

deductibles and high copayments; when we pay the highest prices in the world for prescription drugs and when one out of five Americans is unable to fill the prescriptions written by their doctors because drug prices are so high, what this legislation does is move us in exactly the wrong direction. It would throw more than 17 million Americans off of health insurance by gutting the Affordable Care Act. So we have a health care crisis, and this bill makes the crisis much worse.

Every other major country on Earth guarantees health care for all of their people as a right, but this bill would add 17 million more Americans to the ranks of the uninsured, creating a situation in which we would have 46 million Americans without any health insurance at all.

I think any sensible person would ask an obvious question: What happens to people who lose their health insurance? How many of those people will get much sicker than they otherwise would have because they are unable to go to a doctor when they need to go? How many of those people will not be able to get the prescription drugs they need? In fact, how many of those people will die? Let's be frank. When we throw 17 million people off of health insurance, people will die because they don't go to a doctor when they should and they don't go to the hospital when they should.

We know that before the passage of the Affordable Care Act, 45,000 Americans died each year because they lacked health insurance and didn't get to a doctor in time. I have talked to many doctors in Vermont and throughout this country who tell me that yes, of course, people walk into their door much sicker than they should have been.

When the doctor asks, "Why didn't you come 6 months ago when you were sick?" patients say, "I didn't have any health insurance and I couldn't come." By the time they walk in the door, too often it is too late. That is not what should be happening in America, but that is what will increasingly happen if this legislation were to pass.

In the United States of America, when a person is sick, that person should be able to access health care and see a doctor. That is not a radical idea. And when a person goes to the hospital, that person should not end up in bankruptcy.

Instead of throwing 17 million Americans off of health insurance, what we should be doing is expanding on the improvements of the Affordable Care Act to make health care a right of all people, not just a privilege.

Further, let's be clear—and I think everybody here in the Senate understands this—the bill we are debating today is a complete waste of time. This is just another reason why the American people have so little respect for the Congress. There are major crises facing our country, and the Republican leadership is once again attempting to

repeal ObamaCare. I kind of lost track of how many times this effort has been made. I think in the House it is over 50. I don't know how many it is here in the Senate. Let me break the news to my Republican colleagues, although I am sure they already got the news: President Obama is not going to sign a bill repealing ObamaCare. I think that is not likely to happen. And what we are doing today is just a waste of time.

Let's also be clear—this bill doesn't just gut the Affordable Care Act, it also eliminates funding for Planned Parenthood, which provides health care services to nearly 3 million women each and every year.

Last week three people were killed and nine were wounded at a shooting at a Planned Parenthood clinic in Colorado Springs, CO. While we still don't have all of the details as to what motivated the shooter, what is clear is that Planned Parenthood has been the subject of vicious and unsubstantiated statements attacking an organization that provides critical care for millions of Americans and, in fact, provides very high quality care.

I, for one, strongly support Planned Parenthood and the work it is doing. In my view, instead of trying to defund Planned Parenthood, we should be expanding funding so that every woman in this country gets the health care she needs.

It is also my sincere hope that people throughout this country, including my colleagues here in the Senate and across the Capitol in the House, understand that bitter, vitriolic rhetoric can have serious, unintended consequences.

Now is not the time to continue a witch hunt for an organization that provides critical health care services—from reproductive health care, to cancer screenings and preventive services—to millions of Americans. No one is forced to seek care at Planned Parenthood. It is a choice—a choice millions of women make freely and proudly.

This legislation is not only bad legislation and it is not only a waste of time because if it passes, it will be vetoed, but what it also tells the American people is that the Republican leadership is not prepared to discuss or to address the major crises facing our country.

Just today a report came out stating that the top 20 wealthiest people in this country own more wealth than the bottom half of the American people—20 people on one side and 150 million people on the other. The level of wealth inequality in America is grotesque and unacceptable. Not one word in this bill addresses that issue.

Today in America, millions of our people are working longer hours for lower wages. They are working two or three jobs just to survive. Yet 58 percent of all new income created is going to the top 1 percent. Is there anything in this legislation that would raise wages for millions of American workers who are struggling to keep their families solvent?

This is a bad piece of legislation. It is a piece of legislation that is not going to go anywhere because it is going to be vetoed, and it is a piece of legislation that I think speaks to why the American people are giving up in so many ways on the political process. People are struggling all over this country. They are hurting. They are working longer hours for lower wages. They can't afford to send their kids to college. They can't afford childcare. They are worried about high unemployment. This bill attempts to repeal ObamaCare. That is where we are.

