Court said it was a historic mistake. Then there was the Medicare Catastrophic Coverage Act of 1988. I wonder if the Senators might have been here then.

So we are capable of making historic mistakes. As the Senator from Arizona has said very well, most Americans, if presented with a problem, would not try to turn the whole world upside down to solve it. They would say: What is the issue? The issue is reducing costs. We can all talk to family members and others—we know what they are paying monthly for premiums, and we would like that to be less, and we would like for the government's costs to be less.

Why don't we, as we have proposed day after day, and as the Senator from Arizona has said—why don't we go step by step in the direction of reducing costs.

I will not go into a long litany of proposals we have made. We can take five or six steps on small business health plans, reducing junk lawsuits against doctors, or buying health insurance across State lines. We should be able to agree on that instead of a 2,000-page bill that raises premiums, raises taxes, and seems to have a new problem every day.

I think the cohesion on the Republican side is not so partisan. I like to work across party lines to get results. That is why I am here. I am just afraid that our country is about to make a historic mistake, and we are trying to help and let the American people know what this bill does—what it does to them and their health care.

Mr. MCCONNELL. The fear is palpable. In addition to the public opinion polls we have all seen, we are each having experiences with individuals. I will cite three.

I ran into a police officer—a long-term police officer, an African American. He came up to me and said: Senator, you have to stop this health care bill.

Then there are the health care providers. I see Dr. BARRASSO from Wyoming. Within the last week, I spoke to one of the Nation's fine cardiovascular surgeons. He said: Please stop the health care bill. This is going to destroy the quality of our profession. He told me of a friend of his, a neurosurgeon, who called him with the same concern.

I get the sense that there are an enormous number of health care providers—physicians, hospitals, everybody involved in the health care provider business—apparently, with the

exception of the pharmaceutical industry, which seems to have cut a special deal—who are just apoplectic about the possibility that the finest health care in the world is going to be destroyed by this—as the Senator from Tennessee points out—“historic mistake.”

Mr. MCCAIN. I will mention, also, on the issue of PhRMA, again, here we are in the direst of economic times, with a Consumer Price Index that has declined by 1.3 percent this year, and they have orchestrated a 9-percent increase in the cost of prescription drugs—that is remarkable—laying on an additional burden, which naturally falls more on seniors than anybody else since they are the greatest users of pharmaceutical drugs. I don't blame them for fighting for their industry. But the point is, what they are doing is harming millions and millions of Americans.

Again, about contributing to the cynicism of the American people, whether you are for or against the issue of drug reimportation, to cut a deal behind closed doors and then, apparently, because of support of an amendment by Senator DORGAN, go down and negotiate another deal—how do you describe a process like that?

Mr. ALEXANDER. Well, “unsavory” would be a minimum word that comes to my mind. The problem I have is that Americans have a perfect right to their view, and the pharmaceutical industry has a perfect right to advocate its point of view.

As I hear the Senator describe what has been going on, am I hearing correctly? I mean, the pharmaceutical industry is saying we don't like drug reimportation. The White House says: OK, we will cut a deal with you behind closed doors—as far as we can tell—and we will change the law this way, and then—

Mr. MCCAIN. The original deal was published in every newspaper, and it was that they would close the so-called doughnut hole by some \$80 billion. CBO said their profits would be reduced by some \$100 billion if we allow reimportation. They had a \$20 billion cushion.

Mr. ALEXANDER. So it is a negotiation between the White House, the President, and big industry about profits: I will do this, you do that, and then you go out—and my understanding is that you write in as part of the deal that the industry spends \$150 million on television advertisements in support of the deal. Is that the deal?

Mr. MCCAIN. But then, incredibly, they counted the votes. The votes were there to pass the Dorgan amendment. According to published reports, the pharmaceutical industry is negotiating with the White House and lawmakers on a revised health care deal under which the industry would ante up cuts beyond the \$80 billion it agreed to this summer.

In other words, because that wasn't sufficient to get votes to kill the Dorgan amendment that would allow reimportation of drugs, they went down and renegotiated. What is that called?

Mr. ALEXANDER. Well, if I am remembering right, earlier this year the Republican leader made a talk on the Senate floor. The attitude of the White House toward a large company in Kentucky, as I remember, was: If you don't agree with us on health care, we will tax you. That was the attitude, it seems, to come out. If you don't agree with us, we will tax you, or we will make it difficult for you to do business. If you do agree with us, we will make a deal with you that affects your profits.

Mr. MCCONNELL. I say to my friends, beyond that, the administration basically told this company to shut up. They issued a gag order that was so offensive, even an editorial in the New York Times said it should not have been done. They could not communicate with their customers the impact of various parts of this bill on a product they buy, Medicare Advantage. The tactics have been highly questionable, it strikes me, from the beginning of the year up to the present. What Senator MCCAIN is talking about is just the most recent example.

Mr. MCCAIN. Can I also give you this to illustrate it graphically? In this news report, several lobbyists told Inside Health Policy—that is the organization that is reporting this—they have heard that the Pharmaceutical Research and Manufacturers of America may have already reached a deal with the White House and AARP to close the Senate bill's coverage gap by 75 percent versus the 50 percent under the current bill. PhRMA declined to confirm the reports that it may be agreeable to reforms that would further close the doughnut hole but signaled discussions were underway, and AARP said no agreement has been reached. We haven't seen a deal.

Here are our old friends at AARP at it again. They are at it again.

Mr. MCCONNELL. Will the Senator yield for this point?

Mr. MCCAIN. Yes.

Mr. MCCONNELL. Is that the same AARP that would, I am told, actually benefit from the decline of Medicare Advantage because they sell policies themselves that would be more likely to be purchased by seniors? Is that the same AARP?

Mr. MCCAIN. When you lose Medicare Advantage, as Dr. BARRASSO will fully attest, then you are almost forced into the so-called Medigap policies, which then cover the things that are no longer covered under Medicare Advantage, such as dental, vision, fitness, and other aspects of Medicare Advantage.

So if you destroy Medicare Advantage, then people will be forced into the Medigap policies. Who makes their money off Medigap policies? AARP.

Mr. SESSIONS. If the Senator will yield for a question about this deal with big PhRMA, a few days ago I made reference to and quoted from a scathing editorial by Robert Reich, who served as Secretary of Labor in

the Clinton administration, who is a leading intellectual liberal Democrat who criticized these deals in the most scathing terms. He used words I was reluctant to use on the floor—as my colleague said, “unseemly,” whatever. I would say it goes beyond that. He used the word “extortion.” I don't think he used that word lightly.

I think it is the kind of process—the Senator has been here and many who are on the floor now have been here for a long time—but it seems to me this is pushing the envelope on dealmaking to the point that really is a dangerous step. It goes beyond anything we should countenance, in my view.

