

## HEALTH CARE

Mr. ALEXANDER. Mr. President, I see the majority leader is still on the floor, and I wish to thank him and the Republican leader for organizing last night's reception honoring Henry Clay, a great Senator, whose portrait will be hanging in the stairway outside of here. There was a time in history when Henry Clay, Daniel Webster, and John Calhoun were better known than the Presidents of the United States. That was in the 1850s, before the Civil War. It was good to take a moment all together, Democrats and Republicans, and think about that history and to honor the man who was known as the great compromiser, who during a time when our Nation was completely split over the Civil War, on three different occasions, found a way to try to bring it together. Of course, he died before the great war.

Mr. President, I ask unanimous consent that during the Republican morning business time I be permitted to enter into a colloquy with my colleagues Senator MCCAIN, Senator COBURN, Senator BROWBACK, Senator THUNE, and Senator MURKOWSKI, who will be here shortly.

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

Mr. ALEXANDER. Mr. President, health care reform is the agenda for the Nation and it ought to be. We, on the Republican side, want health care reform, but we want the right kind of health care reform. Our focus is on costs. Our focus is on the cost to each American as he or she buys their health care policy; our focus is on the cost of the Government of the United States, for which each American has a responsibility to pay. What we have to do is to reduce costs to make it easier for Americans to afford their health care and to afford their government.

Every single one of us knows that unless we reduce the increasing costs of health care we will not be able to pay our bills in Washington, DC. We are in the midst of appropriations bills, and there is well-meaning debate here about whether we should spend more money for national parks and for safe drinking water and other urgent needs we have. That is the bill we are talking about today—clean air. Well, we should spend money on those urgent needs. Americans want us to do that. But we can't have those dollars, as the Senator from Alabama pointed out yesterday, if we continue to increase the debt—trillions in debt—and run up the interest rate bill.

We are headed toward a situation where, by the end of this decade, we will be spending \$800 billion a year on debt—more than we spend on national defense, eight times as much as we spend from Washington on education this year. So those dollars could either be in the pockets of the American people for them to spend for themselves or we could be spending those dollars to clean the air, to relieve traffic conges-

tion or to provide Pell grants and student loans so Americans can go back to school. Those are the things government ought to be spending money on, not on increasing debt.

So health care reform is, first, about cost—the cost to Americans for their own health care policies and the cost of their debt. The President noted this the other night and said in his remarks to us and to the American people that the health care bill couldn't add one dime to the deficit. That is reassuring because the President's proposals are already adding \$9 trillion to the deficit over the next 10 years. He is doubling or tripling the national debt, which means he is adding more to the debt by a factor of two and then three than all the other Presidents put together. So surely we don't want to add more to it with a health care reform bill.

But when the President said that, he completely wiped out all the Democratic health care bills that have been proposed so far from the House and from the Senate. The Congressional Budget Office has said the Senate HELP Committee and the bills in the House all add to the debt in the first 10 years and in the years after that. So they should be off the table, according to the President's own standards.

Now we are looking at the Finance Committee in the Senate to see what they can do. Mr. BAUCUS, the Senator from Montana, has worked very hard in a good-faith, bipartisan way to try to develop a bipartisan bill—a comprehensive bill. But as we read the bill, there are a great many things to be worried about. For example, if you don't buy a health care plan, the IRS will tax you.

The President and George Stephanopoulos, on a Sunday show—and Senator GRAHAM said the President seemed to be on every Sunday show except the Food Channel—were talking about the definition of tax. So that is the first thing. The second is the Medicare cuts.

I see the Senator from Arizona has come, and I would say to the Senator, through the Chair, we have received permission from the Chair to engage in a colloquy between myself and other Republican Senators who might come. I have already pointed out that the President himself has disqualified all the plans our committee worked on, the HELP Committee and from the House, because they all add to the debt. Now we see the Baucus plan coming forward, and I wonder if the Senator from Arizona has had an opportunity to look at—of course, that is not a bill yet. We all understand that. It is just concepts, and we will want to make sure we have time to read the bill and to know what it costs. But I wonder if the Senator from Arizona has had an opportunity yet to form an opinion about whether the Baucus bill does what we had hoped, which is reduce the cost to the American people of what their insurance costs and reduce the cost to the American people of their government in Washington.

