LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now resume legislative session.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:39 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. CARPER).

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to a period of morning business until 3:15 p.m., with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees.

The Senator from Tennessee is recognized.

Mr. ALEXANDER. Mr. President, would the Chair let me know when 9 minutes has expired?

The PRESIDING OFFICER. The Chair is happy to do that.

HEALTH CARE

Mr. ALEXANDER. Mr. President, a lot of what we say in Washington, DC, doesn't make its way through to the people out across the country who hire us. It is called, in different words, Washington-speak or gobbledygook by some people. Sometimes we have a hard time understanding ourselves. But one thing has gotten through to the American people: the idea that we should, No. 1, read the bills that come before us and, No. 2, we should know what they cost before we vote on them.

I think the reason for that is because, over the last several months, we have suddenly seen a whole series of Washington takeovers and 1,000-page bills and the people in this country are getting worried about a runaway Federal Government, thinking we may be overreaching here. We had a 1,200-page bill in the House of Representatives on energy and global warming. It was available for 15 hours before the vote. We had a stimulus bill—that was $800 billion, not counting interest—that was 1,100 pages and was available online for 13 hours. We had a $700 billion bailout, called the financial sector rescue package, which was available for 29 hours. The other day in the Finance Committee, Republicans said let's put the bill online for 72 hours. That was voted down by the Democratic members of the committee.

What we Republicans would like to say is this: We want health care reform. We have our ideas and suggestions that we have made. We think we should focus on reducing costs, that we should go step by step in that direction, starting, for example, with allowing all small businesses to pool together so they can offer health insurance to their employees at a reasonable cost. The estimates are that millions more Americans would be able to get health insurance from small businesses.

We have other suggestions for reducing costs. But the first thing we would say is, as this bill comes to the Finance Committee—and I see the Senator from Delaware and the Senator from Texas, who are both members of that Finance Committee—we want to be able to read the bill and know what it costs. Over the next 3 weeks, we hope, on the Republican side, to help the American people understand what this health care bill means for them. You hear lots of competing claims about it—it does this or that, and we are scaring you or they are scaring you. Let's take it one by one.

If we have time to read the bill, and we know what it costs—the President said this bill cannot have a deficit. If we don't know what it costs, how can we do what the President wants us to do? I hope we take a sufficient amount of time. The bill is in concept form now, and then the majority leader will take it into his office and merge the Finance Committee bill with the bill that we on the HELP Committee worked on in July, and out of that will come another bill. We will need the CBO to look that bill over, which I am sure will be well over 1,000 pages. It will take a couple weeks to see what it costs. Then we can work on it.

Why is it so important that we actually have the text of the bill and know what it costs? Because the bill has $½ trillion in Medicare cuts in it. On the other side, they say: Don't say that; you are scaring people. Well, it either has it or not. We say it has it. The President said there will be Medicare savings. The truth is, it is worse than that. What it appears to be is we are going to cut Grandma's Medicare and spend it on somebody else. There may be savings in Grandma's Medicare, but, if anything, we ought to spend any savings on making Medicare solvent because the trustees of Medicare have told us it will go broke in 2015 to 2017. So the people have a right to know will there be cuts to hospitals, hospices, home health, to Medicare Advantage. One-fourth of seniors on Medicare have Medicare Advantage, and it is going to be cut.

We need ample time to say: What do those cuts in Medicare mean to you? Will the bill raise your taxes? We say it will; some say it will not. But from our reading of the bill, it looks like there will be at least a $1,500 tax per family, if you don't buy certain government-approved insurance. There is the employer mandate requiring you to provide insurance. That is a tax. There are $838 billion of new taxes on insurance companies, medical device companies, which will be passed on to consumers. That is a tax.

The Presiding Officer was a Governor, as I was. He was chairman of the National Governors, and many Governors are very upset because we are expanding Medicaid in their States and sending a large part of the bill to them. So that could be more State taxes.

Now we hear from the Governors. There was an article in the Washington Post yesterday, and I ask unanimous consent that it be printed in the RECORD following my remarks.

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

(See exhibit 1.)

Mr. ALEXANDER. The article says: ''States Resist Medicaid Growth. Governors Fear For Their Budgets.''

The Tennessee Governor—a Democrat—said:

> I can't think of a worse time for this bill to be coming. I'd love to see it happen. But nobody's going to put their state into bankruptcy or their education system in the tank for it.

The Governor of South Dakota said:

> That's a heck of an increase, and I don't know how I'm going to pay for it.

The Governor from Ohio said:

> I have indicated that I think the States, with our financial challenges right now, are not in a position to accept additional Medicaid responsibilities. Governor Schwarzenegger of California said it will add up to $8 billion to California, and California is nearly going broke anyway. Senator FEINSTEIN said she cannot support a bill that puts that kind of additional tax on States.

Basically, it is the old trick of we in Washington saying here is a great idea, we will pass it, and send part of the bill to the States. What will the States have to do? They will have to cut the money that goes to the University of Texas or Delaware or Tennessee. They have to raise taxes, or they cannot cut benefits because cutting benefits is against the law.

So how much will these Medicaid mandates cause taxes to be raised in your State?

There are other questions we would like to ask. Will this bill raise your insurance premiums? The whole point of this exercise, we think—and a lot of the American people think—is we want to reduce costs—costs to you when you buy your health insurance and costs to your government. Your Federal Government is going broke if we don't do something about rising health care costs, just as you might.