Mr. MCCAIN. I agree with the Senator. Again, I would like to ask Dr. BARRASSO because he has treated patients who are under Medicare Advantage. Before I do, I want to say again that the whole process has been wrong. The process of going behind closed doors; the process where, after nearly a year of addressing this issue, the distinguished—and he is a fine person, a fine Senator from Illinois—the No. 2 leader in the majority, in a colloquy I had with him just 2 days ago, said no one knows what is in the bill. He said no one knows what is in the bill. This is after a year. It is wrong. What it does is—this issue is vital, but it destroys the confidence of the American people to be truly represented here to have their interests overridden by the special interests, of which PhRMA and this deal that is going on right now is a classic example. I ask Senator BARRASSO.

Mr. ALEXANDER. Before Dr. BARRASSO speaks, just listening to the Senator from Arizona, it seems to me it puts the Democratic leadership in the extremely awkward position of even its leadership—proposing a bill that affects 17 percent of our economy and the leadership of the Democratic Senate doesn't yet know what is in the bill, we certainly don't know what is in the bill, and they are in the awkward position—at least they have been the last few days—of filibustering their own bill at a time when they are insisting that we pass the bill before Christmas, which we can hear the sleigh bells ringing. It is just a few days before that happens.

Mr. BARRASSO. It seems, as we are on the Senate floor talking—

Mr. MCCAIN. May I interrupt? I ask unanimous consent that the Senator from Tennessee take over this colloquy.

The PRESIDING OFFICER (Mrs. SHAHEEN). Without objection, it is so ordered.

Mr. MCCAIN. Go ahead. I am sorry.

Mr. BARRASSO. It seems to me, as we are on the Senate floor discussing the issue wide open—any American can come in here and listen to us—hidden behind closed doors is the other party, maybe sharing what is in the secret negotiations, maybe not, because it sounds as if a number of their members don't know.

What I do know from practicing medicine for 25 years and taking care of families around the State of Wyoming is that people depend on Medicare for their coverage. There are seniors who depend on Medicare and Medicare Advantage. The reason they call it Medicare Advantage is because there are advantages to being in it. It coordinates care. It helps with preventative care, which is not part of the regular Medicare Program.

Yesterday, I heard my colleague from Arizona say there are those who want to shut down Medicare Advantage—AARP, he said—because they are the ones to benefit and profit if, in fact, Medicare Advantage is lost to the seniors in this country. Madam President, 11 million Americans depend on Medicare Advantage. Yet they are losing because of a vote this body took. This body voted to strip \$120 billion away from our folks who depend on Medicare Advantage.

I know the Senator from Arizona has another important point he wants to make.

Mr. MCCAIN. The point I want to make is this process has turned into something, again, like I have never seen before. I was just handed this FOX News, just-reported breaking news that HARKIN said—I guess referring to the Senator from Iowa—HARKIN said that Medicare buy-in and public option are now dead. I don't know what to say except it seems to me they are just throwing everything against the wall and seeing what sticks and what doesn't stick. This is really, again, one of the most astounding kinds of situations I have observed in the years I have been in the Senate. Medicare buy-in is dead, public option is now dead.

What I would like to see is that HARKIN would report that now Republicans and Democrats will sit down together and try to work out something of which the American people would heartily approve.

Mr. BARRASSO. I have great concerns about the health care availability for the people of our great country. This is a front-page story in the Wyoming Tribune Eagle on the 13th: “Doctor shortage will worsen.” That is what I am worried about. I am worried about the patients at home. I am worried about the folks in Arizona, Alabama, and Tennessee. “Doctor shortage will worsen.” “It is estimated that as many as one-third of today's practicing physicians will retire by 2020” and provider shortages will continue to increase. It says that based on health care so-called reforms they are proposing, the strain on certainly Wyoming's physician shortage will even possibly lead to longer wait time for appointments as patients travel even farther for care.

As I look at this bill that raises taxes \$500 billion, cuts Medicare \$500 billion, and causes people who already have insurance—insurance they like but they are concerned about the cost—they will see the cost of their premiums going

up. There is very little in this bill that I think the American people would be interested in having for themselves.

The President has made a number of promises. He said: I won't add a dime to the deficit. Eighty percent of Americans do not believe him. Recent poll, CNN: 80 percent of Americans don't believe the President on that point. How about taxes? With taxes, he said he won't add a dime to your taxes. Eighty-five percent of Americans don't believe him there. They believe their taxes are going to go up. Yet they don't believe the quality of their care will be better.

So when we talk about a bipartisan solution, we want to improve access to care, we want to get costs under control. This bill raises costs.

Mr. ALEXANDER. I see the Senator from Idaho is here. We both had the experience of being Governors, as did the Presiding Officer in her State of New Hampshire. We were talking the other day—and I hope he doesn't mind me repeating that—I worked with a Democratic legislature the whole time I was Governor. But what we always did on anything important was we sat down together. We had our different positions, we fought during elections, but we worked things out. We didn't go forward unless we found a way to agree. That meant I usually didn't get my way. I got some of my way, but I had to take into account that someone else—in this case, the Democratic legislature in Tennessee—might have a different idea. Sometimes it was a better idea.

I ask the Senator from Idaho, we talk a lot about bipartisanship around here. The reason for bipartisanship is that these big bills are tough bills. We are expected to make difficult decisions: Are we going to reduce the growth of Medicare? Are we going to expand Medicaid? Are people going to be required to buy insurance? What are we going to do about health care premiums? Many of these decisions are controversial.

When the American people look at Washington and they see that just one side of the political spectrum is pushing a bill through and the other side says: Absolutely not, what kind of confidence is that going to give the American people? On the other hand, if they look at Washington as they did with the civil rights legislation we talked about in the 1960s when Lyndon Johnson, a Democrat, was President and Everett Dirksen was the Republican leader, they saw the Republican leader and the Democratic President saying: OK, this is a tough problem, but we have a solution with which we both agree. Then the American people had some confidence in that.

Bipartisanship is not just a nice thing; it is a signal to the American people that people of different points of view think a controversial decision is in the country's interest. Isn't that totally lacking here? Isn't that bipartisanship signal lacking across the country?

Mr. RISCH. I thank the Senator. I am astonished at the process that is involved here. If one steps back and has a look at this from 30,000 feet and you look at what we are doing here, what we are doing here is—and I say “we” but it is actually the other side of the aisle—what the other side of the aisle is doing here is attempting to entirely revamp the health care system of this country and they are doing it all in one bill, which we think is a mistake. It should be broken into its component parts. The bill contains and attempts to address quality, cost, accessibility, and the insurance industry all put into one bucket and stirred and expected to resolve all of these problems at one time.

If you look at what has happened here, the House produced three bills, a multithousand-page bill. Those bills were stirred around over there, and eventually in the dead of night they finally got one of them passed with one or two votes to spare. Then it came over here. There were already two bills over here.

The two bills were produced through the committee process. The committee process is a very good process by which we produce bills. Admittedly, both of those bills were heavily skewed to the Democratic side, and all of the Republican amendments—or virtually all of the Republican amendments, certainly all the significant amendments—were voted down on a party-line basis.

