

and lending is down. Deregulating our capital markets could temporarily infuse our markets with more cash, but at what cost? The cost could be quite great. As Jessie Eisinger stated in his ProPublica column on March 14:

It's been about a year now since Chinese reverse-merger companies collapsed. In that scandal, dozens of those small Chinese companies went public in the United States without having to run the gauntlet of the Securities and Exchange Commission's registration rules. After they blew up by the boatload, the SEC cracked down and tightened its rules. Since then, short-sellers' pickings have been slim. By allowing new public small companies to not disclose financial information for years, the bill will provide new targets for short-selling hedge funds.

Like Mr. Eisinger, I believe the House bill as currently drafted basically makes markets less transparent and more subject to manipulation. What the House bill clearly does not do is address the needs that I hear about from employers in my State.

The economy consists of a lot of moving pieces. Economic recovery on its own will do more to reverse the decline in business activity than any provision in the House bill. Moreover, the House bill doesn't include provisions that I am hearing from Rhode Island employers would actually be helpful to creating jobs, such as Small Business Administration loans and export assistance. As a result, our amendment actually includes a number of already tried and true, tested job-creating measures. It is estimated, for example, that by reauthorizing the Export-Import Bank, our amendment would support an estimated 288,000 American jobs at more than 3,600 U.S. companies in more than 2,000 communities.

Other provisions in our amendment would expand the Small Business Investment Company Program, supporting more small business startups in communities across the United States.

Finally, we continue a modification to the Small Business Administration 504 Loan Program to allow for the refinancing for short-term commercial real estate debt. This provision has proved essential for many small businesses with short-term debt. As we have been looking at the House bill more closely, I think we have all been learning that it is not doing what it was advertised as doing, which is creating more jobs. We need to slow down and go through an appropriate amendment process in the Senate.

As Barbara Roper, director of investor protection for the Consumer Federation of America, recently stated in a March 11, 2012, San Francisco Chronicle article, the House bill as currently drafted is "completely bipolar." On one hand, we are trying to make it easier and less expensive for companies to go public. On the other hand, by increasing the shareholder threshold in the legislation, the House is actually encouraging and letting companies stay private or go private and avoid an IPO.

I urge all my colleagues on both sides of the aisle to take up the Reed-Lan-

drieu-Levin amendment as the base text of the legislation and engage in both a robust debate and amendment process. Our securities markets deserve just as much attention as our Nation's transportation system, and we spent several weeks dealing with the Transportation bill on the Senate floor. The Reed-Landrieu-Levin amendment is a much better place to start this debate on how to improve access to capital in our securities markets without opening them up to unnecessary fraud and manipulation.

With that, I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. JOHNSON of Wisconsin. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. MANCHIN). Without objection, it is so ordered.

ORDER OF PROCEDURE

Mr. JOHNSON of Wisconsin. I ask unanimous consent to enter into a colloquy with my Republican colleagues for up to 45 minutes.

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

HEALTH CARE

Mr. JOHNSON of Wisconsin. Mr. President, I wasn't here when they passed the Patient Protection and Affordable Care Act. This week will mark the second anniversary of what I call a very Orwellian name for that piece of legislation because I personally do not believe it is going to protect patients, nor do I believe it is going to improve the affordability of our health care system.

The reason I ran for the Senate was primarily because of this law. I certainly recognized how it was going to result in a lower quality of health care, how it was going to lead to rationing, and how it was going to severely limit the amount of medical innovation we enjoy in this country. In particular, I was offended by the political process demonizing doctors and health care providers, demonizing the health care system in order to pass this health care law.

The reason that offended me is a very personal story. It has to do with my daughter who was born with a very serious congenital heart defect, her aorta and pulmonary artery were reversed. So her first day of life, the doctors—who President Obama said would take out a set of tonsils for a few extra dollars—saved her life within the very first few hours of life. Then, 8 months later, when her heart was only the size of a small plum, another incredibly dedicated and incredibly skilled team of medical professionals totally reconstructed the upper chamber of her

heart. Her heart operates backwards now, but she is 28 years old and now she is a nurse herself in a neonatal intensive care unit and she is taking care of those babies.

So when they passed the Patient Protection and Affordable Care Act, I knew the health care system that saved my daughter was at risk. I also knew this health care law was in no way, shape or form going to reduce our Federal deficit. It is just not possible. How can we expect to add 25 million people to government-run health care and reduce the deficit at the same time?

The reason they were able to put forward that fiction is they proposed a piece of legislation that would have revenue, fees, taxes, and penalties for 10 years, while at the same time only providing benefits for the last 6 years of that time period. Basically, what they did was to say we will raise revenue for 10 years of about \$1.1 trillion, and we will have 6 years' worth of cost, a little under \$1 trillion. That was the fiction.