You would think this bill would reduce your costs—to you for premiums and to you for your government. But that is not what the CBO says. It says that, in some cases, premiums for exchanged plans would include the effect of these new taxes and the premiums would increase. Then there will be more government-approved insurance plans, which may turn out to be more expensive for you to buy. In other words, you would not be able to buy the plan you now have. You will have to buy a new government-approved plan that will cost more.

There will be higher premiums for young Americans under this bill. Almost everybody thinks that. So we

need to have a full discussion over the next 2, 3 or 4 weeks. Is this going to raise your health care premiums? If so, why are we doing that? Then, is it going to raise the Federal debt? Well, everybody is saying no, no, no, this will be deficit neutral. The President says: Don't send me a bill without it. Except this bill, as we understand it, doesn't include what we elegantly call the doc fix. Every year, we have to approve, or overturn, provisions in the law for that.

The PRESIDING OFFICER. The Senator has used 9 minutes.

Mr. ALEXANDER. I thank the Chair. Those are provisions that set the payment rates for physicians. We always do that. We know we are going to do it. We do it every year. Yet this bill assumes we are not going to do that. If we do include the doc fix, that adds $285 billion to the debt.

We are going to be asking these questions. Please give us the text so we can read the bill. We are going to ask the CBO: Exactly what does it cost? Then we will be coming to the floor and going to town meetings at home and we are talking to the American people about how this affects them. Does it cut your Medicare? If so, how? Does it raise your taxes? If so, how? Will it bankrupt your State or hurt education in your State? If so, how? Does it increase or reduce your health care premiums or add to the Federal debt of your government?

These are the questions we need answers to, and we are looking forward to the debate; and then we are looking forward to passing health care reform that, step by step, begins to reduce the cost of health care to you and your government.

I yield the floor.

EXHIBIT 1

[From the Washington Post, Oct. 5, 2009]

STATES RESIST MEDICAID GROWTH

(By Shailagh Murray)

The nation's governors are emerging as a formidable lobbying force as health-care reform moves through Congress and states overburdened by the recession brace for the daunting prospect of providing coverage to millions of low-income residents.

The legislation the Senate Finance Committee is expected to approve this week calls for the biggest expansion of Medicaid since its creation in 1965. Under the Senate bill and a similar House proposal, a patchwork state-federal insurance program targeted mainly at children, pregnant women and disabled people would effectively become a Medicare for the poor, a health-care safety net for all people with an annual income below $14,404.

Whether Medicaid can absorb a huge influx of beneficiaries is a matter of grave concern to many governors, who have cut low-income health benefits—along with school funding, prison construction, state jobs and just about everything else—to cope with the most severe economic downturn in decades.

''I can't think of a worse time for this bill to be coming,'' said Tennessee Gov. Phil Bredesen (D), a member of the National Governors Association's health-care task force. ''I'd love to see it happen. But nobody's going to put their state into bankruptcy or their education system in the tank for it.''

These fears are resonating with members of Congress and have already yielded some important legislative changes, including alterations to the Senate Finance bill, which includes billions of dollars in additional funding, added after governors raised a fury about the original, lower sum. But House and Senate negotiators are reluctant to make further concessions, and in recent days, House Democrats have debated whether to trim Medicaid funding in their bill to make room for other priorities.

Yet lawmakers are wary about imposing a huge new burden on an imperfect program that serves one of the most challenging segments of the population, through a fragmented network of state-run systems.

Among the 11 million people the nonpartisan Congressional Budget Office estimates will sign up for Medicaid under the new rules, many are single adults and parents who have gone for years without health coverage. Many of these individuals also live in communities that lack the services to treat them.

''States are already at a breaking point, and so they should be thankful that this bill is only going to cost them an additional $30 billion,'' Sen. Charles E. Grassley (Iowa), the ranking Republican on the Finance Committee, told colleagues during the panel's two-week-long debate on reform. But Grassley added: ''We are deluding ourselves, though, if we think that we are going to do anything in this bill to make Medicaid a better program for the people it serves.''

The response from Democratic governors to the new burdens that may be imposed on them has ranged from enthusiastic to restrained. On Thursday, the Democratic Governors Association delivered a letter to House and Senate leaders signed by 22 of its members. It was silent on Medicaid but lauded the broader reform effort as essential. ''We recognize that health reform is a shared responsibility and everyone, including state governments, needs to partner to reform our broken health care system,'' the letter noted.

Yet congressional Democrats are sufficiently alarmed about the potential impact that they already are seeking special protections for their states. Even Senate Majority Leader Harry M. Reid cut a deal with Senate Finance Committee Chairman Max Baucus (Mont.) to ensure that the federal government would pay the full cost of expanding Medicaid in Reid's state, Nevada.

Reid, who faces a potentially difficult 2010 reelection bid, responded to a Republican outcry over his stealth move by pointing to Nevada's crippling foreclosure crisis. ''I make no apologies, none, for helping people in my state and our nation who are hurting the most,'' Reid said on the Senate floor.

Among the most vocal opponents of Medicaid expansion are Republican governors from Southern and rural Western states that offer minimal coverage under current law and are less equipped to handle an influx of new beneficiaries, compared with more urban states with better-established social-services infrastructures. The list includes Mississippi, governed by Haley Barbour, chairman of the Republican Governors Association. Barbour denounced the proposed Medicaid expansion at a news conference last month as a ''huge unfunded mandate'' likely to result in state tax increases.

The wake-up call for the nonpartisan National Governors Association came early in the summer, when Baucus and Grassley announced that they were considering only a temporary increase in federal funding to pay for new Medicaid enrollees. NGA leaders mobilized through their health-care task force, and after a round of conference calls with committee negotiators and bilateral talks between individual governors and senators, the temporary increase was made permanent.