Those two bills came out of those committees. One would expect that then they came to the floor and would go through the process. But, no, the two bills were taken over to the majority leader's office, doors shut, curtains closed, and various people were brought in. We don't know who, we don't know how, we don't know what the negotiations were, but at the end of the day, a third bill over here was produced, and it is 2,074 pages long. It is usually kicking around here on the desks. I see they removed most of them. I suspect they removed most of them because most people were afraid they were going to fall over and hurt somebody. These were 2,074 pages that were put together. Nobody really knows exactly what is in them. There are some generalities that we know, but we don't know all the specifics.

Then what happened is a week ago, they decide they will put 10 people in a room, leave the rest of the 90 of us out, and they will try to come up with some type of compromise. And they did. The next day, I got calls from home: I guess it is over; they put out an announcement; they have a compromise. I said: That is news to me. I don't know what is in it. I started to make some calls. Nobody would release the details of what this supposed compromise is.

Remember, in the last election we were promised things would be changed. Change we could believe in. These things would be done out in the open, without lobbyists coming and getting their input in the bill behind

closed doors. That is exactly what has been produced. You have a secret document that has been produced that we have not even seen.

In spite of all this, the other side is saying: By golly, we are going to produce a bill before Christmastime. Christmas is coming, and Christmas is very close.

I can tell you, after looking at these 2,074 pages—not looking at the compromise because we are told we cannot see it—it would be reckless, absolutely reckless to shove down the throat of the American people something that has been put together in secret, something that has been put together in the dead of night, something they will not let us look at and examine, and to say: We are going to take this now and shove it down the American people's throats before Christmastime.

This is not a Christmas present the American people want. If you don't believe me, all you have to do is look at the polling. The polling shows every single day support for this bill deteriorates. It deteriorates amongst Republicans, amongst Democrats, and amongst Independents. The last poll, I think, was up to 61 percent of the American people said: Don't do this to us.

We need health care reform in this country. We want health care reform in this country. But this monstrosity that has been produced, and whatever it is they are going to drag out of the alley tomorrow and say: This is what we are going to vote on now, is not what the American people want.

I have a message for those on the other side from the American people: Don't do this to us. Stop. Bring some sanity into this. Do it right.

I yield the floor back to my good friend from Tennessee.

Mr. ALEXANDER. Madam President, may I ask the Senator from South Dakota, unless the Senator from Arizona wants to, to lead the colloquy.

Mr. MCCAIN. If I can speak for just about 10 seconds.

Mr. ALEXANDER. Let me ask the Senator from South Dakota to lead the colloquy on the Republican side.

Mr. MCCAIN. Very briefly, I say to my friends, apparently, if the news reports are right, the public option and Medicare is out. That is an interesting twist, and again, I think affirmation that they are just throwing things against the wall to see if anything sticks. But it doesn't change the core of the bill, which the Senator from South Dakota has been so eloquent about, and that is the \$½ trillion in cuts from Medicare and increases in taxes.

So you can take the public option out or leave it in, and it still doesn't change the fundamental fact that it is going to restructure health care in America and do nothing to reduce the cost and nothing to improve the quality. I just wanted to make that comment and ask for comment from the Senator from South Dakota.

By the way, could I just mention, I haven't quite seen anything on the floor of the Senate as I saw when the Senator from South Dakota was challenged earlier today. I was watching the proceedings on the floor, and I wonder if the Senator from South Dakota would like to maybe respond to accusations of misleading information, I guess is the kindest way I could describe it.

Mr. THUNE. I appreciate the Senator from Arizona yielding and the discussion of all our colleagues on the Senate floor this evening, pointing out how flawed this process is and that it is being conducted behind closed doors in contradiction of all the promises and commitments that were made that this would become a transparent and open process. I think the Senator from Arizona has been great at holding the other side accountable when it comes to all these pronouncements about how this was going to be an open, transparent process, and that is just not the case. There is something going on right now that we are not privy to, and I think at some point they are going to throw something, as the Senator from Arizona said, at the wall, hoping that the latest thing will stick.

But I do want to make an observation with regard to the discussion held earlier today because a Member from the other side—the Senator from Minnesota—had indicated that he thought this chart was somehow inaccurate or misleading, and I want to point out again, Madam President, that the chart is very accurate. In fact, the taxes in the bill begin 18 days from now, on January 1 of next year. January 1, 2010, is when the taxes in this bill begin.

In fact, almost \$72 billion of taxes will have been collected before the benefits that start to kick in will be paid out—the premium subsidies that are going to support the exchanges, that are supposedly going to help those who don't have insurance get access to it. That is 1,479 days from now.

The Senator from Minnesota got up and said, and I quote: We are entitled to our own opinions; we are not entitled to our own facts. The fact is, benefits kick in on day one. The large majority of benefits kick in on day one, and we shouldn't be standing up here with charts that say the exact opposite.

Well, Madam President, it is not me saying this; it is the Congressional Budget Office. The Congressional Budget Office has said that 99 percent of the coverage spending in this bill doesn't kick in until January 1, 2014—1,479 days from now.

Now, I ask my colleagues, and most Americans around this country: Do you think it is fair to construct a bill that in order to understate its total cost starts raising taxes in 18 days, but doesn't start delivering 99 percent of the coverage benefits until 1,479 days from now?

If the other side wants to have an argument about whether 99 percent of

the coverage benefits kick in in the year 2014 or 100 percent, I am happy to have that argument. The point is simply this: Taxes start 18 days from now—tax increases—so that \$72 billion in taxes will have been imposed upon the American people, and the benefits 1,479 days from now.

So, Madam President, I want to make that point and refute the argument that was made by the Senator from Minnesota that a large majority of benefits kick in on day one. Ninety-nine percent of the benefits don't kick in until later.

Incidentally, I have an amendment on which I hope we will get a chance to vote that delays the taxes until such time as the benefits begin. We think it is only fair to the American people that we synchronize the tax increases with the benefits. Many of us don't support the tax increases in the first place, which is why we will be supporting the Crapo amendment to recommit the tax increases back to the committee to get rid of them. But if you are going to have tax increases and start raising revenue immediately, you ought to start paying out the benefits today, or at least delay the tax increases so the benefits and the tax increases are synchronized. That, to me, is a fair way to conduct and do public policy for the American people.

The reason it was done this way, let's be honest about it—and the newspapers have made it pretty clear in some of their statements—for instance, the Washington Post states:

The measure's effective date was also pushed back to the year 2014. That projection represents the biggest cost savings of any legislation to come before the House or Senate this year.

The measure's effective date was also pushed back. They keep pushing the date back to understate the cost. The reason they want to start collecting revenue right away and not start spending until later is because they know if they start the spending early on, they are going to start inflating significantly the cost, and the goal was to try to keep it under \$1 trillion. We all know now, and they have acknowledged, the 10-year, fully implemented cost of this isn't \$1 trillion, it is \$2.5 trillion.