Half of that revenue generated is going to be in taxes, fees, and penalties. Personally, by increasing taxes and increasing fees on things such as medical insurance, on medical devices, and on pharmaceuticals, I don't see how that bends the cost curve down. It would not bend the cost curve down. It is the same logic this President has used when he is talking about high gasoline prices. He says by increasing taxes on oil companies we will reduce the price of gas. It is just not possible. Increasing fees on providers, reducing reimbursement rates to providers is not going to bend the cost curve down. It is basically not going to happen.

The other half of the pay-fors—the other half of that \$1.1 trillion—was proposed reductions basically in payments to Medicare providers. Congress, I would say wisely, has not enacted the sustainable growth rate cuts to providers because they realize, if they do that, access for seniors to medical care will be reduced. I don't see how, if we reduce Medicare by \$529 billion, that same access also would not be reduced. From my standpoint, I think it is highly unlikely Congress will actually enact that \$529 billion worth of reductions to Medicare. When they do not do that, the \$143 billion reduction in our deficit, that fiction, will totally go away.

Another reason for that fiction being exposed is because, fortunately, Congress realized the CLASS Act portion of ObamaCare simply wasn't going to save the money they said it was going to save. It simply wasn't sustainable. Budget Committee Chairman KENT CONRAD actually called the CLASS Act a Ponzi scheme. So this administration has decided not to move forward with its implementation. In doing so, that is removing \$70 billion of revenue from that budgetary fiction.

I know Senator KYL has been following this very carefully, in terms of

what is going to happen to our Federal budget, and I am wondering if Senator KYL would want to comment on how he sees the real effect of the health care law on the Federal budget and why that is not going to save us \$143 billion in the first year and probably result in far greater costs to the Federal Government if this thing is actually implemented.

Mr. KYL. Mr. President, I would say my colleague from Wisconsin is absolutely right. Let me first of all say, millions of citizens around this country have gotten engaged for the same reason as my colleague did; as a normal citizen, running his business, he saw what was happening here and he decided to get involved. Not everyone can run for the Senate successfully and come back to Washington to bring that message from America right here to the Senate Chamber, but he has done it, and I commend him for his leadership.

Yes, he is absolutely right. It turns out that his predictions and those of us who were on the Senate floor when this bill passed into law saying it was going to cost a lot more than our Democratic friends said; that it was going to cost a lot more than the Congressional Budget Office estimated, well, now the numbers are in and here they are.

The nonpartisan Congressional Budget Office last week just released its updated figures, and it shows that the real cost of the ObamaCare subsidy spending is going to almost double. When ObamaCare was passed, they estimated the cost would be \$938 billion. That is on the Medicaid part as well as the taxpayer-funded health insurance subsidies. As my colleague said, that is a 10-year cost. Of course, part of the game is that they are collecting money over 10 years but only paying benefits over 6 and that can make it look pretty good, as my colleague said. But it turns out, when CBO had to reexamine, now with 2 years' experience, what they found is, looking at the entire 10-year budget window, the true size of this cost was masked. Now that we have a clearer picture, voila, CBO says the projected amount is \$1.7 trillion over 10 years. In other words, ObamaCare is going to cost more than \$700 billion more than CBO estimated at the time the law was passed.

How can they miscalculate by almost double, from \$938 billion to now \$1.7 trillion? It is not CBO's fault. CBO is a bunch of accountants. They take what we give them and do their figuring. As the Senator from Wisconsin said, what the Senate Democrats and the President gave them was just part of the picture. They said: We are going to give you 10 years' worth of revenues, but we are only going to give you 6 years' worth of expenses. See how that works out. I wish we could all do our private budgets at home that way.

Here is another way to look at it. We have all heard of a mortgage with a bubble payment at the end. That is, in effect, what this was. They basically

said: Look, we know CBO has to estimate 10-year budgets, so we have a great idea on how to make this cost less. We will put some of the big expenditures in years 11 and 12. Voila, 10 years of expenditures, not too bad. But now that 2 years have passed and we are now looking at a 10-year budget that goes out 10 more years from now—12 years from when ObamaCare was first calculated—it turns out when we add in years No. 11 and 12, it adds hugely to the cost—\$700 billion worth.

We all said this at the time. It was a trick. It was smoke and mirrors. They were pulling a fast one on the American people. We said that. But we heard: Oh no. You can trust CBO. Sure, we could trust CBO as far as they could calculate it. But if one had said, how about years 11 and 12, they would have had to say: That is another story, but we weren't asked about that.

I say to my friend from Wisconsin, he is exactly right. Now the chickens have come home to roost. Now we know what the real cost of this is going to be and, oh, by the way, if we want to go out over the entire period once the law is fully implemented—remember, ObamaCare has not been fully implemented yet. So what happens when we calculate its full cost when truly implemented? The Budget Committee, on which Senator SESSIONS sits, says total spending under ObamaCare will reach \$2.6 trillion. So these are the real costs we have to pay attention to, not just the estimates that were made at the time they were trying to get the law passed.