Governors still worry that the boost is not enough to fully close the funding gap. Recession victims already are flocking to Medicaid, and enrollment is expected to rise through fiscal 2010, according to the Kaiser Family Foundation's Commission on Medicaid and the Uninsured. The pace of increase is expected to ease after fiscal 2010, leaving states with a short window before an anticipated onslaught in 2014, when the proposed Medicaid expansion would take effect.

South Dakota Gov. Mike Rounds (R) saw Medicaid enrollment in his state climb to 104,000 residents this year, costing the state $265 million out of a budget of $1.2 billion. But he expects a $50 million increase next year, and, even taking into account federal aid from the economic stimulus bill, South Dakota faces a $100 million shortfall. ''That's a heck of an increase, and I don't know how I'm going to pay for it,'' Rounds said.

Bredesen said Tennessee could face $1 billion in extra Medicaid costs for the first five years of the expansion. ''I have no idea how we're going to afford it,'' he said.

Nor can governors say for certain how many people will show up to claim the new benefits. Because low-income people are harder to track—they tend to move more frequently, and they often don't file tax returns—state officials don't know precisely how many will be eligible. Rounds estimates an enrollment increase of about 75,000 people but concedes that the number could be much higher.

Another mystery is how many people who qualify for Medicaid under current rules—a sizable portion of the uninsured population—will decide to finally sign up. This is the ''woodwork effect'' that unnerves state officials around the country because it could lead to much higher costs.

''That's part of the problem we're having, is getting hard numbers,'' Rounds said. ''We just don't know.''

In South Dakota and many other states, communities lack doctors and other healthcare providers who are willing to treat Medicaid patients, either because the providers aren't available or because Medicaid payment rates are so low. The House reform bill would increase Medicaid payment rates to the same level as Medicare rates, at a 10-year cost of $80 billion. In some states, Medicaid rates are as low as 40 percent of Medicare rates. But the finance panel rejected a Grassley amendment that would have increased provider rates in the Senate bill.

Despite Medicaid's drawbacks, including rigid rules and a complex bureaucracy, many health-care experts still view it as the most practical way to insure the poorest Americans. Low-income adults account for about half of the uninsured population, and in states that provide minimum Medicaid coverage, few parents and no childless adults are covered unless they meet other eligibility criteria.

''If you're trying to expand coverage, at least Medicaid is already up and operational in every state,'' said Diane Rowland, executive director of the Kaiser Commission on Medicaid and the Uninsured. ''You're not creating something new with start-up glitches. For any of its flaws, it has been operating, it is paying bills, it is contracting with managed care, it has an eligibility system already in place.''

As the reform debate unfolds on the House and Senate floors, health-care negotiators are prepared for a flood of pleadings like the one Reid made that could add up to many billions, forcing reductions to other portions of the bill. California Gov. Arnold Schwarzenegger (R), for one, estimated that

the Medicaid expansion could cost his state $8 billion a year. Sen. Dianne Feinstein (D-Calif.) underscored those concerns with her own pledge: ''I could not support a bill that pushes additional costs on California state government or its counties.''

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. CORNYN. Mr. President, I join my colleague from Tennessee in discussing health care, which, as the Presiding Officer knows, has been the subject for several weeks now in the Finance Committee and across the entire country for the last few months.

Currently, we are waiting for the CBO to come back to the Finance Committee and tell us what the preliminary cost estimate is of the Finance Committee bill, as voted with amendments that were passed in the Finance Committee. Soon, if we can believe the reports, the majority leader will bring to the floor a so-called merged bill from the two Senate committees—the HELP Committee and the Finance Committee—and then we will be asked to offer amendments and vote on that bill.

While we are waiting for the process to unfold, I think it is very important to carefully ask the questions that the American people—including my constituents in Texas—are asking me, questions I believe Senators should ask themselves as we debate health care reform on the Senate floor.

The first question I would like to propose is: Will we have a transparent debate? The American people want transparency. I cannot tell you how many of them have contacted me from my State and elsewhere and have said: We want to read the bill language. Amazingly enough, many have cited back to me pages—references either from the House bills or the HELP Committee bill or otherwise—and said: What does this mean? I have concerns about that.

The second question is: Will Congress actually listen to the concerns of our constituents once they learn more about what is in these bills? In other words, ultimately, the question is: Will we know what is in the bill before we are required to vote on it? Will we know how much it is going to cost before we vote on it, both in committee and on the floor of the Senate?

If you will remember, way back in August of 2008—that seems like a long time ago, but it is almost yesterday—President Obama pledged that our debates on health care reform would be transparent. I applauded him for that at that time. He said negotiations should take place on C–SPAN, so anybody and everybody who cared about it could see it. I remember, on January 20 of this year, sitting up there near the dais when our President spoke, and he said things I agreed with, such as: ''We need greater transparency in government.'' He said: ''Transparency promotes accountability and it promotes public confidence in what we do here.''

Well, the converse is also true; secrecy breeds suspicion and ultimately promotes cynicism about what we do here. That is why this is such an important issue. Unfortunately, those Americans who have been counting on a transparent process in Washington have been disappointed so far. We have seen special deals negotiated by the White House with lobbyists which have not been disclosed to the American people, some which we have learned about and some which we may not yet know about. One is the deal with the pharmaceutical industry—holding their exposure to $80 billion under this legislation. That deal was reinforced last week by a vote in the Finance Committee.

I wasn't a party to that deal. I am sure the Presiding Officer was not. I wonder how many other deals have been cut between the White House and various interest groups that we don't know about. We also learned about a deal cut with some hospitals—some but not all. A CBO score on an amendment last week had to be redone because it was $11 billion off because the CBO, the nonpartisan office charged with telling us how much this bill will cost, didn't know about this hold harmless agreement with the hospital association.