Mr. MCCAIN. Well, I thank my colleague from Tennessee and the great

work he has been doing. First of all, I would ask my friend if he has had the same experience I have had at townhall meetings and that is from one of the hand-done signs—not printed-out signs but one of the hand-done signs—which says: Have you read the bill? One of the first questions at the townhall meeting was: Have you read the bill? Of course, that is an impossibility for anyone to read the bill because there is no bill before the Finance Committee, it is my understanding. I understand it is about 200 pages of a "framework." I think the Senator from Tennessee and I are keenly aware that many times there is a comma, a word inserted here, a word taken out there which changes the entire legislative impact.

The American people are a lot smarter than we give them credit for. They know that in the middle of the night, many times legislation is written and turned into the kind of legislation that, frankly, unless you go through it page by page, word by word, you don't know the final impact. So what I, first, wish to say to my friend from Tennessee is that apparently the Finance Committee is working to turn out a legislative package that is not in legislative form, and I am curious how the Members would understand what is in it.

I guess the second point is, there is still no serious consideration of a couple of the fundamentals—medical malpractice or medical liability reform or, obviously, the ability to go across State lines to purchase insurance and allowing small businesses to pool their assets so they can compete for health insurance policies that large corporations are able to.

The other question I would ask, because I know my friend from Tennessee has had many roles in his long political life, has the Senator from Tennessee, as a former Governor, had any contact with the Governors and their organizations as to how much additional costs would be added to those States, which are already in dire shape—certainly mine is—in the form of additional Medicaid costs?

I notice the majority leader at first complained about the bill and the cost it might accrue to his State of Nevada, but I guess that has been fixed to his satisfaction. But I don't think the other States—a State such as mine, which is still looking at over a \$50 billion deficit—probably would be eager to absorb dramatically increased Medicaid costs. I wonder if my friend, a former Governor, former Cabinet member, former candidate for President, former dog catch—excuse me, someone who has had many roles in American life, would respond to that.

Mr. ALEXANDER. One of my friends said to me after I was Governor: Rooster today, feather duster tomorrow. And I am afraid I am in the feather duster category.

The Senator has made a terrific point. I want to go to the Senator from Oklahoma, who has just arrived, to

talk about this, one of the physicians in the Senate. But on the first point, we need to read the bill, and there is no bill. Yesterday, Republicans tried to get the Finance Committee to say once there is a bill that at least for 72 hours it would be on the Internet. Then we need to know what it costs because even the President said—

Mr. MCCAIN. If I might interrupt, if it were on the Internet for 72 hours, maybe as many Americans who wanted to would be able to read the bill themselves.

Mr. ALEXANDER. They could let us know what they think of it, and then we need to know what it costs.

As to Medicaid, every Governor in America is worried about this. The Democratic Governors and Republican Governors have said to us: If you want to expand the Medicaid Program, which the States pay 40 percent of, you pay for it because we can't raise State taxes or raise tuitions or cut the highway program to do that.

The Senator from Oklahoma heard Senator MCCAIN's question. The Senator from Oklahoma and Senator BARRASSO the Senator from Oklahoma has delivered thousands of babies, and the Senator from Wyoming is an orthopedic surgeon. They have been touring the country, listening to a lot of doctors and physicians and medical personnel. I wonder if you have a reaction, Senator COBURN, to the questions of Senator MCCAIN?

Mr. COBURN. First of all, let me say my biggest concern for my patients in this whole debate is, will the American consumer still have the power and the ability to select who is going to give them this most personal of all care when this is over? The answer to that is "no." It is not "no" for everybody, but it is a "no" for half of the American public. That is what it means.

Mr. MCCAIN. Would it be "no" for the individual who has employer-based health care and that employer then opts for the so-called public option, which would be a government-run health program? Could that employee see the same doctor?

Mr. COBURN. We don't know, but most likely half of them will not. The whole debate ought to be how do we get more value out of the health care system we have today rather than how do we add more money to the cost of health care to cover more people.

The reason my patients have trouble getting care is cost. Right now, they have choice, except if they are in Medicaid, and they have some choice if they are in Medicare because we are seeing a larger and larger percentage of doctors who cannot afford to take the Medicare reimbursements. But can they afford the care? This bill does nothing to lower health care costs. It does nothing to lower health care costs.

Mr. MCCAIN. Isn't it true, in fact, that the Congressional Budget Office has said that these increased costs, at least half of them, will be passed on to the individual?