I might either ask the Senator from Wisconsin or our ranking member on the Budget Committee, what about this? If we use real numbers and real costs, are the American taxpayers going to be on the hook for something akin to \$2.6 trillion, according to the Budget Committee? That is a lot of money.

Mr. JOHNSON of Wisconsin. I wish to point out, the numbers Senator KYL is talking about are CBO projections, just using a different timeframe. That isn't even taking into account what I have been talking about is an even more significant risk to the deficit, and that is one particular CBO estimate that says, on net, only 1 million Americans will lose their employer-sponsored care.

There are 154 million Americans who get their employer-sponsored care from employer-sponsored plans. To assume that only 1 million people will lose that coverage and get forced into the exchanges is absurd, particularly when we have a study by a very reputable firm, McKinsey & Company, surveying 1,300 employers, which said 30 to 50 percent of employers plan on dropping coverage and having their employees go into the exchanges. It is pretty easy to understand why that might happen. Right now, the health care law is 2,700 pages; there have been another 12,000 pages of rules and regulations. So employers looking at the health care law are looking at, Do I try and comply

with, do I try and understand 15,000 pages of regulations and then pay \$20,000 for a family plan—which is the new CBO estimate for a family plan in the year 2016. Do I do that or pay the \$2,000 penalty?

With ObamaCare, they are not exposing their employees to a financial risk. They are making them eligible for huge subsidies, \$10,000, if they have a household income of \$64,000.

So I will throw it over to Senator SESSIONS on the Budget Committee. My concern is we are not even beginning to contemplate what the effects of that might be. What does the Senator think of that?

Mr. SESSIONS. I couldn't agree more about the concerns the Senator raised.

Senator JOHNSON was a successful businessman. He provided health insurance for his employees. He had to purchase it. I will just ask him one quick question. Based on his experience—a year and a half ago he was doing this business. What are the incentives for a business that is already in existence, providing health care, why might they not continue to provide it? Why might a new company, a startup company, a small business that hopes to grow and have hundreds of employees—why might they never start with employer-based health care?

Mr. JOHNSON of Wisconsin. Again, it is becoming so complex. It is becoming so expensive. Again, the big difference ObamaCare throws into the equation is, in the past, responsible employers—and most employers truly care about the people who work with them—wouldn't have dreamed of exposing their employees to financial risk that would be obvious if they didn't provide health care insurance. But with ObamaCare, that is not what is happening. Now these exchanges will be available as well as huge subsidies.

I am not aware of too many large Federal subsidies that go unused, and that is my concern. So the equation is totally different now. It is going to be totally different under ObamaCare.

My question for CBO—I know they just conducted a study and did some sensitivity analysis, but they didn't go anywhere near far enough, from my standpoint. I think the largest number of employees they took a look at might have been 20 million individuals. But when we have 154 million Americans getting employer-sponsored care and the McKinsey study saying half of those, more than 75 million—I think we need to take a very serious look at what effect on our budget that would have.

Mr. SESSIONS. I think all of us need to be listening to this because it is something that was not sufficiently considered during the debate; that is, that dramatically more employers may quit providing insurance, new companies that get started will not provide it, people will be on the exchanges, and it will cost far more than was expected. That is an entirely new issue.

Assuming the low numbers the Congressional Budget Office said will go

into the exchanges, just taking the numbers they assumed, let me point out what Senator KYL said. President Obama, in an exact quote to the joint session of Congress when he was promoting this legislation, not some off-the-cuff figure, said this:

Now, add it all up. And the plan I'm proposing will cost around \$900 billion over 10 years—

This was a deliberate attempt, as has been suggested, to manipulate the figures because the taxes started right away, but the spending was 4 years delayed essentially, so we only have 6 years of spending under the plan. It also excluded many other provisions.

For example, the bureaucratic implementation costs were not counted. The amount of effort, even the IRS will have to hire people who have to be involved, and this was not counted. New spending to close the Medicare doughnut hole. We didn't have the money in 2002 or 2003 to fund that provision. We have never been in worse shape. We are borrowing 40 cents of every \$1 we spend, far worse than we were. Next year will be the fifth consecutive \$1 trillion deficit. We don't have the money. So now we are spending more on that program that we don't have, the new or early retiree program.

So once we add all the different provisions in the health care law, total gross spending over the original 10 years, when only 6 years is being paid for—over 10 years is actually 1.4 trillion. Those are the numbers we have. So this was a misrepresentation. This is from 2010 through 2019, 1.4 trillion. But when we add all the costs over the first full 10 years of this health care bill, it will be \$2.6 trillion.

The point is, the bill is not good health policy. The American people oppose it overwhelmingly. Absolutely, we do not have the money. We have never had a more systemic death threat to America, and it is so painful to see this happen.

I thank Senator JOHNSON for his energy, for the commitment he has brought to this issue. He has seen it on the other side, the real-world side, and he is helping to motivate us all to explain to the American people the dangers of the bill.