The American people deserve to know the facts. That is the fully implemented cost. The only reason they can say in the 10 years it comes in at \$1 trillion or thereabouts is because the tax increases started January 1, 2010, and the benefits—99 percent of the benefits—don't start kicking in until January 1, 2014.

So I thank the Senator from Arizona for giving me the opportunity to clarify that. It is important we make this debate about the facts. I have tried to do that when I speak, and I am happy to have the opportunity to restate the facts as they exist and as they have been presented to us by the experts—by the Congressional Budget Office and by the CMS Actuary, both of whom have

concluded the same thing when it comes to the benefits and the impact this will have on premiums in the country. I think that is probably the most devastating blow to the argument the other side has made in support of this bill—when the CMS Actuary came out last week and said this is actually going to increase the cost of health care in this country by \$234 billion over the next 10 years.

So, Madam President, I am happy to yield. I see a number of our colleagues on the Senate floor, and the leader is here as well, and I would certainly yield time to the leader.

Mr. MCCONNELL. If I could, Madam President, Senator McCain and I had an opportunity to talk off the floor about things that may be in or out of the current Reid bill. It is over there behind closed doors.

Whether things are popping up or being left out, and whether any of that is significant, I would say to my friend from Arizona, it doesn't make a whole lot of difference, does it? Because the core of the bill, that which will not change, has not changed in any of these various iterations of Reid that we have seen, with $\frac{1}{2}$ trillion in cuts in Medicare, \$400 billion in new taxes, and higher insurance premiums for everyone else.

I would ask my friend from Arizona, if he thinks any of that is going to change?

Mr. MCCAIN. I would respond by saying whether the public option is in or out or whether expansion of Medicare is in or out, the core of this legislation will do nothing to reduce or eliminate the problem of health care in America, which is the cost of health care not the quality of health care. In fact, it will, in many ways, impact directly the quality of health care, increase the cost, as we all know, by some \$2.5 trillion, according to the chairman of the Finance Committee.

But I also want to point out the back and forth of this—is it in there, is it out? Well, let's try this. Who, up until a week ago, ever heard we were going to expand Medicare? Now it is out, now it is in. We used to have hearings around here, proposals, witnesses, and then we would shape legislation, which would be amended in the committee, and then brought to the floor and amended on the Senate floor. Here we have to get news flashes to know whether the public option is in or out, whether Medicare expansion is in or out. Again, this is kind of a bizarre process.

But my friend is right; it doesn't affect the core problem with this legislation, which is that it does not reduce cost, and it increases the size and scope of government and the tax burden that Americans will bear for a long period of time, including, by the way—and, again, I don't mean to sound parochial, but there are 337,000 of my citizens in the Medicare Advantage Program. The other side has admitted that the Medicare Advantage Program will go by the

wayside. That is affecting a whole lot of people's lives, I would say, and that is in the core of the bill. That will not be changed by expansion of Medicare or with a public option or with no public option.

Mr. THUNE. Would the Senator from Arizona yield? I see a number of our colleagues and the leader.

I would simply add that this idea of expanding Medicare, which just emerged last week, was a bad one, and one even I think a lot of the Democratic Senators have come out in opposition to, which is why we are now back to the drawing board. But this relentless effort to try to tweak this bill around the edges, to somehow get that 60th vote, doesn't do anything to change the fundamental features of the bill, which the leader and the Senator from Arizona have been talking about, and that is the tax increases and spending.

Mr. MCCAIN. If I could just mention this. Over the weekend, obviously people watched football games. I was obviously pleased to see my alma mater prevail over those great cadets at West Point. We have a tendency to divert our attention—even seeing, for a change, the Redskins winning a football game—but what we talked about late last week is vitally important. The Centers for Medicare and Medicaid Services had some devastating comments to make.

This is the organization that is tasked to provide us with the best estimates of the consequences of legislation—specifically Medicare and Medicaid.

The CMS, referring to this bill, said:

... we estimate that total national health expenditures under this bill would increase by an estimated total of \$234 billion during calendar years 2010 to 2019.

It goes on and on and talks about the devastating effects of this legislation, whether the public option is in or out, whether we expand Medicare or not. It is remarkable information that is in this study, a study being ignored by the other side. Clearly, what is happening on the other side is only one Senator is throwing proposals back and forth to the CBO until they get something that perhaps looks like it might be sellable. But the CMS has already made their judgment on this legislation.

Mr. CORKER. If I could respond to that, I have only been around here by about 3 years, but I passed an incredible scene—I think many of you coming to the floor may have seen it—a huge gaggle of journalists and reporters and folks waiting outside a room where our colleagues are meeting. There is reason this bill does not lower cost. I came from a world where if you had a problem, you identified what the problem was and then you had sort of a central strategy that you built out to try to lower cost, which I think is what all of us thought that health care reform should do—let's lower cost and create greater access for the American people.

Well, instead of that, we have had a process where it has been literally like 50 yellow stick-ums were put up on the wall to figure out how they could get 60 votes. There hasn't been an attempt to actually lower cost. There hasn't been an attempt to try to create a mechanism where Americans can actually choose, with transparency, the type of plans that work for them. Instead, it has been a game from the very beginning of trying to get 60 votes, and that is why none of the goals, except for one, has been achieved that they set out to achieve.

This is going to drive up premiums, it is going to add to the deficit, and it is going to make Medicare more insolvent, which is pretty incredible because when I got here there was a bipartisan effort to make Medicare more solvent. Instead we are using money from that to leverage a whole new program with unfunded mandates to States, new taxes, as the Senator from South Dakota was talking about.

So, again, what is happening in this room, and the reason I bring up the 50 yellow stick-ums on the wall, some of which were circled to try to get votes, that is what this has been about from day one. What is happening in the room right now is they are sitting around not dealing with the core of this bill, which is very detrimental to our country. But they are in this room trying to figure out which yellow stick-ums will get them the 60 votes. In the process, doing something that is going to be very detrimental to this country.

Mr. MCCONNELL. It could be the reason they are so anxious to do this before Christmas is they think Americans will be too occupied with the holiday season and somehow they can sneak this unpopular bill through and everybody will be busy opening presents or taking care of their families and somehow the American people will not notice.

I suggest to my colleague, I think this is going to be a vote that will be remembered forever. This is going to be one of those rare votes in the history of the Congress that will be remembered forever.

Mr. MCCAIN. If I could, before my friend from Alabama, I wonder also, when we are talking about dropping expansion of Medicare as is reported by news reports—I don't know; we have not been informed—could it possibly have anything to do with the fact that the AMA came out in opposition to it? Could it have anything to do with the fact that the American Hospital Association came out in opposition to it? Of course, that the PhRMA situation is a parliamentary procedure that is awaiting action on the floor speaks for itself.

Mr. SESSIONS. I agree with the Senator completely. As Senator MCCAIN already said, it is baffling. Here we are, all these weeks, and now we are being told the public option is being dropped? Today? And maybe this expansion of Medicare? Oh, we just changed our

mind on this? On a bill that is designed to reorganize one-seventh of the entire American economy? This is how we are being led here? I say to Senator MCCAIN, it is historic. I think the American people have rejected this plan.