Mr. ALEXANDER. I would say to the Senator from Arizona, that is exactly right. The Congressional Budget Office did an analysis of the impact of Senator BAUCUS's plan on insurance premiums. It showed the premiums for those in the individual market would go up. So, to the point of the Senator from Oklahoma, one of the effects of the one remaining bill that is being considered here, at a time when we are trying to reduce the cost to Americans of their policies and their government, is that premiums would go up.

Mr. COBURN. Premiums will.

Mr. MCCAIN. I have one very important question. There is no one who has led the fight against waste, fraud, and abuse more than Dr. COBURN!

Dr. COBURN, the President keeps saying we will eliminate all this fraud and abuse and waste. If we can, why don't we start tomorrow?

Mr. COBURN. I agree. We have offered for years a couple of ways to do this. I think it is important for the American people to know how much there is. The Department of Health and Human Services estimated in 2007—that is the last year for which they have numbers—that \$62 billion was improperly paid out of Medicare. The GAO, when they looked at that report, said: No, you are way off. It is at least \$85 billion, and we think it is higher.

If you look at that, that is almost 20 percent—20 cents out of every dollar—Medicaid pays out is lost to fraud. Why wouldn't we fix that first rather than say that if we fix it, we are going to take it from Medicare and put it somewhere else, when the trust fund, the HI trust fund, the hospital insurance fund, is going to be belly-up in 2017?

Mr. ALEXANDER. Mr. President, I ask Senator COBURN, isn't it true that, under the Baucus plan, about half of it would be paid for by Medicare cuts, which would then be spent on a new program?

Mr. COBURN. That is right. And Medicare is already unsustainable. So what is going to happen? There is another factor, which is we have it fixed that, with this bill, there will not be a big cut to the payments to doctors under Medicare. But in the years that follow that, there will be a 25-percent cut. If access is a problem for Medicare patients today, it is going to get worse. It is part of the lack of truth in this bill that they do not address what we have set in motion to take dollars away from the health care industry.

Mr. MCCAIN. May I ask Dr. COBURN again, if we start tomorrow, what can we do?

Mr. COBURN. The first thing is you put uncovered patients in the Medicare system and you put people in jail who are defrauding Medicare. If 30 or 40 doctors went to jail in the next 6 months in this country, you would lower Medicare costs by 10 percent because all of a sudden they would start thinking about: I can't skirt this. I can't play this game. I can't do it. The risk is too high.

As a matter of fact, here is one of the things we know. In Florida, the drug dealers have switched from being drug dealers to Medicare suppliers because they can make more money defrauding the Federal Government. It is harder to get caught and the penalties, when you are caught, are less than when you are dealing drugs. Consequently, we have all these people in the business of defrauding Medicare, and there has not been a plan that has been effective in cutting Medicare fraud because nobody knows—and the government is all about Medicare. So it, by its very design, is designed to be defrauded. We should make structural changes so it is not and with that get better care and lower cost care, like paying for outcomes rather than paying the American Medical Association to use their CPT code.

Mr. ALEXANDER. The Senators from South Dakota and Kansas have joined us.

Senator MCCAIN is leading a colloquy on the Baucus bill and health care.

I wonder, I ask Senator THUNE, if you see the Baucus bill as a bill—it is not a bill yet—that is likely to reduce costs?

Mr. THUNE. I think that is the big question about all of these various pieces of legislation we have had in front of us. What do they do to reduce costs? Even the Congressional Budget Office has said repeatedly, in this bill in particular, the Baucus bill, the most recent version of a health care reform proposal here, there is a \$1.7 trillion cost over 10 years when fully implemented.

If you actually look at what it does for most people in this country, they are going to see their health care costs not go down but go up. The premiums are actually going to increase. The reason for that is many of the taxes imposed in the bill to help pay for the cost of the \$1.7 trillion expansion are going to get passed on. So the people who get hurt by this are hard-working Americans who are expecting, if Congress is actually reforming health care, that would mean health care costs, the costs people pay for premiums for their health care coverage, would actually go down. The Congressional Budget Office, under questions that were raised yesterday by some of our colleagues, responded that dollar for dollar, those additional—those taxes that would be imposed to pay for this would actually be passed on and you would see higher health care costs.

So there has not been anything in this entire debate yet, or any of the bills that have been put before various committees or that eventually we assume will be considered on the floor here in the Senate and in the House of Representatives, that has actually impacted costs in a way that they go down, that reduces the overall cost for the people in this country.