We need to know of these deals because they will not necessarily be reflected in the bill language, and only the White House, presumably, and the special interest groups that cut these deals know about them. But I think it is important the American people know about them so they can evaluate whether we are appropriately doing our job.

I have heard it time and time again, particularly since the passage of the stimulus bill that we got roughly at 11 o'clock on a Thursday night and were required to vote on in less than 24 hours—my constituents are saying: Is it asking too much to have you read the bill before you vote on it? I voted no on that bill for a lot of reasons, but I didn't have the time, nor I suspect did many Members of Congress have the time, to read it before we were required to vote on it.

We don't set the voting schedule; the majority leader does. I think that is another reason they want us to slow down. Let's find out what is in the bill. Let's let the American people read what is in the bill. Tell us what it is going to cost, and let's have a good, old-fashioned debate about what is in the best interests of the American people.

The third special deal that was disclosed had to do with Medicaid. You remember the majority leader from Nevada said: The unfunded mandate for Medicaid expansion is too much for my State to absorb. Lo and behold, a new deal was cut with new language that would give four States a better deal than they would have had in the original proposal by the chairman of the Finance Committee, Senator BAUCUS. One of those four States, lo and behold, happens to be the State represented by our distinguished majority leader. I think these examples reveal why transparency is so important.

As the distinguished Senator from Tennessee pointed out, we are going to have this mysterious merger of the Finance Committee proposals with the Health, Education, Labor, and Pensions Committee bill behind closed doors, presumably—I heard reports it is occurring now, maybe even as we speak, in the conference room of the majority leader without any of us being present. I think it is a perilous, indeed, a dangerous way for us to do business.

As the distinguished Presiding Officer knows, the first amendment offered by our side of the aisle last week in the Finance Committee was offered by the Senator from Kentucky, Mr. BUNNING. His amendment would have required a 72-hour waiting period before we would vote on the Finance Committee bill. During those 72 hours, we would, hopefully, have had actual legislative text not just conceptual language available to us and available to the American people so they could read it. We would also insist, under his amendment, on a score; that is, a cost of the Congressional Budget Office telling us how much Medicare was going to be cut, how much taxes would be raised, and how the bill would be paid for. That seemed like an eminently reasonable amendment to me. But, unfortunately, a majority did not carry the day in the committee, and it failed.

I hope we have another chance to come back to that issue, perhaps even as one of the first amendments as we take up this bill on the floor because I think it is incredibly important to public confidence, to accountability, to try to do something about the cynicism that has crept into the public's perception of what we are doing. That is reflected in 16 percent of respondents in a recent Rasmussen poll saying they rate Congress as either good or excellent—16 percent. We need to do better than that. We need to restore confidence in what we are doing, and I think transparency will help; otherwise, what are we left with? We are left with people wondering whether there is some reason we don't want the public to read the bill. Maybe there is a reason that they don't think the public should read the language because maybe they don't intend to read the language before they vote on it.

Some have said the language is just simply too complicated; that an average person cannot understand it if they read it, and that even some Senators would not be able to understand it if they read it before they voted on it.

I ask us all to take a deep breath and one step back and think about the consequences. If some staffer is the one writing the language, and Members of Congress, members of committees, Members of the Senate do not read it and it perhaps is not written in understandable language so we know what the impact will be, how does that promote public confidence? It is something that ought to give us pause, and

we ought to reconsider as we reflect on what the message sends.

Mr. President, I ask unanimous consent for 2 additional minutes.

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

Mr. CORNYN. Mr. President, I ask, in conclusion, for my colleagues to think about what we are doing. One-sixth of the economy is going to be affected by our decision on these health care proposals. What we do in these bills will literally affect the life of every man, woman, and child in the United States of America—all 300 million of us. I don't think it is too much to ask that we slow this down, that we get the text, the actual bill language, that we know how much it is going to cost, and we post it online so the American people can read it and give us their reaction.

We are called representatives for a reason. We represent constituents. I am proud to represent 24 million Texans. I guarantee, they want to know what is in this bill and how it is going to impact them and their families. It is very important that we answer this question in the affirmative.

That question again is: Will this be a transparent debate? That is the first question I have but not the last that I will be appearing back on the Senate floor in the coming days to ask. These are the kinds of questions that deserve a candid answer. I hope, in the interest of bipartisan good faith, we will somehow find a way to come together and help make this a more transparent process.

Mr. President, I ask unanimous consent that the quorum call be reflected equally, taken from both times on each side.

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

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

The PRESIDING OFFICER. Without objection, it is so ordered. The Senator from North Dakota is recognized.

Mr. THUNE. Mr. President, a number of my colleagues have been down on the Senate floor today talking about probably the biggest issue the Congress will deal with this year, and arguably for many years, either in the past or in the future, and that is the issue of health care reform. We know that issue is now staring us squarely in the face. The various committees that have jurisdiction over that issue in the Congress have acted: three in the House, now two in the Senate. It is expected the Senate Finance Committee will produce a bill sometime later this week.

It is a critical debate for the Senate, for the American people, because it does represent literally one-sixth of the American economy. One-sixth of our entire GDP today consists of spending on health care—government heath care, privately delivered health care, but health care nonetheless.

The question before the Senate in the next week or two when this eventually reaches the floor is, what are we going to do to try to address the fundamental problem I think most people perceive with our health care system today, which is it costs too much? Arguably there are lots of Americans who do not have access to health insurance. All of us want to see that issue addressed and that those Americans who currently do not have health insurance have a way of being able to access that health care coverage.