The numbers do not add up. The money is not there to pay for these schemes. I think the American people know it. So I guess I would suggest—my colleague from Tennessee, Senator ALEXANDER, is not here—rather than jamming forward before Christmas, isn't it time to slow down and think this thing through and start over in a step-by-step process that might actually produce some positive change in health care in America?

Mr. MCCONNELL. Absolutely. That is what Senate Republicans have said for quite a while. Let's start over and go step by step to deal with the cost issue. Instead, there is this consuming desire on the other side of the aisle to transform one-sixth of our economy, to have the Government take it over and to make history and, as has been pointed out in this colloquy by many Senators: There are many things that happened in our history that we wish had not occurred. This is certainly going to be one of them.

I am optimistic. We just need one Democrat, just one to stand up and say: Mr. President, I am sorry, this is not the kind of history I want to make. I would love to listen to you but I also want to listen to my constituents and it is very clear where my constituents are. If I have to choose between you and my constituents, with all due respect I am going to pick my constituents. Just one Democrat needs to stand up and say I am willing to listen to the American people rather than arrogantly assume that all the wisdom resides in Washington.

If we figure this out, we are going to do it for you whether you want us to or not.

Mr. RISCH. I want to add to what the Republican leader has said. I think there is this push to get this done before Christmas because they think people are not watching. People are watching. If you look at the poll, the poll is moving. It is moving in the wrong direction for them, but it is clearly moving.

More important, I have news for the people on the other side. If they think this is going to go away after Christmas, they have another "think" coming. This is one of the largest issues to be debated in this room for a long time. Every senior citizen in America is going to wake up after Christmas and say: Wait a minute, let me get this straight. Those people in Washington, DC cut \$500 billion out of Medicare? Don't they care about me? The system is already going broke and they took \$500 billion out of Medicare, benefits I have paid into all my working life, and transferred it over to start a new program, a new social program that also is not sustainable? What is wrong with those people?

This discussion is going to go on. Because of the complexity of this, because of the size of this bill, there are going to be news stories every single day from now until November 2 of 2010. My friends, November 2 of 2010 is coming a lot quicker than you think. By the time you get there you are not going to be able to run from this vote. The American people are wisely going to respond and they are going to tell Washington, DC, through their voting what they think of what happened in this debacle that is called health care reform. It is misnamed, health care reform. It is higher taxes, higher insurance premiums, it is stealing from the Medicare Program, and it is creating a new giant Washington, DC bureaucracy.

The American people do not want this.

I yield to my friend from Wyoming.

Mr. BARRASSO. It is interesting because what you are doing now is fundamentally talking about the core of the bill, the core that cannot be changed as they drop this or add that. It is the core that led the dean of Harvard Medical School to say this bill, the core, is going to make spending worse. It is going to drive up spending and it is going to not improve quality.

This physician at Harvard has said people who are supporting this are living in collective denial. It is no surprise that the American people are very skeptical, very suspicious. It is why the dean at Johns-Hopkins Medical Center this past week wrote an editorial that said "this bill will have catastrophic effects" and it will do more harm than good. We are talking about the health care of the people of our country.

Mr. SESSIONS. Will the Senator yield? Those two deans are saying that the entire promises of this bill—that it would reduce cost and improve quality—both are not true?

Mr. BARRASSO. That is what we are hearing from the deans of medical schools. It is what I hear at home all the time. People in Wyoming read this and say this is wrong. This is going to make it harder for doctors to practice, harder for us to recruit doctors, harder for hospitals to stay open. We are saying in Wyoming—the Washington Post said it on Saturday, "Medicare Cuts Could Hurt Hospitals, Expert Warns." We are seeing that affecting the quality of care. We are seeing it in terms of will we have a doctor shortage? Will that worsen? We are going to deal with that at home, but people are seeing it all across the country because fundamentally this bill is flawed. It does not address the sort of concerns we have, and we are trying to get costs under control. This will drive up costs. We are trying to help improve the quality of care. This will not improve the quality of care. We are hoping to improve access for patients. This will make it harder. This will make longer waiting lines, this will limit people's choices, it will limit care in the rural

community. I know about those in Wyoming. You know about them in Alabama.

When we read the report by the Actuaries from the committee that oversees Medicare—and they didn't rush to do this. They are talking about the bill that now has been out, the 2,000-page bill that has been out for people to read for 3 weeks. It took them 3 weeks to do the report because they wanted to do a very thorough evaluation and they looked at it, and they said we think one out of five hospitals in the United States will end up closing within 5 years and one out of five doctors offices will close if this goes through. This is what the Democrats are proposing, something that is going to lead to one in five hospitals closing, one in five doctors offices shutting their doors, saying we can't continue to keep the doors open under these circumstances.

This report has said the whole effort to drive down the costs of care is wrong. At its core it is wrong; that the cost of care is going up if we pass this bill that is ahead of us now, regardless of the little changes they may make at the periphery. At the core this is going to drive up the cost of care. At the core it is going to cut our seniors who depend on Medicare for their health care.

Medicare is going broke. This is not going in any way to help that. It is going to make it worse. Then if they try to put more people into that Medicare ship that is already sinking, that is going to make it worse as well.

Plus the way they try to solve this, to say we are going to cover all these new people, many of them, the majority of them are going to be put on Medicaid—Medicaid, a program that Governors across the political spectrum have all said is a failed program, a program that is driving the States into bankruptcy, a program that Governors call the mother of all unfunded mandates—that is the way they are trying to get the costs down, by putting the cost on the States.

It is still the same people of America who have to pay those bills, whether you are paying your taxes here or there. Plus they are going to raise taxes. This report from the Medicare Services Group looked at that and said all of those taxes are going to go up, \$500 billion in taxes. Of course those are going to get passed on, so people of all different income brackets in the United States, all people are going to get hit with those taxes. Some people may see a little benefit, but by 4 to 1, four times as many people are going to get taxed as people who are going to see any benefits.

We are looking at a program, a core fundamental of a bill that to me is fatally flawed—fatally flawed—that will raise prices, raise insurance premiums for people who have insurance, cut Medicare and raise taxes. And you say, how could people support that?

We need the solution to improve quality, get costs under control and improve access. This does not do any of

those things. Plus it starts collecting taxes, as my friend from South Dakota said—it starts collecting taxes in 3 weeks but yet doesn't give services for 4 years.

Mr. CORKER. If the Senator will yield, I was listening to him talk about this bill being fundamentally flawed, which it is. I think back about the comments Senator MCCONNELL said on the floor, and I think ORRIN HATCH, from Utah, the other day expanded on it. Anything that is this major, this major of a reform that we are going to live with for generations, should be done in a bipartisan way. I know Senator HATCH talked about the fact that something of this size should have 70 votes, to pass a bill that will stand the test of time.