Mr. JOHNSON of Wisconsin. I wish to ask Senator SESSIONS a question. We have talked about this in the past. I know a lot of people talked about the Medicare cuts being double counted, and I never quite understood exactly what that was. Can the Senator maybe explain a little bit to the American people what that means.

Mr. SESSIONS. Yes.

As a part of the funding for the ObamaCare legislation, there was an increase in Medicare taxes and a cut in Medicare benefits totaling \$400 billion. That money was used to fund the new health care bill by the U.S. Treasury, an entirely new program. But it is Medicare's money. It is not the Treasury's money. Medicare has trustees. Medicare loaned the money to the U.S.

Treasury. It was borrowed money that was used to fund this bill, not money that came in new and free of charge. Since Medicare is going into default and going to claim its debt in a few years, the Federal Government is simply going to have to either raise taxes, cut spending somewhere else or, more likely, convert the borrowing from Medicare, borrow money on the open market from China and other places, and then pay Medicare back.

It is, as the CBO Director told me in a letter, December 23, the night before we voted: You are double counting the money.

No wonder this country is going broke. This isn't extra money. Half the original estimate of the bill, \$900 billion, was funded by borrowed money from Medicare. This is how this country is surging in its debt and why we are in danger of the entire economy entering into collapse.

Mr. JOHNSON of Wisconsin. Does the Senator believe those Medicare savings will actually be realized? Does the Senator believe Congress will actually enact those savings?

Mr. SESSIONS. That is a good point, because in the past we have attempted and claimed we were going to make savings in Medicare and they never occurred.

What I am saying is if these savings were to occur and if the new taxes on Medicare go into effect, as they are, that money is what is being used to fund an entirely new health care program. There is real doubt it will ever achieve those savings in Medicare, because if we keep cutting doctors and we keep cutting hospitals, they can't keep doing work. They will start refusing Medicare and Medicaid work. We are in that position already on some of the cuts that we rescind every year because we know the health care system would collapse if those cuts were to go into effect.

Mr. JOHNSON of Wisconsin. That is one of my concerns. Let's say we actually do enact those cuts to Medicare and we don't reimburse providers and doctors in some cases to even cover their costs.

I know this is hard to get to, but I have read where only 60 percent of providers are willing to see and treat Medicaid patients. Now what we are going to be doing is adding 25 million new individuals onto Medicaid rolls, where only 67 percent of providers are seeing those.

I would ask Senator BOOZMAN, because he is not only a new Senator but also a doctor and he ran a business, would he comment on that as well. I think he has some comments in terms of how this health care law will be affecting employment and jobs.

Mr. BOOZMAN. I appreciate the Senator's leadership in this area. I also appreciate the fact that he jumped out and ran for the office and was elected, because we desperately need people such as Senator JOHNSON, people who were successful businessmen who un-

derstand the unintended consequences of much of what we do. I, similar to the Senator, also have a firsthand understanding of this issue from an employer's perspective and maybe a little bit unique perspective.

Before I came to Congress, I practiced optometry and helped run an eye care clinic with my nine other partners for 24 years. So when President Obama's health care bill came before us when I was in the House, I fully understood, from both the medical provider and from the business aspect, that from both accounts, it was the wrong approach to the problem of rising health care costs and, with the Doctors Caucus in the House, worked very hard to highlight the problems and to also highlight the alternative options working through the free market approach.

There is no doubt about it, we are facing a serious crisis. Health care costs are crippling Americans. Many Americans lack access to quality health care. It is stifling our Nation's overall economic development. There are real difficulties with physicians and hospitals that they face when it comes to accessibility and affordability of health care services. But despite all that, there is a right way and a wrong way to address the problem. The President's health care law is simply the wrong approach and the wrong answer.

Coming with a pricetag of \$1.75 trillion, the law causes many more problems than it solves. It is not lowering health care costs, as we are seeing. In fact, it is driving them up. It is not deficit neutral. It is a budget buster.

Because of Medicare cuts, because of the way it is set up, it is going to lead to rationing and decreased quality of care. It will not help the economy. In fact, it is further stalling the recovery.

On that note, specifically, the President's health care law makes it difficult for small business owners to hire more employees. At a time when our economic recovery continues to lag, the concerns over new mandates, confusing rules, and additional taxes in the law have small business owners rightfully concerned. Again, I can appreciate this in the sense of not only being an eye care provider, a health care provider, but somebody who had 85 employees.

Far from getting jobs, as the President promised, it is estimated the law will actually result in 800,000 fewer jobs over the next decade. It is almost as if the law was written with no input from America's small business owners and the health care providers that will run it.

In the 24 years I was at our clinic in northwest Arkansas, we grew our staff from 5 employees to 85. My colleague from Wisconsin can attest to the fact that guiding one's business to the point where one can add personnel is not an easy task. It takes strategic planning and management, but it also takes an economic environment that allows small businesses to expand, invest, and

hire. Instead of doing that, the health care law furthers the climate of uncertainty that our job creators already face.