Many today use emergency services. It is not that people are going without health care, but they do not have coverage. We need the people in this country to have the assurance and the confidence they are going to have some sort of insurance that will protect them against those types of life-threatening illnesses, just the day-to-day illnesses that afflict people across this country. Yet I think the big issue for most Americans is the issue of cost.

As I said before, when you look at double-digit increases for small businesses, for families, that really does affect all Americans in one form or another. It is a very personal issue. Health care is personal to people for obvious reasons, but it is an issue that affects their pocketbooks in a real, tangible way, and that is why I think there is so much attention and concern focused on the direction in which Congress intends to proceed.

One of the issues that bears heavily upon that debate is the whole fiscal situation in which we find ourselves. If we were having this debate at another time, perhaps the circumstances being somewhat different, you might come to different conclusions. But one thing we all have to keep in mind as we look at how do we address this issue of health care in this country is doing it in a way that is fiscally responsible. The reason for that is we see deficits, huge deficits as far as the eye can see. For the fiscal year we just concluded on September 30, $1.6 trillion annual deficit; next year it is expected to be $1.5 trillion—trillions and trillions of new spending each and every year.

This last fiscal year I mentioned, the deficit being $1.6 trillion, that literally represents 43 cents out of every dollar the Federal Government spent. Forty-three cents out of every single dollar the Federal Government spent this last year was borrowed. It is all debt.

The PRESIDING OFFICER. The time on the Republican side has expired.

Mr. THUNE. I ask unanimous consent to proceed until such time as the other side comes and claims their time.

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

Mr. THUNE. The point I want to make simply is this: To put that into perspective for an average American family, if you are an average American family and your annual income is $62,000—from all your hard work and labor over the course of the year you generate $62,000 for your household—that would be the equivalent of spending $108,000. What the Federal Government is doing by borrowing 43 cents out of every dollar it spends is the equivalent to a family, a household in this country making $62,000, of spending $108,000. What family in America can do that? What small business in America can do that, can continue to borrow like that? They cannot. It is fundamental; you cannot do that.

The Federal Government does it. We continue to borrow from the Chinese, and we say we will pay the bills at a later date. But one thing most Americans understand is, No. 1, you can't spend money you don't have; and, No. 2, when you borrow money, it does have to be paid back. What we are looking at right now is deficits and debt mounting to the point that 10 years from today the amount that every household will owe in this country is $188,000.

How would you like to be a young couple just getting married, you just exchanged your marriage vows, and knowing when you start out your life as a family you are going to get a wedding gift from the Federal Government to the tune of a $188,000 IOU? That is in effect what we are doing to the next generation of Americans.

That is the backdrop against which this whole health care debate gets underway. We have deficits and debt that is piling up to the tune of $188,000 per household at the end of the year 2019. So we ought to be looking at how we, No. 1, solve the health care crisis in a fiscally responsible way that does not spend trillions of more dollars and raise taxes and borrow more and more money.

Those are all issues I think need to be very carefully considered by all Members of the Senate as we make these important votes.

The other point I will make is this: There are, in the proposals that have been put forward—in all of them—tax increases to pay for this. The most recent version, the Finance Committee bill, is a $1.7 trillion cost over a 10-year period. That is the least expensive, I might add, of all the bills that have been produced so far. There are five bills that have been produced by the Congress. The Finance Committee bill, to their credit, is at least the least costly of those, $1.7 trillion over 10 years. That is still $1.7 trillion in new spending.

Bear in mind that we already have a Medicare system which is destined for bankruptcy in the year 2017. We have all kinds of other long-term liabilities and Social Security and Medicaid and entitlement programs that pile up. We are going to have to do something about those at some point. Yet here we are talking about adding an almost $2

trillion new entitlement on top of that crumbling foundation. I think most Americans would take issue with elected leaders who would do that, would take a program that literally is on the verge of bankruptcy and try to add another $2 trillion program on top of it.

There is the overall cost of it to the taxpayers, but it is also how it is paid for. Obviously, it has to be paid for somehow or we deal with this issue of borrowing, which I mentioned earlier, so what is being proposed is a series of tax increases and a series of reductions—cuts in Medicare programs.

The Medicare cuts are going to be bad enough. Medicare Advantage takes a big whack, which is going to affect a lot of seniors around the country. The providers take a whack; hospitals, home health agencies, hospices, all those things will take a big whack. But you also have about $400 billion of tax increases embedded into the latest version of the proposal—much higher than that in some of the other bills moving through the House—but nevertheless the American public is going to be handed the bill for this which will inevitably lead to higher taxes. So much so that the Joint Committee on Taxation, the Congressional Budget Office have estimated that 71 percent of the penalty will hit people earning less than $250,000 a year. That conflicts and contradicts directly the commitment the President made of not raising taxes on people making less than $250,000 a year.

They have also gone so far as to say the taxes that would be imposed, and there are a series of taxes as I said—insurance companies will be hit with taxes—the Congressional Budget Office said those taxes will be passed on, dollar for dollar, to people across this country. So the insurance companies, yes, they may remit the taxes, but they are going to pass on the cost. So you are going to see not only higher taxes on the insurance companies that get passed on in the form of higher premiums to individuals in this country—in other words, you are going to have higher insurance costs—but you also have taxes put in here that hit people who do not have health insurance. Those taxes get up to be about $1,500 per year for people who do not have insurance. So people would be penalized, and that would apply, again, across all spectrums of earners, wage earners in this country.