I hope very strongly that this bill is defeated. If it is not defeated, I hope and expect the President will veto it.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I ask unanimous consent to speak for up to 30 minutes in morning business.

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

#### OBAMACARE

Mr. ALEXANDER. Mr. President, let me take my colleagues back 5½ years to February 25, 2010, and the White House health care summit at the Blair House—the same place where Senator Arthur Vandenberg sat down with George Marshall. They met privately to discuss the postwar plans after World War II. The result of that discussion became the Marshall Plan. It was the perfect setting—it is the perfect setting for a serious, bipartisan discussion for how to improve health care for Americans.

Thirty-six Members of Congress went to the Blair House that day at the invitation of President Obama. We were there to discuss the health care bill passed by the Democrats, what is now known as Obamacare. We stayed there all day. The President stayed there too. It was televised continuously. Both then-Minority Leader Boehner and Republican Leader McCONNELL asked me to lead off in speaking for Republicans.

I said to the President that day that I was there not only to represent the view of Republicans but that I was there also as a former Governor and that I would like to have a chance to speak for the Governors as well because Governors managing States had a big stake in all of this.

I also said that I was at the summit to represent the views of a great many of the American people who have tried to say in every way they knew how—through town meetings, through surveys, through elections in Virginia and New Jersey and Massachusetts—that they oppose the health care bill that was passed in the Senate in the middle of a snowstorm on Christmas Eve.

I warned the President then about the unfortunate consequences of Obamacare for millions of Americans. I said to the President that this would send an unfunded Medicaid mandate to States. I said:

“It will cut Medicare by about half a trillion dollars and spend most of that on new programs. . . . It means there will be about a half trillion dollars of new taxes in it. It means that for millions of Americans, premiums will go up, because when people pay those new taxes, premiums will go up, and they will also go up because of the government mandates.”

That is what I said 5½ years ago. I said directly to the President then that instead of this partisan plan passed without the support of a single Republican in the Senate, we Republicans were prepared to work with him to reform health care. I said 5½ years ago to the President that we need to start over and go step-by-step in a different direction toward the goal of reducing health care costs. I said then that this means working together in the way that General Marshall and Senator Vandenberg did following World War II, and it means going step-by-step together to re-earn the trust of the American people. Those were my words to the President of the United States at the health care summit 5½ years ago.

The President and the congressional Democrats listened all day, but they didn’t take any of my advice and hardly any of the advice of my Republican colleagues about what the disastrous outcomes of Obamacare would be. So now, 5½ years after the law was passed and 2 years into its implementation, we can say one thing without question: The unfortunate reality for the American people is that they are struggling with Obamacare and that 5½ years ago Republicans were right.

Obamacare was and is an historic mistake. Republicans agreed with the President and his party that our health care system was broken. We agreed that it needed to be fixed, but we argued that the President was moving in the wrong direction. What Obamacare did was to expand a broken system that everyone knew was too expensive. Republicans said so at the summit in February of 2010, and the facts today show we were right.

Let’s take a closer look at what Republicans said then, nearly 6 years ago, and what unfortunately came true. Let’s look also at what Democrats predicted back then—or better put, what they promised—and which of their predictions and promises came true. Let’s go through them one by one.

First, Medicaid. During my opening remarks at the Blair House at the summit, I said this: “Nothing used to make me madder as Governor than when Washington politicians would get together, pass a bill, take credit for it, and send me the bill to pay.” That is exactly what Obamacare does with the expansion of Medicaid. In addition, it dumps 15 to 18 million low-income Americans into a Medicaid program that none of us would want to be a part of because 50 percent of the doctors won’t see new patients. So it is like giving someone a ticket to a bus line when the bus runs only half the time.

That is what I said 5½ years ago. Medicaid had already always been one

of the Federal Government’s biggest unfunded mandates, and expanding that mandate on States would only wreak more havoc on State budgets that, especially at that time during the height of the recession, were already struggling. Our former Tennessee Governor Phil Bredesen, a Democrat, said that the proposed Medicaid expansion under Obamacare would represent “the mother of all unfunded mandates.”