Small business owners are certainly hurting in this economy. They are worrying about tax hikes that Washington keeps threatening to force upon them. They see an enormous flood of regulations coming their way. Gas prices keep skyrocketing. Profits are way down as a result of the sluggish economy. There is so much uncertainty, what mandates will evolve from this health care law and ultimately what these costs will be for small business owners only adds to that unease.

When interviewed, business owners said that the major concern that keeps them from hiring—and I have been out and about as much as anybody in the last 2 years, and this is exactly what I am hearing—is the uncertainty caused by the cost that they believe they will incur by the new health care law. We need to repeal and replace it with health care reform based on a free market system.

Mr. JOHNSON of Wisconsin. I thank Senator BOOZMAN. I think it is extremely important for us, in the next coming weeks and months, to paint a very accurate picture for the American people about what our health care system is going to look like, what our Federal budget is going to look like, the effect on American jobs and our economy, and the effect on our freedoms that we are going to witness if this health care law is fully implemented. I think it is critical we provide the American people that type of information.

Of course I know Senator ROBERTS has some thoughts in terms of how this health care law will affect jobs and our economy. He has been very good at describing some of the nonsense regulations that are being undertaken by this administration. I want Senator ROBERTS to share his thoughts about what he thinks—paint us a picture of what is America going to look like under this health care law.

Mr. ROBERTS. No. 1, I want to give the Senator a lot of credit for leading this colloquy in regard to where we are 2 years from the passage. It is hard to say what it is. Now it is ACA, the Affordable Care Act; it used to be PPACA, the acronym, which I thought was very appropriate. Of course if you politicize it, it is called ObamaCare. I don't mean to do that in this debate. But I do thank the Senator for focusing on jobs and costs.

I thank Senator KYL for a CBO truth. He ought to start a new program like the old show "Truth Or Consequences." Senator KYL pointed out the consequences. He pointed out the consequences, when you ask the CBO for a score when you are going to try to pass the bill, they will give you exactly what you want, but the truth is down the road it costs an awful lot more.

There is one person you left out in terms of the CBO telling the truth and

that is Richard Foster, who is the Actuary down at the Department of Health and Human Services. That man ought to get a Purple Heart, a Medal of Honor—not a Medal of Honor, just give him a Purple Heart and maybe a Bronze Star for action in the war zone and then maybe a Medal of Freedom later.

Senator SESSIONS, who is our resident bulldog on the budget, hit it on the second counting. I thank him for that. That is a half trillion dollars. The other half of that is that it is a half trillion that goes to all these exchanges and the rules and regulations in setting up the Affordable Health Care Act. Basically, it denies Medicare reimbursement to all sorts of folks—doctors, nurses, hospices, pharmacists, ambulance drivers, hospital administrators—on and on. We had a health care summit in Topeka, KS, and 34 regulations popped out of the woodwork. We could have had 164 but we sent the 34 in to the Secretary of HHS. Then he went out to Hays, KS. That is really out there in the rural health care system. We had seven different regulations. I hope later when we have a colloquy on regulations we can certainly insert those into the RECORD.

Senator BOOZMAN, who is a physician, gave a standpoint of what happens in regard to rationing.

Let me get Senator BOOZMAN's attention for a minute. Do you know who enforces this thing, at the end of the year if you do not sign up, if you do not put on your tax return, which I assume it will be, in terms of what kind of coverage you have? It is the IRS. The IRS is going to be the enforcement entity in regard to whether you have a provider. If you do not, you get fined.

Stop and think a minute about what is going on, and all the waivers that have been going on in terms of who is enforcing this. Your friendly Internal Revenue Service—what—reinforcer? I have a lot of feeling about this.

I took the floor today to discuss something called promises made and promises not kept. I tell the distinguished Senator from Wisconsin, of all the words that come back to bite you, this one has. That is the famous statement prior to passage of the health care reform law by the President: "If you like your health care plan, you can keep it." I will give him credit, he may have believed it then. But as we pointed out with Senator KYL, Senator SESSIONS, Senator BOOZMAN, Senator JOHNSON—that is not the case. I didn't believe it then and I said so. Neither did Senator SESSIONS. Neither did Senator KYL. Those two are here now, taking a good look at it. They don't believe it either.

Why? It is pretty simple. Employers and health care providers told me that when the majority of the provisions of the health care reform law would take effect, it would be more affordable for an employer to simply stop offering their employee coverage and pay a penalty rather than face the predictable

increase in premiums and to continue to offer any coverage.

Now these predictions have turned into facts. A new study just released by McKinsey & Co., a consulting company, predicts large numbers of workers will be shifted into the health exchanges in 2014. That is a shift that folks should be worried about—exactly what you are talking about, Senator JOHNSON. Literally thousands of regulations and waivers are pouring out of the Department of Health and Human Services; in fact, to date, 12,307 pages of additional regulations to restrict personal freedom and micromanage the private market.