But the CBO, as I said earlier, estimated 71 percent of that penalty is going to fall on people who earn less than $250,000 a year. If you project on further—this, again, is the Congressional Budget Office and the Joint Committee on Taxation—they have said by the year 2019 89 percent of the taxes will be paid by taxpayers earning less than $200,000 a year. So that huge tax burden, that $400 billion initially that will grow when the bill is fully implemented, will fall disproportionately on people making less than $250,000 a year; 89 percent of those taxes paid by taxpayers earning less than $250,000 a year.

So the enormous amounts of taxation that are contemplated in this bill—in addition to the Medicare cuts that are proposed to pay for and finance these changes in health care—are being passed off as health care reform.

My view on this is, No. 1, we, the American people, need to know these facts. I think what that would suggest is there ought to be an ample amount of time when we finally do have a bill. I know the Finance Committee is marking up their version of it. They expect to report it out later this week. But what we are going to see reported out is concepts, generalities. We do not have a bill with legislative language to react to yet. That is going to be put together with the bill produced by the Health, Education, Labor and Pensions Committee earlier. Those will be merged. At some point, that will be reduced to legislative language. When it is, we expect it will be in excess of 1,000 pages.

We now are talking conservatively about having a bill on the Senate floor, not next week but the week after, which will be fully longer than 1,000 pages, none of which any Member of the Senate has yet seen. The American people, the people who are going to be most impacted, will not have had an opportunity to be engaged in this debate or have their voices heard. So we need to make sure, at a minimum, we slow this process down so we take it step by step so we are not rushing to do something very quickly and hurriedly that would be a big mistake for the American people.

I suggest at a minimum we ought to have a very transparent, open process. When we have a bill, if it is in excess of 1,000 pages, that we have plenty of time not only for Members of the Senate to review it and read it and understand it but also for the American people to have that same opportunity.

There were amendments offered in the Senate Finance Committee that would allow a 72-hour period. That seems to be reasonable. That is 3 days, 3 days to look at something in excess of 1,000 pages. Yet that was voted down. My Republican colleagues on the committee offered that amendment, and it was voted down by the Democratic majority on the committee. But 72 hours at a minimum—I can't imagine that you could contemplate and fully grasp and understand that amount, that volume of information, and that kind of a bill in 72 hours, to start with. But at a minimum that should have been passed. That amendment was defeated at the Senate Finance Committee as were a number of other amendments that were offered by my colleagues on the Republican side.

Having said that, first off I think we ought to have an ample amount of time to review this bill. Second, I argue in terms of the process itself that rather than throwing overboard, throwing away what is a very—it is flawed. We have a flawed health care system in this country. It is not perfect. OK? It has its problems. We all acknowledge that. We can fix those problems. But we should not throw everything good about it overboard. This will create all kinds of new government involvement and intervention in the decisions pertaining to health care. Now government is going to dictate what kinds of insurance plans or what should be in an insurance plan that, in order to be in compliance with this bill, you would have to be able to put forward. So people are going to have less and less choice, less and less freedom. Government is going to have more and more say, more control, more decision-making.

I think most people across this country find that to be very threatening. I think they are genuinely, honestly concerned about having the government have more and more influence on one-sixth of the economy on an issue that is as personal to them as their health care.

At a minimum, they ought to have an opportunity to review the bill. Second, we ought to take this thing and do it step by step and not throw it all overboard, not take what is good about the American health care system and throw it in the ditch simply because it has some flaws that need to be fixed. Those issues can be addressed.

We need to cover those who don't have coverage. We need to try to address the issue of cost. But these bills do not do that. We have not seen a bill yet, of the five that are being worked on in Congress, that, No. 1, reduces health care costs.

They all bend the cost curve up. You ask the Congressional Budget Office, and in every circumstance they will tell you: This does not reduce or drive down health care costs; it actually increases health care costs for most Americans.

Secondly, we have not had a bill yet that is actually what I would not characterize as a budget buster. All of these bills are several trillion dollars, as I said earlier, on top of programs that are destined for bankruptcy in the very near future.

Let's start slow. Let's take this step by step. Let's do this in a way that allows the American people to be engaged in this debate. It does affect them and their livelihoods in a very personal way. It does affect their pocketbooks. It will raise their taxes. And it will also—again, not my words; the Congressional Budget Office's—''lead to higher health care costs, not lower health care costs,'' which, at the end of day, was that not the whole purpose of this exercise in the first place?

So we are going to do everything we can on our side to open this and allow the American people to see it, to give ample time for them to be engaged and, secondly, to make sure that when health care reform is done by Congress, it is done in a way that is consistent with what I think most Americans believe should be done; that is, reducing

and driving down health care costs, not increasing premiums as these bills do, not spending trillions of dollars of their tax dollars in piling on additional entitlement programs on programs that are already going out of business here in the next few years. But we should do it in a way that is fiscally responsible. I think that is the least the American people expect of us. I think we ought to deliver on that. We ought to deliver on health care reform but reform that truly accomplishes those important goals.

I yield the floor.

The PRESIDING OFFICER (Mr. UDALL of Colorado.) The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent that I be recognized to speak as in morning business.

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

Mr. INHOFE. It is my understanding that we have someone coming down wanting to speak, but there are a couple of things I wanted to mention.

First of all, when the Senator from South Dakota talks about health care reform, there are some things we can do for health care reform that we have promoted for quite some time. Certainly, medical malpractice is very significant. It is a huge cost. Defensive costs are a very large part of our health care costs. HSAs came into being a few years ago, and we have pilot programs where they—let's keep in mind, health care is the only product or service in America that I know of where there is no encouragement to shop around. Well, if you have HSAs, this is encouragement because if you spend less, you can enjoy the benefits of that; that is, put that into other programs. So I think there are some things we can do.