When I was Governor of Tennessee in the 1980s, Medicaid made up only about 8 percent of Tennessee’s State budget. By last year it was 30.6 percent. States paying more and more to expand Medicaid means having less to spend on other priorities like higher education, roads, and schools. In 2012, I said that over the prior 10 years, Tennessee’s Medicaid costs had gone up 43 percent, forcing the State to decrease its funding to colleges and universities by 11 percent. As a result, tuition went up 120 percent over those 10 years.

According to the Congressional Budget Office, the law will add \$14 million new beneficiaries to struggling State Medicaid programs by 2025, at an extra cost of \$46 billion to States and \$847 billion to Federal taxpayers by 2025. Why is that so bad? I said at the time—and it is still true today—Medicaid’s reimbursement rates are so low that only about one-half of the doctors will even see Medicaid patients and many of those aren’t accepting new ones. It is not hard to see why expanding a failed program isn’t good for Americans who need better health care.

Another thing to consider is that States still haven’t had to pay yet for covering the new Medicaid enrollees under the expansion. The Federal Government promised to pay 100 percent for the first few years, but starting in 2017—in just a couple of years—States will have to start paying 5 percent and eventually up to 10 percent in 2020. That may not seem like much in Washington terms, but it is a lot of money in State budgets. States may have to start raising income taxes or gas taxes or find some other place to find the money. Regardless of how it is paid for, expanding Medicaid puts a huge dent in State budgets. Does that mean less money for teachers’ salaries? Does that mean tuition is going to have to go even higher at community colleges and State universities?

Tennessee hasn’t expanded Medicaid, but in its proposal to expand the program called Insure Tennessee, Governor Haslam anticipated an additional \$35.6 million in costs to the State in 2017. In Illinois, Medicaid expansion will cost the State \$208 million in 2020. In Kentucky’s expansion, the State will have to pay \$74 million in 2017 and an estimated \$363 million in 2021. Governor-elect Bevin hasn’t started looking for ways to pay for that increase yet because he plans to try to repeal it. If you look at the figures you can see why he is thinking about it. We were right about Obamacare’s enormous impact on Medicaid and in turn Medic-

aid’s huge negative effect on State budgets.

Second, higher premiums. When my turn came at the White House summit, this is what I said directly to the President: “The Congressional Budget Office report says that premiums will rise in the individual market” as a result of Obamacare. The President turned to me and said I was wrong about that.

A little bit later in the day, I gave the President a letter from the Congressional Budget Office showing that they predicted I would be right, that new non-group policies would be about 10 to 13 percent higher in 2016 than the average for non-group coverage in that same year under the current law. In that same letter, I reminded the President, that his own Chief Actuary for the Centers for Medicare & Medicaid Services agreed with the Congressional Budget Office.

You might be thinking that things would have turned out better than what I, the Congressional Budget Office, the Joint Committee on Taxation, and the Chief Actuary for CMS had predicted, but we all, unfortunately, were right. We were all right. Obamacare’s premiums were and are higher for Americans with individual health care plans. We are talking about nearly 16 million Americans who purchase these individual plans. They buy these policies for themselves, and the cost of these plans is going through the roof.

On June 1, 2015, the U.S. Department of Health and Human Services announced that nearly 700 individual and small-group health plans in 41 States plus the District of Columbia had requested double-digit premium increases for 2016. In Tennessee, the rate hike was 36 percent; in Maryland, 26 percent. On average, 2016 premium increases for Oregon’s biggest insurer on the State health exchange will be over 25 percent; for some smaller providers, more than 30 percent; for South Dakotans, the will pay 63 percent higher premiums for health insurance through the exchange. The list of States experiencing health care spikes goes on.

A recent report of the National Bureau of Economic Research confirmed this, going back to the nonpartisan Congressional Budget Office, which predicted in 2010 the premiums would go up. They said recently that premiums on the Obamacare exchange will increase by 6 percent on average every year between 2016 and 2024. Yet 5½ years ago, the President and congressional Democrats told Republicans time and time again during the debate that we were wrong, that the law would decrease premiums, when in fact our predictions, the administration’s own estimates, estimates from the National Bureau of Economic Research and the nonpartisan Congressional Budget Office, all confirmed premiums for individual policies are going through the roof.

Third, Republicans said 5½ years ago that Obamacare would increase taxes.

It did. Obamacare added 21 tax increases to the Tax Code. That is \$1 trillion over 10 years, according to the Congressional Budget Office. A dozen of these target middle-income Americans, in clear violation of what the President had promised.