Earlier today I heard a friend on the other side of the aisle talk about the fact that Republicans walked away. I don't look at it that way. But I remember very early on when we saw the basic, fundamental building blocks of this bill, almost every Republican Senator wrote a letter to Senator REID, our majority leader, and told him if there were going to be Medicare cuts that were used to leverage a whole new entitlement, we could not support the bill. So what did the majority leader and the finance chairman, MAX BAUCUS, do? They used that as one of the fundamental building blocks of this bill. That is paying for 50 percent of this bill—taking Medicare cuts, a program that is insolvent, and using it to leverage a new program.

What I would say—and I see the leader here on the floor—I agree a bill of this size has to have bipartisan support. I don't know how you get bipartisan support, though, when almost everyone in our caucus wrote a letter in the very preliminary stages of negotiation to let them know that we considered that to be a fundamental flaw; we considered that not to pass the commonsense test. Yet it has been the major building block in causing this bill to come to fruition or to come to where it is today.

Mr. MCCONNELL. The Senator from Tennessee is entirely correct. We made a major effort. Senator GRASSLEY and Senator ENZI, the two ranking members of the relevant committees, as well as Senator SNOWE, were in endless discussions with the majority. Then it became clear that they were not interested in doing anything short of this massive restructuring of one-sixth of our economy, which includes, as the Senator indicated—we expressed our concerns early about these \$½ trillion cuts in Medicare to start a program for someone else.

I would go so far as to suggest the reason the public's reaction to this has been so severe is because they have chosen such a partisan route. Had they chosen a different route, had we produced a bill in the middle, a bill much more modest in its intention rather than this audacious restructuring, the American people would see us behind it and they would be behind it.

By choosing this sort of narrow “my way or the highway” approach, “we are going to get the 60 votes and jam you,” they have made it impossible to make this a proposal that they could sell to the American people.

The American people are not foolish. The difference between this issue and most issues is everybody cares about health care regardless of age. The older you get the more you care about it, but everybody cares about health care. But they are paying attention and they see that this is not in any way a bipartisan proposal. So they have created for themselves not only a terrible bill, in my judgment, that should not pass and probably will not pass, but an enormous political problem for themselves along the way that would have been entirely avoidable had they chosen a different route from the beginning.

Mr. CORKER. I think the fact is the two parties certainly have differences. We are seeing that by the huge amount of spending that is taking place right now. But the fact is, when we come together around bills, we do things that can stand the test of time.

When we do that, it is not about political victory, it is about us airing our differences and seeing those places where we have common ground. I have watched each of you in your deliberations on the floor. I know very early on we talked about the fact that if we could just focus on the 80 percent we agree upon, we could pass a piece of legislation that would stand the test of time. Maybe it wouldn't solve every problem in the world, maybe it wouldn't go from end zone to end zone, but maybe if we went 50 yards down the field, it was 50 yards of solid gain for the American people, something that would stand the test of time, then we could come back and maybe get another piece of it as we moved along.

I know almost everyone in this room has been a part of discussions to increase access, increase competitiveness, to drive down cost, to increase choices. This may be historic, if it passes. I actually still believe there is a chance that some of our friends on the other side of the aisle will realize that this is historic. But what is historic about it is this: If we pass this bill or if the Senate passes this bill, we will have missed a historic opportunity to work together and do something that will stand the test of time. All the energy would have been expended on a bill that does not pass the common-sense test, where the basic fundamentals are flawed.

This issue will not come up again for a long time. I know how the calendar on the floor is. I certainly know about the patience of the American people. But the history part of this, we will have missed a historic opportunity to do something that will be good for the American people. That is the part, I guess, that bothers me the most.

Mr. THUNE. Madam President, the Senator has been the mayor of a good-sized city, a small businessperson, ac-

tually probably bigger than a small businessperson. But if you were running a business and you were in an environment such as we are in today, a tough economy, trying to figure out ways to cut back on your costs and figure out a way to sell a little bit more of whatever it is you are making or doing, and somebody comes to you and says: We are going to reform health care and we want to do something that will get health care costs down and yet what they are selling is going to raise your taxes and, according to the referees—the Actuary at the Center for Medicare Services is sort of a referee in all this; they don't have a political objective; they simply want to get the facts out. Of course, that is the role that is played traditionally in Congress by the CBO, both of which now say—the CBO says it is going to increase health care spending by \$160 billion over the first 10 years and the CMS Actuary is now saying it will increase health care costs by \$234 billion over the first 10 years. You also have now the CMS Actuary saying it could close 20 percent of the hospitals, that 17 million people who get their insurance through their employers are going to lose it, that the Medicare cuts are not sustainable on a permanent basis in this legislation, and that a lot of these tax increases are being passed on in the form of higher premiums which will mainly be borne by people trying to provide insurance. If you are sitting there as a businessperson—and you have been there—and you are looking at that balance sheet and that income statement and somebody is trying to sell you on an idea about health care reform that has the features I mentioned, how do you react to something such as that? I see what small business organizations are saying, but the Senator has been there. Tell me how you view it.

Mr. CORKER. I met with a businessman in Tennessee on one of my more recent trips. They have an annual payroll of \$4.2 million—their health care costs are \$4.2 million a year for their employees. They file their tax return as a sub S company. The income from the company actually ends up being attributed to the partners. So when they file an income tax return, they don't take the money out of the company. They leave the money in to invest and make sure it is productive and they have jobs for other people. But that income is attributed to them. So he was showing me what this bill did to them. First, their percentage of health care costs is 12 percent of their payroll. He is way above the minimums this bill has said you have to be. I think it is 7 percent or something such as that. By the time he looked at the taxes that were going to be assessed to them because they filed—in other words, it was, again, their individual income, even though the money stayed in the company itself. What he was saying is: This means not only will we not hire any additional employees, we are not

going to do that. But in addition, we are going to seriously look at dropping our health care plan and paying the penalties that come with this bill. I do fear, one of the things people do when they see that the government—a lot of companies in this country do things because they think it is the right thing to do. But a lot of companies, when they see government sort of mandating what they have to do or if they don't do that, there is an option for them to opt out and pay a penalty, when they feel like the government is being intrusive, sometimes they decide: Look, I am not going to do this anymore.

What I would say, to answer the Senator's question is: No. 1, you end up depressing people's wages when you have these huge increases. Because at the end of the day, you have to have a profit to operate. You encourage people who are trying to do the right thing. You tax people at a level that, because of the way our taxation system works, takes money out of the company which, again, is used for productive good and to hire employees. At the very time when we are trying to create jobs—and I know you have been out here a great deal talking about the fact that we need to create jobs—we have legislation. This legislation that is before us is a job killer. The uncertainty of American companies about health care and then the fiscal issues and then this whole notion of cap and trade is, in fact, what resoundingly people across the country are saying is keeping them from hiring people.

Mr. MCCONNELL. I hear—and I know my colleagues have—they are about to send us another stimulus bill. I think I hear the Senator from Tennessee saying the single most important thing we could do to jump-start this economy would be to stop this job-killing health care bill.