The second thing I would say about the subject that was covered very well by the Senator from South Dakota is that we don't know for sure what is going to be in the bill that comes out, but we do know this: Speaker PELOSI, over on the House side, has said that any bill that comes out of conference is going to have a government option. So they can masquerade it, they can talk about co-ops, they can talk about all of these things; we are going to eventually get something that comes out of conference and it is going to have a government option. That is, some people would say, socialized medicine. You can't compete with the government and have a system that has delivered the benefits our system has.

CAP AND TRADE

Secondly, the Senator from South Dakota could just as well be talking about another piece of legislation that is up right now; that is, the cap-and-trade bill. It is another one that has the same thing where you do not know the blanks.

Last Wednesday, there was a news conference by the Senator from Massachusetts, Mr. KERRY, and the Senator from California, Mrs. BOXER, and they gave this program—they talked about this new kind of cap and trade, but they did not give any specifics. Nothing that was in there was specific in terms of where is the cap, how does the trading take place, how does the rationing take place.

The bottom line is this, though: Anything that has to do with any kind of cap and trade is going to be at least—at least—a $300 billion annual tax increase. That was true back as long ago as the late 1990s when the Kyoto bill was up. We had the Kyoto bill; they did a study on this thing; it was done by the Wharton School of Economics. They said that the cost of this, if we were to comply with the restrictions of that treaty, would be somewhere between $300 and $330 billion a year. To put that into perspective, because sometimes it is confusing when you are talking about billion dollars and trillions of dollars, I remember the largest tax increase that was a general tax increase was back in 1993 in the Clinton-Gore White House, and it was $32 billion. So this would be 10 times that amount.

So we have had several bills in the Senate since that time, and I would only say this: This is a different debate. It is going to come up and we are going to have a chance to talk about it. But the bottom line is that the Administrator of the EPA, Lisa Jackson, a very fine person, a person who was appointed by President Obama, made the statement that if we were to pass the Waxman-Markey bill, something like that, sign it into law, it wouldn't have the effect of reducing CO_2 at all. The reason is very obvious: We would only be doing that here in the United States.

AMENDMENT NO. 2566 TO H.R. 3326

Lastly, I did want to make one comment about a couple of votes that are going to come up, or at least one vote that is coming up at 3:45 today. My junior Senator from Oklahoma, Mr. COBURN, has an amendment. It is an excellent amendment. It is one I will support, although I have to say that I was tempted not to because I would only like to start the ball rolling, that if this body is willing to redefine what an earmark is, we could be unanimous on this side. An earmark should be an appropriation without authorization. This has been a 200-year fight between authorizers and appropriators, and if we will get to the point where we will accept the fact that if something has gone through the scrutiny of an authorization—the highway bill is a good example of this. We have 30 criteria in that authorization bill. We come up with criteria to determine how much should be spent in different categories. And on the floor, there are always things coming up that did not go through the authorization process, and therefore I would call those earmarks.

So I would only say this: In the amendment Senator COBURN has, it is going to address some 55 that are called earmarks, of which 6 were authorized. I would like to be able to take those six out. I don't know whether we can do that. It would be very difficult to do prior to the vote.

But nonetheless, for future reference, if we are going to talk about earmarks, I think we need to define what an earmark is. It is an appropriation that has not been authorized. That is the thing we need to get after, and that will be one of my new wars I am starting.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

AMENDMENT NO. 2601 TO H.R. 3326

Mr. SANDERS. Mr. President, I want to use this opportunity to say a few words about an amendment that will be voted on later this afternoon, and it is the Sanders-Dorgan Yellow Ribbon outreach amendment, No. 2601.

Every Member of the Senate knows that we have seen many thousands of soldiers coming home from Iraq and Afghanistan and they have come home with post-traumatic stress disorder in very large numbers. They have come home with traumatic brain injury, TBI, also at frightening numbers. The government, in a number of ways, has developed many programs to try to provide help and medical care for these brave soldiers and for their families.

In Vermont, a couple of years ago, we helped establish what I think is an excellent program that many other States around the country are beginning to look at, and the basic premise of the program we have established in Vermont is that while it is enormously important to make sure those who come home from Iraq and Afghanistan get the best services possible, we establish those health care services, those services don't mean anything unless the soldiers are able to take advantage of the services.

Given the nature of PTSD and TBI, that is sometimes, especially for the members of the Reserve and National Guard, very difficult. So you will have instances, especially in rural America, where people will come home from Iraq, they are going to be in emotional trouble, and there are going to be strains and stresses on their families, with their kids. They may be suffering from PTSD, but one of the symptoms of PTSD is you do not stand up and say: You know what, I have troubles and I need help. That is not what you do.

What we established in Vermont was an outreach program which was largely filled with the veterans from Iraq who would go out to the communities and drop in and sit down with soldiers and their wives face to face and just get a sense of how they are doing and through that personal visitation suggest to them that if there is a problem, they might want to take advantage of the services the VA is providing, which in my State are quite good, and to make them aware that it is not unusual, that they are not the only people who are dealing with PTSD or TBI. In truth, this outreach program has been quite successful.

Some years ago, the Congress established a Yellow Ribbon Program which is doing a good job, and the goal of that program is to educate people who come home from Iraq and Afghanistan about the services available to them. But we have not yet funded the kind of strong outreach effort that I believe we need where we are literally sending people out to National Guard families, especially maybe in rural areas, and making them understand that their problems are not unique, that there are services available to help them.