Then there was our fourth prediction: Obamacare will cost jobs. A few years after the law passed, I met with a large group of chief executives of restaurant companies in America. The service and hospitality industries are the largest employers in our country. Usually their employees are low-income, usually minority Americans.

In the meeting, the chief executive of Ruby Tuesday, Inc., which has about 800 restaurants, said to me—and said he didn't mind being quoted—that the cost to his company of implementing the new health care law was equal to or more than his net profit for that year, and as a result, he wasn't planning to build any new restaurants in the United States.

An even larger restaurant company represented at the meeting said that because of their analysis of the law, instead of operating their store with 90 employees, their goal would be to operate it with 70 employees. That means fewer employees and fewer jobs because of Obamacare.

More recently, another franchise business which has 550 employees told me: We have already begun cutting the hours of our employees to get well below the 30-hour threshold, and all of our new job postings are for part-time employees.

This has a bad effect on the employer-employee relations, and, as many Tennesseans have told me, 30 hours of work isn't enough to support a family. Those lost hours are because of Obamacare.

These are just a few examples of basic economics. It heaps costs on employers. They have less money to expand, so there is less money to hire workers. They heap on even higher costs. They cut hours. With higher costs, they lay off employees. We have seen all three as a result of the employer mandate that says employers with more than 50 full-time employees need to provide health insurance.

What is more, Obamacare went a step further and for the first time in our history defined “full time” as a 30-hour workweek. I asked the former Democratic chairman of our HELP Committee: Where did that come from? France? Nobody knew where that came from. Full-time work in the United States has not been typically considered 30 hours, but it is in Obamacare. It is causing large numbers of employees to work only 28 or 29 hours because their employers can't afford to hire them as full-time employees.

The Congressional Budget Office has projected that Obamacare will result in 2 million fewer jobs in 2017 and 2.5 million fewer full-time jobs by 2024. At least 450 employers across the Nation, including 100 school districts, have said

Obamacare forced them to cut positions or reduce worker hours.

What we Republicans said would happen years ago was this: that Medicaid would destroy State budgets—it did; that premiums and taxes would go up—they have; and that jobs would be lost—they have. It has all, unfortunately, come true.

What did President Obama and congressional Democrats promise us about this law at about the time of the health care summit 5½ years ago? Were they right or were they wrong? One of the most infamous promises, which PolitiFact named—and I will use their words—as the 2013 “Lie of the Year,” was the President's “If you like your plan, you can keep it.”

When Obamacare was fully implemented in 2014, millions of Americans learned very quickly that they wouldn't be able to keep the plans they liked.

In October 2013, I received a letter from a woman, Emilie, whom I met. She lives in Middle Tennessee, and she has lupus. She was one of 16,000 Tennesseans who were part of a plan called CoverTN. She wrote me about her chronic illness. She said she was deemed uninsurable and that the only way to insure her was through CoverTN. She was glad to have that coverage, and she was glad to hear about Obamacare. Then she learned the truth:

“I cannot keep my current plan because it does not meet the standards of coverage. This alone is a travesty. CoverTN has been a lifeline [for me].

With the discontinuation of CoverTN, I am being forced to purchase a plan . . . that will increase [my costs] by a staggering 410%. My out-of-pocket expense will increase by more than \$6,000.00 a year. Please help me understand how this is ‘affordable.’”

This was Emilie in Middle Tennessee. We could spend all day telling stories of Americans who liked their health care plans but weren't able to keep them under Obamacare.

In November 2013 that looked as if it might be as many as 5 million Americans. The administration then did some last-minute regulatory fixes and lowered that number. But still, many Americans lost their plans, as Emilie did.

The President also said:

“Medicare is a government program. But don't worry: I'm not going to touch it.”

The problem was he did touch it; \$700 billion worth was taken from Medicare to finance Obamacare.

I said during the debate in 2009 that Obamacare would cut “grandma's Medicare to spend on somebody other than grandma—a new entitlement program.” I said Obamacare would do that at a time when the Medicare trustees have told us that Medicare is going broke if we don't fix it. That is their job to tell us that. I said then: “I think what they are saying to us is if you are going to cut grandma's Medicare, you ought to at least spend it on grandma instead of spending it on somebody else.”

Again, the President went against the promise he repeated over and over and raided a program that serves over 55 million older Americans.