To make matters worse, there is the predictable worry that the exchanges would be better described as much like Medicaid HMOs. That is the kind of service we can expect to get and that threatens access, choice of doctors, and not to mention the rationing regime that will be the marching order of the day. I will have a lot to say about that in the colloquy in the next several days.

At the time the President made his promise, the CBO estimated that, as Senator KYL pointed out, only about 7 percent of employees covered by employer-sponsored insurance would make the switch, or be forced to switch, to taxpayer-subsidized exchanges. Now I tell the Senator, study after study is releasing facts and figures that find the health care reform law will cause many or even most employers to quit offering their current health insurance.

In a survey by benefits consultants at Lockton, when asked about the cost of notifying employees of changes required by or resulting from health care reform law, they said each notification will cost \$1 to \$3 per employee. Talk about cost. This would raise costs by tens of thousands of dollars or more for some firms and nearly one in five firms is considering terminating coverage outright, thanks to the law.

With each study the numbers go up. The McKinsey survey found that 45 to 50 percent of employers say they "will definitely or probably" pursue alternatives to their existing health care plans. Even more alarming, some 30 percent of employers will simply stop offering any coverage. Those are the facts. There are more to come.

I am going on too long here, I understand that. I simply say again I thank my colleagues. Contrary to this administration's seeming belief, there is no such thing as free health care. Somebody does pay. In this case the American taxpayers will be forced to foot the bill for workers whose employer-sponsored coverage has been dropped due to health care reform.

There is another quote I wish to mention. It should be the subject of another colloquy. There is absolutely no rationing in this bill, it is just scare talk. Want to bet? There is nothing that hurts the truth more than stretching it. With PPACA or ACA or

ObamaCare, jobs and costs will be stressed beyond the limit.

I truly thank the Senator for sponsoring this colloquy.

Mr. JOHNSON of Wisconsin. I appreciate the comments of the Senator. He mentioned rationing. What is the Independent Advisory Board for? Do you have a clue? To me that would somewhat lead, potentially, to rationing. I would be suspicious of that. Senator KYL stood up here. He may have some additional comments.

Mr. KYL. Yes. I would say when my colleague from Kansas talked about the free care, it reminded me of the old saw: You think insurance is expensive now, just wait until it is free. That is the point. Somebody has to pay for it at the end of the day, and we just happen to have some new statistics how this is working out now that CBO has had a chance to examine how ObamaCare plays out. Here is their newest estimate. We are talking about real costs to real families.

CBO now estimates that ObamaCare will increase premiums by 10 to 13 percent. To make that number real, that is a \$2,100 annual increase in the cost for the average family of purchasing their own insurance coverage. Six separate private actuarial analyses have all indicated ObamaCare will increase premiums with projected increases ranging as high as 60 percent.

Why is that so? It is like a balloon; you push in on one side, it pops out the other. Health care is still going to cost. Doctors still have to treat people, hospitals still have to take care, pay the people who work in the hospitals and so on. It is not free, as our colleague from Kansas is pointing out. Somebody has to pay for it. If the government cannot afford it, then what the insurance companies have to do is charge the extra expense to the people in the private insurance market.

When the President complains about why insurance costs are going so high, he only has himself to blame. If the government is not going to reimburse the providers adequately, they have to get the money from the private sector. That is why the \$2,100 annual increase in the cost of insurance for the average family, because of the cost shifting that is going on. It is a result of the way the government designs the insurance that is provided for in ObamaCare. It hits the young people especially hard because they are the ones who have to buy insurance they do not need, according to America's Health Insurance Plans. Premiums increase 48 percent for people between 18 and 29 years old. That is in only 42 of the 50 States, premium increases of 48 percent. Then of course they also tax health insurance, which we end up paying for because that cost is passed on to us in the form of higher insurance premiums. That is a \$60 billion tax on health insurance added on top of the new taxes on innovation, on new pharmaceutical products, on new medical devices. The taxes that are included in

ObamaCare on those are all passed on to consumers in the form of higher prices.

The bottom line is we are paying for all this one way or the other, either through new taxes, through what we pay to the government, or through what we pay in our private insurance, because the physicians and hospitals have to make up the money one way or the other.

The bottom line is that ObamaCare, which was supposed to have reduced costs, ends up increasing them. By the way, it was supposed to expand the numbers of people who are covered but now we find that, according to Milliman, which is a private association estimating the cost here, actuaries there have estimated the cost shift from government programs, Medicare and Medicaid, totals \$38.8 billion a year, adding \$1,788 to a family's insurance policy. That is on top of what I spoke of before.

This cost shift obviously will greatly increase with ObamaCare's Medicaid and Medicare cuts, which are further on down the road here. That will cause premiums to skyrocket even more.

The bottom line is that we were right when we said it: The law is going to drive up insurance premiums for families, it is going to drive up taxes, it is going to reduce innovation. At the end of the day, it doesn't cover more people. All in all, a great success, I would say.