So outreach is the word here. We do it in Vermont in a very informal way, just person to person.

This amendment is $20 million, and the offset comes from the $126 billion in funds in title IX of the bill. It does not cut any one particular account. This $20 million represents a fraction of 1 percent of the entire title.

So the issue here is that we have a serious problem with PTSD and TBI. I think it is terribly important that we do everything we can on a personal level to reach out to the families to get them the services they need. But, once again, you can have the greatest service in the world—I know we are trying. The Department of Defense is trying its best—but those services don't mean anything if veterans don't access them. So the goal is to get people into the services.

I would very much appreciate support for the Sanders-Dorgan amendment which will be coming up in a while.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

AMENDMENT NO. 2583 TO H.R. 3326

Mr. TESTER. Mr. President, later today the Senate will vote on the McCain amendment No. 2583. This amendment would terminate funding for research and development of the Army's full-scale hypersonic test facility known as the MARIAH hypersonic wind tunnel.

The MARIAH Hypersonic Wind Tunnel Program is under development in Butte, MT. It is the Nation's only program to develop the wind tunnel technology required to test and evaluate new hypersonic missiles, space access vehicles, and other advanced propulsion technology, technology the Air Force says we will need.

MARIAH will be the first true air hypersonic wind tunnel program. The program has met its technical milestones and has not encountered significant setbacks. In fact, the Army Aviation Missile Command has given this project high marks. Here is what the Army has said:

> This research has shown great potential to be used in a missile test facility and is the only technology shown to have any possibility of meeting the requirement for a Missile Scale Hypersonic Wind Tunnel.

The Army has asked the MARIAH Program to provide testing capabilities at speeds of up to Mach 12. This is the next generation of hypersonic flight, something that has never been done before. To get to that capability, cutting-edge research and technologies are required.

The program already has provided very real and discernible benefits to both the scientific community as well as our armed services. There is no other facility in the world capable of meeting the performance requirements at Mach 8 and above.

According to a 2000 Air Force Science Advisory Board report, this type of testing will be needed for space access vehicles, global reach aircraft, and missiles that require air-breathing propulsion to reach speeds above Mach 8.

The MARIAH project has worked with Princeton University and Lawrence Livermore and Sandia National Laboratories to develop technologies and computer modeling that exists nowhere else in the world.

The team has achieved world records by reaching test pressures of over 200,000 psi.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. TESTER. I ask unanimous consent for additional time.

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

It also has developed one of the most powerful electron beams in the world.

Working with Sandia National Labs, MARIAH has developed a 1-megawatt electron beam to boost the energy supply needed to generate the enormous pressures required in a wind tunnel of this caliber.

It is the most powerful electron beam in the world, and its benefits can be applied well beyond this project to include shipboard missile defense, large-scale sterilization of food, mail and other items that could have a biohazard or bioweapon contaminant.

In conjunction with Princeton University, MARIAH has successfully developed three-dimensional computational fluid dynamic computer models capable of simulating the previously unexplored physics necessary for the Mach 8 and above conditions.

This is groundbreaking research that must be done before any missile, rocket or aircraft can be tested at hypsersonic speeds.

Why does this matter? Why do we care about hypersonic capabilities?

The answer is foreign competition and foreign capabilities.

We know that Russia, China, and others are aggressively developing a new type of missile that is believed to be too fast for U.S. missile defense systems that are either planned or in use.

In particular, the India-Russia joint venture BrahMos is now engaged in laboratory testing of supersonic cruise and antiship missiles capable of speeds in excess of Mach 5.

According to the Air Force Research Labs' report of April 2009 entitled ''Ballistic and Cruise Missile Threats'':

Russian officials claim a new class of hypersonic vehicle is being developed to allow Russian strategic missiles to penetrate missile defense systems.

That report is referring to comments made by the commander of the Russian rocket forces who said last December that ''By 2015 to 2020 the Russian strategic rocket forces will have new complete missile systems . . . capable of carrying out any tasks, including in conditions where an enemy uses anti-missile defense measures.'' This is a direct reference to hypersonic capabilities.

And yet some have said our military does not need this technology.

But when it comes to figuring out how to defeat this potential threat, I believe we should look into the future, not look back at reports that are 5 or 10 years old.

This project is about seeing a potential threat to our national defense looming on the horizon and finding a way to defeat it. It is vital to our national security.

I urge my colleagues to reject the McCain amendment.

I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2010

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 3326, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 3326) making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Coburn amendment No. 2565, to ensure transparency and accountability by providing that each Member of Congress and the Secretary of Defense has the ability to review $1,500,000,000 in taxpayer funds allocated to the National Guard and Reserve components of the Armed Forces.

Barrasso amendment No. 2567, to prohibit the use of funds for the Center on Climate Change and National Security of the Central Intelligence Agency.

Franken amendment No. 2588, to prohibit the use of funds for any Federal contract with Halliburton Company, KBR, Inc., any of their subsidiaries or affiliates, or any other contracting party if such contractor or a subcontractor at any tier under such contract requires that employees or independent contractors sign mandatory arbitration clauses regarding certain claims.

Franken (for Bond/Leahy) amendment No. 2596, to limit the early retirement of tactical aircraft.

Franken (for Coburn) amendment No. 2566, to restore $166,000,000 for the Armed Forces to prepare for and conduct combat operations, by eliminating low-priority congressionally directed spending items for all operations and maintenance accounts.

Sanders/Dorgan amendment No. 2601, to make available from Overseas Contingency Operations $20,000,000 for outreach and reintegration services under the Yellow Ribbon Reintegration Program.