In summary, unfortunately Republicans were right when we said 5½ years ago that Obamacare would force spikes in State Medicaid spending, increase premiums and taxes, and hurt jobs. As right as we were, the Democrats were wrong. They said that you could keep your plan if you liked it, and they were wrong about that. They said Medicare wouldn't be affected, and they were wrong about that.

Finally, we all agreed that health care needed to be fixed. So how did we end up with a law that was such an historic mistake? Well, one big reason is the debate over Obamacare wasn't really a debate. If it had been, we might not find ourselves in a mess today.

The Senate Democratic leader then had a filibuster-proof majority. He didn't think he needed Republican ideas; so they didn't take them. They passed a Democratic bill. They voted for it; we voted against it. We sat here in a snowstorm on Christmas Eve when they had 60 votes, and they unveiled a bill filled to the brim with items from each Democratic Members' wish list.

Along with our warnings about what would happen, we offered a lot of thoughtful ideas about how to fix the health care system in a way that we thought would lower costs and expand access, while making sure patients didn't lose control over their own health care. But Democrats also had a majority in the House. They had a Democratic President. They didn't need our ideas, and so we got Obamacare.

So what do we Republicans have to offer Americans?

Mr. President, how much time do I have remaining?

The PRESIDING OFFICER (Mr. LANKFORD). The Senator has 9 minutes remaining.

Mr. ALEXANDER. I thank the Presiding Officer. I will wrap up. I see the Senator from Washington on the floor.

Throughout the Obamacare debate, Senator McCONNELL, who was the minority leader at the time, was criticized for not coming up with a comprehensive plan of his own. We told the President and the congressional Democrats not to hold their breath waiting for “McConnell Care.” Don't hold your breath waiting for Senator McCONNELL to come down to the Senate floor with a wheelbarrow filled with a 2,700-page bill of his own, because that is not how we believe the health care system ought to be fixed. We are policy sceptics. We doubt that anyone in Washington—Republicans, Democrats, Independents—have the wisdom to fix such a complex system everywhere in America all at once.

The wisest course would be to try to fix our health care system step by step in a way that emphasizes more choices and lower costs. This approach to health care reform is not something

that Republicans cooked up last month. In fact, if you examine the CONGRESSIONAL RECORD, you will find that Republican Senators proposed a step-by-step approach to confronting our Nation's health care problems and other challenges 173 different times on the floor of the Senate during the year 2009. Some 173 times we talked about our step-by-step different direction for health care—almost none of which was included in Obamacare because they had the votes and they didn't need our ideas.

I had hoped the President would listen to us and work with us at Blair House, emphasize more freedom, more choices and lower costs. But that didn't happen. We suggested allowing individuals to buy a health care plan in any State that meets their needs. We suggested reducing junk lawsuits against doctors, which only increase costs. We suggested expanding health savings accounts and other mechanisms, allowing individuals to control how they spend their own health care dollars. We suggested returning power to the States to regulate their own markets and lower costs. We suggested allowing small businesses to assist employees in purchasing the insurance and look at other ways to support employers offering health care benefits to their employees. We had specific legislative proposals to do these things. We suggested lowering barriers at the Food and Drug Administration so that innovative drugs and devices could get to the market faster and putting the health sector in charge of health information technology. We suggested insuring Americans with pre-existing conditions in a way through high-risk pools and other insurance incentives. And there are many other ideas that we thought then and we think now we could work together on in a bipartisan way to lower costs, to increase access, and to put patients back in charge of their own health care.

This week, though, we are talking about repealing Obamacare, but for the last 6 years we have also been talking about a completely different path of providing health care at a lower cost to more Americans. Those steps were outlined in 2009, 2010, and 2011, and they are the same steps that we should be taking today.

I have been saying since 2009 that the historic mistake with Obamacare was that we had deliberately expanded a broken health care system that already cost too much instead of moving step by step to create a system where millions of Americans had choices of plans that fit their needs and fit their budgets.

The way we should accomplish this is the same way we passed Medicare, the same way we passed Social Security, the same way the Congress passed the Civil Rights Act, and in the same way—I hope and the Senator from Washington hopes—we will pass a broad reauthorization of the Elementary and Secondary Education Act in

the next couple of weeks. None of this is done by cramming a bill down the throats of the American people with 60 votes during a snowstorm on Christmas Eve.

I renew our invitation to the President of the United States, and if he doesn't accept our invitation, to the next President of the United States.