Mr. CORKER. There is no question—and return to certainty. The fact is, people, businesspeople—and I know sometimes it is hard for the other side of the aisle to see this, but it is all about the cost of delivering goods; secondly, understanding what the environment is going to be into the future. This body has been so active and this President so active producing legislation that is a job killer, No. 1, but also producing such uncertainty that they are afraid to hire. That is, again—I know I have said this before—resoundingly, that is the No. 1 reason people are not hiring people on Main Street.

I do hope we stop this. I do believe this directly will kill jobs. But I also hope we will stop it and the American people will see we are working on things that save money and not things that cost money and take money out of businesses' pockets, out of Americans' pockets, which, by the way, that works hand in hand from the consumption standpoint. But this body doesn't seem to have gotten that message yet. I am feeling that a few of my friends on the other side of the aisle are greatly concerned. I hope, as the leader has said,

we can stop this but then work together on something that lowers cost so businesses will actually have a desire to hire even more people.

Mr. BARRASSO. I would like to ask my colleague, we are talking about a job-killing bill, and we are not talking about a couple of jobs. The National Federation of Independent Business estimates that mandating that employers provide health care will cost 1.7 million jobs over the next 4 years, between now and 2013. We are not talking about a couple jobs, 1.6 million jobs when our unemployment rate is already 10 percent. When I look at this as a job-killing bill, bad for our economy at a time when the No. 1 issue I hear about at home are jobs and the economy, that is another fundamental reason to take a look at a bill that at its core is fatally flawed and say: Don't do that right now. Our economy can't afford it. The jobless rate, we cannot afford to see that number get worse.

Mr. CORKER. It is amazing the Senator brings that up. If he remembers, during the General Motors and Chrysler debate, which I know Americans equally paid attention to, there was this discussion about the fact—advocates for government funding talked about the fact that they had to compete against companies in other countries that may not provide health benefits. If you remember this whole discussion began around the fact that we wanted to lower costs, lower health care costs so our economy would be more productive. I think all of us said that is exactly what we need to do. So here we end up with a 2,074-page bill that does exactly the opposite. How we got here, it is kind of like you couldn't make this up—that a year ago here we were, as a matter of fact almost this exact time, having another historic vote around the whole issue of what might happen with these automotive companies and the big driving issue being, we can't be competitive because we have costs that they don't and all of us saying: Health care costs do make our country less competitive. So here we have a bill that is going to take us in exactly the opposite direction.

This is why so many people have lost, rightfully so, faith in our ability to solve problems.

Mr. THUNE. The Senator has made a payroll. He knows what this is like, how hard these decisions are when it comes to making decisions about whether you are going to hire somebody and to try and squeeze those costs down so you can buy a new piece of equipment. I think all small businesses are dealing with that. The Senator from Wyoming mentioned the National Federation of Independent Business which, of course, is a very business-oriented organization that represents a lot of small businesses across the country, indicating the employer mandate would cost about 1.6 million jobs so the job issue is so absolutely pertinent to this debate. That is why NFIB and the Chamber of Commerce and every busi-

ness organization I think I know of in this country, including organizations such as the American Farm Bureau organization, which represents a lot of farmers and ranchers in my State, those are the organizations that speak for these various small businesses. They have all weighed in, and they weighed in heavily, in no uncertain terms, that this sets us back. This does not move us forward. You talked about getting that cost curve down. Every analysis that has been done, including by the referees—the Congressional Budget Office, the Actuary at CMS—all come back with the same conclusion.

The Senator from Alabama also probably has a lot of small businesses in his State, members of the National Federation of Independent Business, the Chamber of Commerce, the Association of Wholesale Distributors, the National Association of Manufacturers, lots of these organizations that have weighed in. It seems to me they have looked at this carefully, and they have come to the same conclusion. I would be interested in what the Senator from Alabama might be hearing from the small businesses he represents, with regard to the impact this would have on jobs.

Mr. SESSIONS. I say to Senator THUNE, I think you have made the point about the cost curve. And I say to Senator CORKER, you hit it right on the head. There is a need for us to work together to help reduce the cost of health care and not hurt its quality at the same time. This bill does not do that. I say to Senator CORKER, what businesses tell me is that when you make it more expensive to hire a worker, that makes you less able to hire more workers. If this bill, in effect, is driving up the cost of health care—not to mention the new taxes that are out there—as an economic principle, it does mean we are jeopardizing jobs. Would you agree?

Mr. CORKER. Look, I do not think that could be debated in a real way. There is no question when you add these mandates, you add the taxes, you actually drive up one of the major costs around hiring an employee in a firm. Then you add all the government intrusion. There is just the whole hassle factor of having to meet all the obligations that are laid out in this type of legislation. All those things just cause people to not want to hire folks.

The thing is, it actually affects the most responsible companies most. The way this bill is written, if you are one of those companies that has not been providing health benefits, you can just pay a penalty, just pay a penalty and not cover them. But this bill actually does not just stymie job creation, it punishes the companies that are the most responsible smaller companies in our country.

So, again, you all said it over and over again: The core of this bill, regardless of all the accouterments—and maybe we get three votes if we do this and lose one vote. I am sure there is some scribe in there that is confused

with all the vote counting that has been taking place over the last few weeks. But the fact is, regardless of all these accouterments, the core of this bill is detrimental to our country.

I certainly appreciate serving with all Senators, and I know all of us would love to see appropriate health care reform. I hope we are going to have the opportunity, after this bill is hopefully defeated, to be able to do that.

I thank everyone for the time and patience.

Mr. THUNE. I think we have to wrap up. But I just want to make one point in closing and say to the Senator from Tennessee, the Senator from Wyoming—the leader is here from Kentucky—that the citizens in my State of South Dakota, and I think most citizens, would expect that if we are going to reform health care, we do something about their cost, which clearly that point has been made very clear, repeatedly, here—that all the studies say that does not happen.

The other thing I will mention is, I cannot imagine any of our constituents would say that if you are going to implement public policy, you should raise taxes in 3 weeks and not start the benefits until 4 or 5 years later. It just seems to me the average American out there has to be saying: OK, that is like me going to the bank and taking out a mortgage, but I can't move into the house for another 4 or 5 years, and in the meantime I will be making payments.

Mr. CORKER. I would say to the Senator, if I could, his point is so good. So many businesses in my State are saying: I wish I could go to my local banker and use 6 years' worth of cost and 10 years' worth of revenues to get a loan. They are saying: We can't do that back home. I think it is that very thing the Senator pointed out so eloquently, it is that very thing, again, that builds the huge amount of distrust. They know it does not work. They know it does not pass the commonsense test in South Dakota and Tennessee. I think they continue to again wonder: You can't make this kind of stuff up. Certainly, you can't do it back home.

I thank the Senator.

Mr. THUNE. I thank my colleagues from Tennessee, Wyoming, Alabama, Kentucky, and Arizona, all who have been here.

