

allow needed funding to be reallocated to more important, pressing needs of our military. Let's pass a Defense authorization bill actually contains the requests that our military has made. Madam President, \$1.75 billion for the F-22 has not been requested, and I agree with Chairman LEVIN, Senator MCCAIN, Presidents Obama and Bush.

I urge my colleagues to join in this effort to show fiscal restraint. Support the Levin-McCain amendment. The best way to defend our country is to listen to our military when it tells us to change the way we invest. Our fiscal health and our national security both depend on it.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. LEVIN. I ask unanimous consent that the order for the quorum call be rescinded.

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

RECESS

Mr. LEVIN. Madam President, I ask unanimous consent that the Senate stand in recess until 2:15.

There being no objection, the Senate, at 12:12 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Acting President pro tempore.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2010—Continued

The ACTING PRESIDENT pro tempore. The Senator from Kansas.

Mr. ROBERTS. Mr. President, I ask unanimous consent to proceed as in morning business to speak about the health care deliberations we are undertaking. I know we are under the Defense authorization bill. My remarks should not take that long.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. ROBERTS. Mr. President, as I indicated, I rise today to talk about health care reform and the hard truths that have so far been not hidden but I do not think have been very much aware to many Americans.

I was inspired to come to the Senate floor today because we are holding hearings in the HELP Committee—and we are holding hearings in the Finance Committee—and a series of events in the Health, Education, Labor, and Pensions Committee made me recall the observations of a well-respected public opinion analyst, pollster Daniel Yankelovich, founder of the New York Times/Yankelovich Poll.

The HELP Committee has been struggling—well, we have been working hard; “struggling” probably is not the right word; and many thanks to the chairman, CHRIS DODD, our ranking member, MIKE ENZI, and the members

of the HELP Committee—but we have been going through a multiweek markup that I think has been characterized by some very wishful thinking on the part of the majority members of that committee; namely, the hope or the wish that they can somehow not reveal the very real costs and tradeoffs raised by their health care reform bill. I think the American people ought to become more and more aware of this.

The bill the HELP Committee is marking up establishes all sorts of new government programs, all sorts of new government mandates and controls—all justified by the need to “rein in health care costs” and “increase health insurance coverage.” I know those are two very good and noble pursuits, which I support wholeheartedly. As a matter of fact, I think Republicans now have about six bills to do the same thing. They do not get much attention, but we have six bills.

But there is a big problem with this bill. It does neither of these things, in my opinion. It neither reduces costs, nor does it significantly increase coverage. In fact, it significantly increases costs for very little gain—“costs,” c-o-s-t-s. Remember that word. But my colleagues on the HELP Committee continue to wish and to hope they can obscure this reality through a barrage, really, of speeches and rhetoric and what I call misleading figures.

It has been this behavior that has caused me to recall Mr. Yankelovich's observations on something called the evolution of opinion. I am going to use that as the basis of my remarks—the evolution of opinion. The article was in Fortune magazine, and it jogged my memory in this regard. But, in any event, I think it serves as an important illustration of the health care reform process so far. Mr. Yankelovich observed that the evolution of a person's opinion could be traced through a continuum of seven stages. That is a fancy way of saying there are steps you go through when you are trying to think something through.

First, we have had daunting awareness: the realization that our health care system was not working for every American and needed to be addressed. I think everybody understands that.

The second stage, greater urgency: the economy began to go south and people who used to rely on their employer for health insurance began losing their jobs.

Then there is the third stage: reaching for solutions. Our committee has held hearings and began to meet with stakeholders. The administration met with stakeholders. The stakeholders, I think, probably met in good faith. And it has only been recently they have discovered they may have signed on to something that is very illusory, to say the least.

Fourth, the stage where many on the HELP Committee and elsewhere have arrived at today: the wishful thinking stage, the well-intentioned, romantic, simplistic, perhaps naive moment

where all one sees are the benefits, without considering the consequences—the law of unintended effects. For example: the totally misleading claim by the majority that the new data from the Congressional Budget Office revealed a much lower score for this bill, \$597 billion—a lot of money—while still expanding health insurance coverage to 97 percent of Americans. This claim is the very definition of “wishful thinking.” But facts are stubborn things. The actual CBO numbers say this bill leaves 34 million people still uninsured. That is not 97 percent coverage. In order to gain anywhere near 97 percent coverage, we would have to significantly expand Medicaid—a very expensive proposition which, according to CBO, adds about \$500 billion or more to the cost of this bill.

More wishful thinking: The \$597 billion cost was further artificially lowered through several budget maneuvers, such as a multiyear phase-in and a long-term care insurance program that will increase costs significantly outside the 10-year budget window CBO is required to use. Here we are passing a long-term insurance bill that goes beyond 10 years that CBO cannot even score.

After taking these realities into account, a more accurate 10-year score of this bill is closer to \$2 trillion. I said that right: not \$1 trillion—\$2 trillion.

This is when we should arrive at the fifth stage of opinion making: weighing the choices. Since the true cost of this bill is approximately \$2 trillion, we must own up to the American public about the tradeoffs. We must finally understand that the tradeoffs threaten a health care system that polls tell us has a 77-percent satisfaction rate.

This is not to say we should not undertake any reforms, but we need to honestly discuss the costs and benefits of reform proposals. And the majority's proposal is high on cost and low on benefits.

The No. 1 tradeoff that Americans need to know is, higher taxes. Remember when the President promised: If you make under \$250,000, you will not see your taxes increased, that you would actually see a tax cut. Well, like so many other pledges, those promises had an expiration date, and that date is rapidly approaching.

The bill raises \$36 billion in the first 10 years in new taxes on individuals who do not purchase health insurance. That is a penalty. It raises another \$52 billion in new taxes on employers who do not offer their employees health insurance.

As an aside, guess who suffers when the employer's taxes get raised? It certainly is not the employer. It is the employee who gets laid off or does not get a raise. It is the applicant who does not get hired. Even President Obama's own Budget Director admits this fact.

At least one economic survey estimates that an employer mandate to provide health insurance, such as the