Mr. JOHNSON of Wisconsin. I remember back in Oshkosh, WI, President Obama famously promised: If you pass this health care law, the average costs per family would decline by \$2,500 per year. That is one of those broken promises that Senator ROBERTS was mentioning earlier.

Mr. ROBERTS. The Senator asked me about IPAB. It is not an iPad or an iPhone or whatever. I am sure Apple has nothing to do with it.

Well, the administration, in response to a lot of concern about rationing, wrote an op-ed and sent it to many different publications and said, "[T]he claims that the board will ration care are simply false." At the time, I repeated my concerns over and over again. Senator KYL will remember those days in the Finance Committee. I think everybody left when I started my rant. And the health care reform law's potential to ration care—I made speech after speech—is not only IPAB; there is the CMS Innovation Center, the new authority granted to the U.S. Preventive Services Task Force, the Patient-Centered Outcomes Research Institute, and finally IPAB, and that is not a toothpaste.

At the time, the American public was told over and over that these provisions of the health care reform law would not result in the rationing of care, loss of access, or reduced quality. But once again the Medicare Actuary, Richard Foster—bravest man in the government—and many others have noted that the kinds of payment reduc-

tions contemplated by IPAB will amount to a de facto rationing by reducing access to care. The Actuary has stated that the payment reductions in the law could "jeopardize access to care for beneficiaries"—senior beneficiaries. He also predicted that the IPAB reductions in particular would be difficult to achieve in practice because of the access-related harm to seniors that would result. That is IPAB for you.

Mr. JOHNSON of Wisconsin. Earlier Senator ROBERTS mentioned the U.S. Preventive Services Task Force. Wasn't that the agency that proposed denying women mammograms until they reached the age of 50?

Mr. ROBERTS. That is correct. For every proposal like that, thank goodness there has been a reaction by the public and the medical profession and everybody else to say: Wait a minute, this doesn't make any sense. Again, it is an agenda-oriented board or commission or whatever that comes under the banner of rationing.

I have a wonderful chart I will show to you in the next colloquy in regard to the four rations—and one was just mentioned—and then ask me about IPAB. They are a little benign. I am going to have to change the caricatures. They are like the four horsemen of the apocalypse in regard to the health care system of the United States. As you look at each one of them and what they are doing, they are rationing care. They are rationing care.

Mr. JOHNSON of Wisconsin. If this is implemented, we are just beginning to see the tip of the iceberg of the assault on our freedom that this is going to represent.

Mr. BOOZMAN. I think this rationing is such an important situation. We are already seeing rationing right now. As an optometrist more than being a Senator, I get calls all the time from people who have moved into town and they can't find a health care provider for their aunt or uncle who is in the Medicare age group. Physicians are definitely cutting back because of the payment plan.

Seniors are smart enough to figure out that you can't add 30 percent more patients under this plan, and along with that, there is no increase in physician fees, no increase in the infrastructure required to take care of them. Something has to give, and that is going to be two things: quality of care and rationing.

The same thing is true of Medicaid. In Arkansas, we are going to have to increase our Medicaid rolls by 250,000 people. Our State only has 3 million people to begin with. Again, something has to give. How do you pay for that? The reality is that will cost us in the neighborhood of \$400 million. Where will that come from? It will come from providers. It will come from decreased funding for education, roads, and things like that. Again, you can't do this without rationing and consolidation.

Mr. JOHNSON of Wisconsin. I think the bottom line of this health care law is that it is basically going to increase demand while at the same time reducing supply, and that is not a good thing. It is certainly not the way you bend the cost curve down.

I understand Senator SESSIONS has a few more comments.

Mr. SESSIONS. Senator KYL and the Senator from Kansas, as he has indicated, were engaged in this cost curve-bending plan. The essence of the President's proposal—it went to the core of other proposals financially—was that by a Federal Government expansion of our authority, we would bend the cost curve and make health care cheaper for all Americans. That was a fundamental principle that was sold to businesspeople, and some businesspeople thought it was a great idea, but it has not happened. Already the premiums in private health care in America have gone up \$2,000, almost \$200 a month, and we are going to see it continue to go up. It does not bend the cost curve down. In fact, we are seeing the opposite occur.

We have to know that our per-person government debt—Senator JOHNSON is on the Budget Committee, and he knows this—is worse than any other Western world nation. Per capita, we have more debt than Greece, Spain, Italy, and Ireland, with \$44,000 per person that every man, woman, and child owes. And if the President submitted a budget and if it were to be enacted—and certainly it will not be—that would go to \$75,000 per person in 10 years.

This health care bill is dramatically adding to that. Every expert we have had at the Budget Committee has told us that we are on an unsustainable spending and debt path that will lead to financial collapse. Erskine Bowles and Alan Simpson, who chaired President Obama's debt commission, both issued a written statement that America has never faced a more predictable financial crisis. What they told us was that spending and running up debt as we are today guarantees a financial collapse that could impact every person in America and deeply impact our ability to have health care in this country.