Furthermore—and I talked about this with the Senator from Tennessee; we had this discussion on the floor yesterday—many Americans, those I heard

from in my State of South Dakota during the month of August in the many conversations I had out there, are very concerned. They are really concerned about two issues: one is control, one is cost. Who is going to control their health care? Is the Federal Government going to do it, the bureaucrat in Washington, DC? In this country, are we ceding one-sixth of our economy, more and more control to the people in Washington, DC? The Baucus bill, inasmuch as it doesn't at this moment contain the government plan, still assumes a high level of government involvement, government intervention. The government would determine which health care plans it would have to approve, which would meet the standards the government set. So you have a high level of government intervention with this plan as you have had with all the other plans.

But perhaps even more important—and this is the issue I think most Americans are really homing in on—is the cost. What is the cost to me as a taxpayer? In this case, \$1.7 trillion over a 10-year period when fully implemented. And does it reduce my cost of health care? They are going to look at it two different ways. One is, what am I going to have to owe in the form of higher taxes to finance this; and second, how is it going to impact the cost of health care for me in terms of the premiums I pay? I think it is fair to say—it is not what we are saying, it is what the Congressional Budget Office has determined—that actually the cost of health care for a lot of Americans, under this proposal, the Baucus proposal, is going to go up.

Mr. ALEXANDER. Senator THUNE, I see the Senator from Kansas is here. I wonder if Senator BROWNBACK from Kansas or you from South Dakota have been hearing from your constituents about the possibility of shifting costs from Washington to the States when, because we in Washington say it is a great idea to expand Medicaid, then we shift some of the cost of that to the State, the State taxes go up or State services go down. I wonder if you have heard anything from the people of Kansas about that, Senator BROWNBACK?

Mr. BROWNBACK. I certainly have. I appreciate the Senator from Tennessee leading this discussion and also asking that question. As a former Governor, he has dealt with these issues. He knows that when Washington dictates something—or too often Washington will dangle a little bit of money out here and say: We would like the State to do this, and here is a little money to get it started. Then 3 years in the program, 5 years in the program, the money is pulled away at the Federal level and the State is left with trying to fund this.

It is on two levels that I get it at the State level: No. 1, trying to drive so many more people into Medicaid; that is, by raising the amount of coverage of people in Medicaid, it then gets a big price tag with it—at the Federal level

initially and at the State level as well—and State budgets are really strapped right now. I was just talking with some State legislators yesterday, and they are looking at a multiple hundreds of millions of dollars hole next year—that alone, without adding additional Medicaid requirements from the Federal Government on top of that. It is clearly a huge problem for them if you are going to add a cost at a time when they don't have the funds.

The Federal Government, much of it, is saying: We are going to pay for it initially, and the proposals under Baucus are to pay for most of it initially, but I don't think there is any question that then, over time, the State is going to have to assume a bigger role of that, and that is going to be up to State responsibility.

Mr. ALEXANDER. I believe the National Governors Association chairman, of Vermont, said that all Democratic Governors as well as all Republican Governors said: Don't shift it to us. If you want to expand Medicaid from Washington, pay for it from Washington.

Mr. BROWNBACK. Pay for it and pay for it completely. But this is also a more pernicious piece of this, and that is we have 40 percent of our physicians in Kansas saying they are not taking more Medicaid patients. That is 40 percent now. Now you are talking about expanding Medicaid, the number of people in Medicaid, when 40 percent of your doctors are saying: We aren't taking them. You are saying: Why won't the doctors take it? It is not that they don't want to have Medicaid patients, but it is the reimbursement ratios they get. Listen to these numbers from MedPAC saying that Medicare provider reimbursement rates are about 80 percent of private insurance. So private insurance, and then 80 percent of that is Medicare, and then Medicaid is 72 percent of Medicare. So you are cutting it back even further, to the point that physicians are saying: I just can't afford to take more.

Mr. ALEXANDER. Medicaid is the largest government program we have today, bigger than Medicare; it has low-income Americans in every State. I believe the Baucus proposal plans to add about 11 million more low-income Americans to this plan that 40 percent of doctors will not see patients for?

Mr. BROWNBACK. They won't see them. Now what you are doing is driving people into a system that is a very low reimbursement system, that physicians are, almost half, saying: We won't take any more.