To our colleagues on the other side of the aisle: Let's forget about party; let's forget about this side or that side. Let's side with the American people whose premiums have gone up, who lost plans they like, whose Medicare has been raided, whose State budgets have been destroyed, and whose jobs have been lost. Work with Republicans in Congress to fix the damage Obamacare has done to health care in America. Work with us to replace Obamacare with real reforms at lower costs so more Americans can afford to buy insurance.

Mr. President, I ask unanimous consent to have printed in the RECORD my comments at the health care summit in February of 2010 and the letter that I handed to President Obama following our debate at the health care summit in 2010.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[Thursday, February 25, 2010]

ALEXANDER GIVES REPUBLICAN HEALTH CARE  
REMARKS AT WHITE HOUSE SUMMIT

OUTLINES REPUBLICAN STEPS TO FIX HEALTH  
CARE, CHALLENGES DEMOCRATS TO TAKE RECONCILIATION OFF THE TABLE

WASHINGTON.—U.S. Senator Lamar Alexander (R-Tenn.), chairman of the Senate Republican Conference, today delivered the following opening remarks on behalf of Republican members of Congress attending the White House health care summit:

“Mr. President, thank you very much for the invitation. Several of us were a part of the summits that you had a year ago, and so I've been asked to try to express what Republicans believe about where we've gotten since then. As a former governor, I also want to try to represent governors' views, because they have a big stake in this; I know you met with some governors just in the last few days. We also believe that our views represent the views of a great number of the American people who have tried to say in every way they know how—through town meetings, through surveys, through elections in Virginia and New Jersey and Massachusetts, that they oppose the health care bill that passed the Senate on Christmas Eve.

“And more importantly, we believe we have a better idea. And that's to take many of the examples that you just mentioned about health care costs and make that our goal: reducing health care costs. We need to start over and go step by step toward that goal. And we would like to briefly mention—others will talk more about it as we go along—what those ideas are.

“I would like to begin with a story. When I was elected governor, some of the media went up to the Democratic leaders in the legislature and said, ‘What are you going to do with this new young Republican governor?’ And they said, ‘We're going help him, because if he succeeds, our state succeeds.’ And they did that—that's the way we worked for eight years. But often, they had to persuade

me to change my direction to get our state where it needed to go. I would like to say the same thing to you. I mean, we want you to succeed. Because if you succeed, our country succeeds. But we would like respectfully to change the direction you're going on health care costs, and that's what I want to mention here the in next few minutes.

“I was trying to think if there were any kind of event that this could be compared with. And I was thinking of the Detroit Auto Show, that if you had invited us out to watch you unveil the latest model that you and your engineers had created, and asked us to help sell it to the American people. When we look at it, it's the same model we saw last year. We didn't like it, and neither did they, because we don't think it gets us where we need to go, and we can't afford it. As they also say in Detroit, ‘We think we have a better idea.’

“Your stories are a lot like the stories I heard when I went home for Christmas after we had 25 days of consecutive debate and voted on Christmas Eve on health care. A friend of mine from Tullahoma, Tennessee, said, ‘I hope you'll kill that health care bill.’ Then before the words rattled out of his mouth, he said, ‘But, we've got to do something about health care costs. My wife has breast cancer. She got it 11 years ago and our insurance is \$2,000 a month. We couldn't afford it if our employer weren't helping us do that. So we've got to do something.’ That's where we are, but to do that, we have to start by taking the current bill and putting it on the shelf and starting from a clean sheet of paper.

“Now, you have presented ideas. There's an 11-page memo—I think it's important for the people to understand that there's not a presidential bill; there are good suggestions and ideas on the web. It's a lot like the Senate bill. It has more taxes, more subsidies, more spending. So what that means is, when it's written, it will be 2,700 pages, more or less. It will probably have a lot of surprises in it. It means it will cut Medicare by about half a trillion dollars and spend most of that on new programs, not on Medicare and making it stronger, even though it's going broke in 2015. It means there will be about a half trillion dollars of new taxes in it. It means that for millions of Americans, premiums will go up, because when people pay those new taxes, premiums will go up, and they will also go up because of the government mandates. It means that from a governor's point of view, it's going to be what our Democratic governor calls the ‘mother of all unfunded mandates.’

“Nothing used to make me madder as a governor than when Washington politicians would get together, pass a bill, take credit for it, and send me the bill to pay. That's exactly what this does, with the expansion of Medicaid. In addition, it dumps 15 to 18 million low-income Americans into a Medicaid program that none of us want to be a part of, because 50 percent of doctors won't see new patients. So it's like giving someone a ticket to a bus line where the buses only run half the time.