In closing, I will quote the Associated Press:

In part to reduce costs, the legislation would delay until Jan. 1, 2014, creation of so-called insurance exchanges in which individuals and small businesses could shop for affordable coverage.

All done to disguise the bill's real cost of this, which it is being acknowledged now widely by the Democrats as well. This is not a \$1 trillion bill; this is a \$2.5 trillion bill. It is a job killer. It cuts Medicare, raises taxes, and raises premiums for most of the American people.

I yield back our time.

The PRESIDING OFFICER (Mr. MERKLEY). The Senator from Mississippi.

Mr. COCHRAN. Mr. President, we have heard this described as a historic moment. My friend from Iowa, Mr. HARKIN—we have served together on the Agriculture Committee and have worked closely on appropriations and other issues—he has described this as a “historic moment.” I think we can all agree on that, but that is about all we do agree on in regards to this issue.

I think we just have to come out and say it: This Patient Protection and Affordable Care Act is controversial. It sounds like it is just what the doctor ordered, until you look at it closely. If you look at it closely, doctors are not favorably impressed with it. Neither are the taxpayers, especially those who earn less than \$200,000 a year, they are not impressed with it.

Another issue that is troubling is Senator DORGAN’s amendment on the reimportation of drugs. The Food and Drug Administration has concerns about the safety of the reimportation of drugs.

If the Senate tries to ignore these and other serious concerns about the bill before the Senate, it will be an act of hope over reality. It will be an act which this Senator cannot support.

The PRESIDING OFFICER. The majority leader.

UNANIMOUS CONSENT AGREEMENT—H.R. 3590

Mr. REID. Mr. President, I ask unanimous consent that immediately after the opening of the Senate tomorrow, Tuesday, December 15, and following the leader time, the Senate resume consideration of H.R. 3590, and there then be a period of 5 hours of debate, with the time divided as follows: 2 hours equally divided between Senators BAUCUS and CRAPO or their designees and 2 hours equally divided between Senators DORGAN and LAUTENBERG or their designees, and 1 hour under the control of the Republican leader or his designee or designees; that during this debate time, it be in order for Senator BAUCUS to offer a side-by-side amendment to the Crapo motion to commit; and Senator LAUTENBERG be recognized to offer amendment No. 3156 as a side-by-side to the Dorgan-McCain amendment No. 2793, as modified; that no further amendments or motions be in order during the pendency of this agreement, except as noted in this agreement; that upon the use or yielding back of all time, the Senate then proceed to vote in relation to the aforementioned amendments and motion in this order: Baucus, Crapo, Lautenberg, and Dorgan, with each subject to an affirmative 60-vote threshold, and that if they achieve that threshold, then they be agreed to and the motion to reconsider be laid upon the table; that if they do not achieve that threshold, they be withdrawn; further, that the cloture motion with respect to the Crapo motion be withdrawn; provided further that upon disposition of the above-referenced amendments and mo-

tion, the next two Senators to be recognized to offer a motion and amendment be Senator HUTCHISON to offer a motion to commit regarding taxes and implementation and Senator SANDERS to offer amendment No. 2837; that no amendments be in order to the Hutchison motion or the Sanders amendment; that upon their disposition, the majority leader be recognized.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. Mr. President, reserving the right to object, and I am not going to object, I would just want to confirm with the majority leader our understanding that even though it is not locked in in this consent agreement, we anticipate voting on both the Hutchison amendment and the Sanders amendment.

Mr. REID. Yes. And I say to my friend, either vote on them or have some kind of procedural motion.

Mr. MCCONNELL. Yes.

Mr. REID. Which I have no idea what it would be at this stage. But the answer is yes.

I would also say, I have spoken to the Senator’s floor staff, and, as I indicated to the Republican leader, we have to be at the White House for a while tomorrow afternoon—we will give the Republican leader that time—for which we will probably have to be in recess because the whole caucus is called to go down there. But it is my desire to make sure we finish this tomorrow. I think that is to everyone’s interest. That is what we are doing here, with 5 hours.

Mr. MCCONNELL. Would that include both SANDERS and HUTCHISON?

Mr. REID. No. No. As I explained, again, to floor staff, I would like those to be offered tomorrow, but I think we would have a pretty good day’s work if we have 5 hours of debate and then those four votes we have playing out.

Mr. MCCONNELL. During the time that Democratic Senators are at the White House, would we be in recess or would we be allowed to—

Mr. REID. Yes. I think we should be in recess.

Mr. MCCONNELL. Do you have any idea how long that meeting is going to be?

Mr. REID. The meeting is scheduled for 1 hour and 10 minutes.

Mr. MCCONNELL. And at what time is it?

Mr. REID. I think it is at 1:30.

So, Mr. President, I am glad we finally got the balancing back and forth, unanimous consent request finally settled on these matters.

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

The Senator from Illinois.

HEALTH CARE REFORM

Mr. BURRIS. Mr. President, I rise, of course, to speak on the health care legislation.

The Senate is the greatest deliberative body this world has ever known.

Since the inception of this body, its Members have practiced and perfected the art of compromise. It has been said that politics is the art of the possible—and this Chamber is teeming with experienced legislators who know how to work with Members of both parties to forge a more perfect bill. This means that individual Senators must inevitably give ground in the interest of achieving legislation that is built on consensus.

As a body of lawmakers—and particularly as a Democratic Party—we have compromised throughout our history to bring about the greatest legislative achievements this Nation has known. In the process, this Senate has made the country better.

Today, we find ourselves debating a measure that could overhaul the entire American health care system. We stand at this point after nearly 100 years of discussion and deliberation, stretching from Teddy Roosevelt to Barack Obama.

What has defined us across that century is our commitment as a party to the fundamental pillars of health care, all of which have been echoed in this recent debate. These values served us well in 1935, when the Senate took up a proposal called Social Security. History recalls that debate was fierce. It was not without struggle and was not without compromise. But in the end, we achieved one of the greatest, most enduring public policy successes in American history.

Thirty years later, these very same values led this party and this Senate to take up a bill known as the Medicare Act. Again, that fight was not easy, and compromise was necessary to realize our vision. But, once again, this body and this party brought historic change to America.

These hard-fought programs have been the valued cornerstone of our domestic policy for generations. They define the way we legislate and underlie the principle that this government’s chief responsibility is to its citizens.

Today, a new generation of Americans and a new Congress find ourselves in the midst of another historic debate.

Earlier this year, a new President was swept into office, full of energy and ideas, and armed with a clear mandate to bring real reform to a health care system that was badly broken. So, once again, we took up the task of fighting for a more perfect health care system.

Americans all over the country, struggling and suffering, many in personal health crises, have looked to us. There is urgency there, and this body needs to act.

Those who need help the most need that help now.

So let’s pass this health care reform legislation, but let’s also do it right. Let’s not pass something just to pass something.

Everyone in this room is a legislator. We approach our responsibilities with the knowledge that our most optimistic ideas must often be tempered