My concern here is that you are going to drive people in this system where you are not going to be able to get health care; they are not going to be able to get health care at all because of these reimbursement rates, because of the reimbursement rates physicians are having under Medicaid.

So I think that is a deadly piece of this overall proposal. It is the cost to the States, and then it is also that you

are driving people into an area where providers are fleeing and heading out of.

Mr. ALEXANDER. We have 5 minutes left. We will go to Senator THUNE and let Senator BROWNBACK wrap up our time.

But “Medicare cuts,” those are scary words to most Americans. And some people say: Well, you Republicans are trying to scare the seniors of America when you say the words “Medicare cuts.”

But is it not a fact that the Baucus plan would cut Medicare by about \$500 billion and use it for a different program instead of shoring up the Medicare Program?

Mr. THUNE. We know for a fact that the Medicare trustees have said the Medicare Program is destined to be bankrupt in the year 2017. So Medicare is already on an unsustainable path. It needs to be shored up. And what we are talking about doing is getting savings, if you want to call them that, or “cuts,” I would say out of Medicare to create a whole new entitlement program here in Washington, instead of fixing and making more sustainable a Medicare Program that, as I said, is destined for bankruptcy by the year 2017.

I think most seniors and most providers around the country are going to be very concerned about the idea of having cuts in the Medicare Program, \$500 billion, as the Senator from Tennessee has mentioned, go to paying for this new entitlement program which, as I said earlier, over a 10-year period is going to cost \$1.7 trillion.

So I think you are not only going to have, as the Senator mentioned, a lot of providers very concerned about cuts, I think you are going to have an awful lot of seniors who are concerned about how their Medicare benefits are going to be impacted by this proposal. I would add to what the Senator has already talked about, and I know the Senator from Tennessee's Governor has called some of these Medicaid expansions “the mother of all unfunded mandates.”

I have had numerous conversations with my Governor in my State of South Dakota about this. It would cost our State about \$45 million a year, new revenues they would have to raise, to meet the matching requirements under this expansion of Medicaid.

In my State of South Dakota, that is real money. I know that does not sound like a lot out here in Washington. But that really is. My Governor is very concerned, as are all Governors, about the impacts not just on Federal budgets but on State budgets.

Of course, as the Senator from Tennessee and the Senator from Kansas have pointed out, Medicare—and I might add, I love the quote from the CEO of Mayo, which the Senator from Tennessee has mentioned, “If the public plan looks like Medicare, I think the country would go broke almost

overnight," because Medicare is already proposed to go broke by 2015 to 2017.

I think that is the problem we run into when we try and build upon a foundation that is already crumbling. The Medicare Program is destined to go bankrupt. We are talking about adding a whole new entitlement. Instead of trying to figure out how to plow some of these savings back into Medicare and make it sustainable, we are actually adding to and building upon a foundation that is already crumbling.

Mr. ALEXANDER. We have about a minute and a half left in our time. I wonder if Senator BROWNBACK would conclude.

Mr. BROWNBACK. Mr. President, I think to put it in Kansas-type terms, if you are talking about taking savings from Medicare to start a whole new health care entitlement program, that is like writing a big fat check on a completely overdrawn bank account to buy a new car.

You are going: Now, well, who would do something like that? When you are saying: Well, that is what the Federal Government is looking at doing in this proposal that Senator BAUCUS has put forward.

Medicare is not sustainable. It is not fiscally sound. You are going to write an overdraft check on that to start a whole new program that you do not have the wherewithal to do, that most Americans do not want to see you do because they want to see you fix the current program and get it on a sustainable basis.

It does not make sense. It is out of the stream of thought of the American public. We ought to back up, stop, and go at this in incremental changes, to get costs down and more people covered, that do not drive costs up, that do not do a big federal takeover of the system.

Mr. ALEXANDER. I thank Senators THUNE and BROWNBACK.

Obviously, we believe that instead of a 1,000-page bill, we should do what Senator BROWNBACK said. We should go step by step to re-earn the trust of the American people. For example, permitting small business plans to pool their resources to offer more insurance to a million people; buying insurance across State lines; stopping runaway junk lawsuits against doctors; signing up those people already eligible for Medicaid and SCHIP; and encouraging technology.

All of those are steps we can agree on and reduce costs, without running trillions of dollars of new debt, more taxes, and Medicare cuts. I thank the Senators from South Dakota and Kansas for participating in our colloquy.