“When fully implemented, the bill would spend about \$2.5 trillion a year, and it still has sweetheart deals in it—one is out, some are still in. What's fair about taxpayers in Louisiana paying less than taxpayers in Tennessee? What's fair about protecting seniors in Florida and not protecting seniors in California and Illinois and Wyoming?

“Our view, with all respect, is that this is a car that can't be recalled and fixed, and that we ought to start over. But we'd like to start over. When I go down to the Senate floor, I've been there a lot on this issue, some of my Democratic friends will say, ‘Well, Lamar, where's the Republican comprehensive bill?’ And I say back, ‘Well, if it

you're waiting for Mitch McConnell to roll in a wheelbarrow with a 2,700-page Republican comprehensive bill, it's not going to happen because we have come to the conclusion Congress doesn't do comprehensive well.' We have watched the comprehensive economy-wide, cap and trade; we have watched the comprehensive immigration bill, we have the best Senators we have got working on that in a bipartisan way; we have watched the comprehensive health care bill. And they fall of their own weight.

"Our country is too big, too complicated, too decentralized for Washington to write a few rules about remaking 17 percent of the economy all at once. That sort of thinking works in a classroom, but it doesn't work very well in our big, complicated country. It doesn't work for most of us and if you look around the table—and I'm sure it's true on the Democratic side—we have got shoe store owners and small business people and former county judges and we've got three doctors. We've got people who are used to solving problems, step by step.

"That's why we said 'step by step' 173 times on the Senate floor in the last six months of last year in support of our step-by-step plan for reducing health care costs. I would like to just mention those in a sentence or two:

First, you mentioned Mike Enzi's work on the small business health care plan. That's a good start. It came up in the Senate. He will explain why it covers more people, costs less, and helps small businesses offer insurance.

Two, helping Americans buy insurance across state lines. You've mentioned that yourself. Most of the governors I've talked to think that would be a good way to increase competition.

Number three, put an end to junk lawsuits against doctors. In our state, half the counties' pregnant women have to drive to the big city to have prenatal health care or to have their baby, because the medical malpractice suits have driven up the insurance policies so high that doctors leave the rural counties.

Number four, give states incentives to lower costs.

Number five, expanding health savings accounts.

Number six, House Republicans have some ideas about how my friend in Tullahoma can continue to afford insurance for his wife who has had breast cancer; because she has a pre-existing condition, it makes it more difficult to buy insurance.

"So there're six ideas—they're just six steps. Maybe the first six, but combined with six others and six more and six others, they get us in the right direction.

"Now, some say we need to rein in the insurance companies; maybe we do. But I think it's important to note if we took all of the profits of the health insurance companies entirely away, every single penny of it, we could pay for two days of health insurance for Americans. And that would leave 363 days with costs that are too high. So that's why we continue to insist that as much as we want to expand access and to do other things in health care, that we shouldn't expand a system that's this expensive, that the best way to increase access is to reduce costs.

"Now, in conclusion, I have a suggestion and a request for how to make this a bipartisan and truly productive session. And I hope that those who are here will agree, I've got a pretty good record of working across party lines, and of supporting the president when I believe he's right, even though other members of my party might not on that occasion. And my request is this: before we go further today, that the Democratic Congressional leaders and you, Mr. President, re-

ounce this idea of going back to the Congress and jamming your bill through on a partisan vote through a little-used process we call reconciliation.

"You can say that this process has been used before, and that would be right, but it's never been used for anything like this. It's not appropriate to use to rewrite the rules for 17 percent of the economy. Senator Byrd, who is the constitutional historian of the Senate, has said that it would be an outrage to run the health care bill through the Senate like a freight train with this process. The Senate is the only place where the rights to the minority are protected, and sometimes, as Senator Byrd has said, the minority can be right.

"I remember reading Alexis de Tocqueville's book *Democracy in America*, in which he said that the greatest threat to the American democracy would be the 'tyranny of the majority.'

"When Republicans were trying to change the rules a few years ago, you and I were both there. Senator McCain was very involved in that—getting a majority vote for judges. Then-Senator Obama said the following, 'What we worry about is essentially having two chambers, the House and the Senate, who are simply majoritarian, absolute power on either side. That's just not what the founders intended.' Which is another way to saying that the founders intended the Senate to be a place where the majority didn't rule on big issues.