So I think we have to recognize that the Republican-controlled House of Representatives will unveil a budget plan tomorrow. The Senate is not going to bring up a budget. The Democratic leader said it is foolish to have a budget, so we will go for the third consecutive year without even attempting to pass a budget. It is supposed to be out of the committee by April 1. It is supposed to be passed by April 15. The House is going to do it. They are going to step up to the plate, and they are going to lay out a plan like they did last year, a plan that will change the debt course of America, a plan that would put us on a sustainable path so that we don't have to fear financial collapse.

They are going to look at this legislation, and it cannot be imposed. We do not have the money. It is going to make health care worse, as we have heard, but more than that, we simply—even if it were a good idea, a nice thing to have, we do not have the money. We are borrowing 40 cents of every dollar we spend, and they misrepresented the cost. It is far higher than anyone has expected, and it is going to continue.

For example, our people have looked at the CBO score—on the Budget Committee—and they have analyzed it fairly, and I am prepared to defend these numbers. Based on CBO's scores, from 2014—the first year the law is really in effect—until 2023, it will cost \$2.66 trillion. It is far more than was projected. How much money is that? Over the same 10-year period, we would spend \$626 billion on Federal highways. We had been fighting over highways, and we finally passed a highway bill. The Federal money for the whole highway system would be \$626 billion, while we are adding a new program that is improperly funded for \$2,600 billion. Over the next 10 years, we expect to spend \$1,000 billion for education, and this health care cost is going to be \$2,600 billion. We have disasters. We spend a lot of money on disasters. It is expected that we will spend \$111 billion on disasters, whereas we will spend \$2.6 trillion on the health care bill.

This is the kind of thing that has the American people asking us: Are you crazy? How can you borrow 40 cents of every dollar you spend, as we are doing today. How can you do that to America? What is the matter with you people?

They say people back home are not smart, they are just angry. Well, aren't they right to be angry? We are adding a program that is financially unsound, that is going to make health care worse, and we don't have the money. This money needs to be used to save Medicare and Social Security—programs that are already in great jeopardy. If we have money, we have to use it to save them, not start a new program of massive proportions that, over 60, 75 years, is going to cost far more than anyone imagines.

I thank Senator JOHNSON for raising this, and I am concerned about the costs. I know Senator BOOZMAN and others have talked about the rationing. There are a lot of reasons why we simply can't go forward with this health care bill. It must be eliminated as we know it. We can make reforms, but this legislation cannot go into effect.

Mr. JOHNSON of Wisconsin. I certainly appreciate Senator SESSIONS' comments and those of Senator ROBERTS, Senator KYL, and Senator BOOZMAN.

There are two points I would like to make. It is important to understand that all these numbers we are talking about are estimates. The Federal Government is not particularly good at making those estimates because if you think back to 1965 when they first

passed Medicare, they projected out about 25 years and said that in 1990 it will cost \$12 billion. In fact, it ended up costing \$110 billion—nine times the original cost estimate.

The other point you were making is, Does it make sense for the Federal Government to take over one-sixth of our economy? When I went back to Wisconsin, I asked that question of thousands of individuals. Do you really believe the Federal Government can take over one-sixth of our economy—the health care sector—and do it effectively and efficiently? I asked that to thousands of people. I have had two brave souls raise their hands. The fact is, the American people do not believe the American Government is capable of doing that.

In closing, I would like to remind everybody what Speaker PELOSI very famously said: We have to pass this bill so we can find out what is in it.

I know Senator SESSIONS and Senator BOOZMAN are dedicated to making sure we don't have to fully implement the health care law before we did figure out what it truly costs us because it could bankrupt this Nation.

I yield the floor.

The PRESIDING OFFICER (Mr. COONS). The Senator from Connecticut.

GAS PRICES

Mr. BLUMENTHAL. Mr. President, yesterday the average price of gasoline in Connecticut topped \$4 a gallon—the fifth highest average price in the country. Across the Nation, prices are fast approaching that amount for every American. The rising cost of gasoline is a real, harsh, and unacceptable fact of life for ordinary Americans. It is crushing to the average consumer, it is stifling economic growth, and it is hurting our businesses. For people across the country, ordinary Americans or middle-class, these dramatic increases are not a luxury. It is more than an inconvenience. It threatens their ability to go to work, to do their work, and it drives up the prices of goods for all kinds of commodities, not just gasoline. It threatens to derail our economic recovery.

Many factors contribute to the price of a gallon of gasoline. There is no question that it is complex. There is a growing consensus among energy analysts that a large part of the reason has to do with speculation. I am mindful of the fact that there are a lot of experts and a lot of debate on different sides of this issue, but there is a powerful and growing consensus that speculation is a major cause of the rising cost of gasoline.

In fact, there is a list of businesses, government organizations, and trade associations that have undertaken their own study and investigation of the oil futures market. Let me list them for you: ExxonMobil, the Petroleum Marketers Association of America, Goldman Sachs, the American Trucking Association, the Consumer