I yield the floor.

#### RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER (Mrs. SHAHEEN). The Republican leader is recognized.

#### HEALTH CARE WEEK X, DAY III

Mr. MCCONNELL. Madam President, over the past several months, the American people have made their voices heard in the debate over health care. Everyone is frustrated at the high cost of even routine services and procedures. But the good news is this: everyone agrees that these are real and pressing issues and that Congress can and should do something to help.

Unfortunately, the Democrat plan being contemplated here in Congress is not content simply to address the problems at hand. Instead, this plan uses these problems as an excuse to dismantle the current health care system, slap together a new one as quickly as possible, and force it on the American people whether they like it or not.

That is what is going on this week in the hearing room of the Finance Committee.

The U.S. Congress is hashing out the details of an enormously complicated bill that calls for a massive expansion of Washington's role in the health decisions of every single American. And when they are done, they plan to rush this so-called reform through Congress and force it on a country that is overwhelmingly opposed to it.

But there is really only one thing Americans need to know about this legislation: When all the talking is through, what is left is this: a trillion dollar experiment that cuts Medicare, raises taxes, and threatens the health care options that millions of Americans enjoy.

The administration has been telling Americans for months and months that if they like the coverage they have, they can keep it. Whoever believes this apparently is not familiar with the bill that Democrats in Congress want the President to sign. If they were, they would realize that it creates a new government standard for coverage, and that anyone who falls below that standard will be forced to buy a different health plan.

Government would tell you which plans you can have and which ones you can not, and if you do not like the plan they suggest, then you will have to send a check to Washington. You will get taxed. That is government expansion. Americans do not want it.

Americans are worried about spending. It seems like every time they turn around they are hearing about another trillion-dollar spending bill coming out of Washington. Well here is another. Once again, it is being rushed through Congress, and once again, we will not have enough time to read it. They made sure of that yesterday. My Republican colleague from Kentucky, Senator BUNNING, offered an amendment to give senators the time they need to study the details. Democrats struck it down.

Taxes are already high enough. They are about to get higher. This legislation will lead to significantly higher taxes on just about everybody in America. If you have health insurance, you

are taxed. If you do not have health insurance, you are taxed. If you need prescription medicine, you are taxed. If you need a medical device, you are taxed.

All these taxes would be bad enough if they were not so hard to understand.

For months we have been hearing that the goal of reform is to lower costs. Yet any school kid in America can tell you that raising taxes on something raises its cost. And every nonpartisan, independent study we have seen confirms this basic economic principle. Despite all the talk of lowering costs, all these higher taxes mean that, as a result of this legislation, health care costs are headed in one direction, and that is up.

What is worse, the Joint Committee on Taxation and the Congressional Budget Office say that some of the worst taxes would fall squarely on the backs of consumers: not on the rich, but on ordinary Americans who are already struggling through a recession.

Seniors take a serious hit from this legislation, either through cuts in services that millions of them currently enjoy, or by being forced off the plans they have. All told, this bill calls for nearly \$140 billion in cuts to Medicare Advantage; nearly \$120 billion in Medicare cuts for hospitals that care for seniors; more than \$40 billion in cuts to home health agencies; and nearly \$8 billion in cuts to hospice care.

Everyone agrees Medicare needs reform. This is not reform. This is a massive raid on a program millions of seniors depend on in order to cover the cost of another new government program. This bill uses Medicare as a piggy bank to pay for this experiment.

There is no question that Americans want health care reform. They want lower costs. They want greater access. They want commonsense reforms, like a plan to get rid of junk lawsuits on doctors and hospitals and to level the playing field when it comes to taxes on health plans. But what they are getting from Congress instead is a trillion-dollar experiment that cuts Medicare, raises taxes, and threatens the health care options that millions of Americans now enjoy. And here is the worst part: they are being told that all this has to be rushed through Congress on some artificial timeline.

Americans have been asking us to slow down. Congress is doing the opposite.

This is not how Americans expect us to do their business. We need nonpartisan groups like the Congressional Budget Office to tell us how much this legislation will cost and how we would pay for it, and we need to slow down and get it right. We need to give Members of Congress the time they need to understand what they are going to be voting on. And we need to give the American people the time they need to understand this legislation too. This bill is too big, too costly, and too important to allow anything less.

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