"Senator Reid in his book, writing about the 'Gang of 14,' said that the end of the filibuster requiring 60 votes to pass a bill 'would be the end of the United States Senate.' And I think that's why Lyndon Johnson, in the '60s, wrote the civil rights bill in Everett Dirksen's office, the Republican Leader, because he understood that by having a bipartisan bill, not only would pass it, but it would help the country accept it. Senator Pat Moynihan has said before he died that he couldn't remember a big piece of social legislation that passed that wasn't bipartisan.

"And after World War II, in this very house and in the room back over here, Democratic President Truman's Secretary of State, General Marshall, would meet once a week with Senator Vandenberg, the Republican Chairman of the Senate Foreign Relations Committee, and write the Marshall Plan. And General Marshall said that sometimes Van was my right hand, and sometimes he was his right hand.

"And we know how [Congressmen] John Boehner and George Miller did that on *No Child Left Behind*. [Senators] Mike Enzi and Ted Kennedy wrote 35 bills together; you mentioned that in your opening remarks. You and I and many other others worked together on the America COMPETES Act. We know how to do that—and we can do that on health care as well.

"But to do that, we'll have to renounce jamming it through in a partisan way. And if we don't, then the rest of what we do today will not be relevant. The only thing bipartisan will be the opposition to the bill, and we'll be saying to the American people—who I've tried to say this in every way they know how—town halls and elections and surveys—that they don't want this bill, that they would like for us to start over. So if we can do that—start over—we can write a health care bill. It means putting aside jamming it through. It means working together the way General Marshall and Senator Vandenberg did. It means reducing health care costs and making that our goal for now, not focusing on the other goals. And it means going step by step together to re-earn the trust of the American people. We would like to do that, and we appreciate the opportunity that you have given us today to say what our ideas

are, and to move forward. Thank you very much."

—  
U.S. SENATE,  
Washington, DC, February 25, 2010.  
Hon. BARACK OBAMA,  
President, The White House,  
Washington, DC.

DEAR MR. PRESIDENT, During today's discussion on health care, you and I disagreed about whether the health care bill that passed the Senate on party-line vote on December 24 would cause health insurance premiums to rise even faster than if Congress did not act. I believe premiums will rise because of independent analysis of the bill:

On November 30, the non-partisan Congressional Budget Office (CBO) wrote in a letter to Senator Bayh that "CBO and JCT estimate that the average premium per person covered (including dependents) for new nongroup policies would be about 10 percent to 13 percent higher in 2016 than the average premium for nongroup coverage in that same year under current law."

When you asserted that CBO says premiums will decline by 14 to 20 percent under the Senate bill, you are leaving out an important part of CBO's calculations. These reductions are overwhelmed by a 27 to 30 percent increase in premiums due to the mandated coverage requirements in the legislation. CBO added those figures together to arrive at a net increase of 10 to 13 percent—as shown in their chart in that same letter.

In that same letter, CBO wrote, "The legislation would impose several new fees on firms in the health sector. New fees would be imposed on providers of health insurance and on manufacturers and importers of medical devices. Both of those fees would be largely passed through to consumers in the form of higher premiums for private coverage."

On December 10, the chief actuary for the Centers for Medicare and Medicaid Services—who works for your administration—concurred with the CEO. In his analysis, the actuary said, "We anticipate such fees would generally be passed through to health consumers in the form of higher drug and device prices and higher insurance premiums." He also said, "The additional demand for health services could be difficult to meet initially with existing health provider resources and could lead to price increases, cost-shifting, and/or changes in providers' willingness to treat patients with low-reimbursement health coverage."

For these reasons, the Senate-passed bill will, indeed, cause Americans' insurance premiums to rise, which is the opposite of the goal I believe we should pursue.

Sincerely,

LAMAR ALEXANDER.

Mr. ALEXANDER. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

#### WOMEN'S ACCESS TO HEALTH CARE

Mrs. MURRAY. Mr. President, like many of my colleagues I am deeply disappointed that Republican leaders have dedicated this week to partisan, political attacks rather than working with us to deliver results to the families we represent. So I wish to take a few minutes today to talk about the work we could and should be doing and make clear again that Republican efforts to undermine families' health care are nothing but a dead end.

I am pleased that over the last few months Democrats and Republicans