

**Amendment 2825: Bureaucrat Limitation – To ensure that no provisions in this act increase the size of government bureaucracies in Washington, D.C.**

This amendment requires that for each government bureaucrat added to a government agency as a result of this act, there must be a corresponding decrease in a government bureaucrat at that agency.

This health care legislation is 2,074 pages, weighs 20.8 pound, and significantly expands the size, scope, and authorities of faceless bureaucrats in Washington, D.C. There are 1,697 instances where the Secretary is given the authority to create, determine, or define things in the bill. And at least 70 new programs are created by this legislation.

A reasonable estimate for this legislation is that it will add approximately 20,000 new government bureaucrats.

The Department of Health and Human Services already represents *a quarter of all federal outlays* and administers more grant dollars than all other federal agencies combined. And few Americans want to see the Internal Revenue Service (IRS) grow by a single person.

But more importantly, few would argue that our federal bureaucracies are not already excessive, bloated, wasteful, and expensive. This amendment would simply ensure that our federal agencies do the hard work of eliminating waste as they are forced to greatly expand to administer a massive new health care entitlement infrastructure.

On the other hand, voting against this amendment acknowledges and accepts that the provisions of this act will significantly expand the size and scope of the federal government. With our national debt now over \$12 trillion dollars, we *need* to set priorities. If administering the provisions of this act are more important than

administration of current programs and policies, then our federal bureaucracies should reflect such priorities.

**This legislation will add at least 9,000 bureaucrats to the Internal Revenue Service (IRS).**

The Congressional Budget Office (CBO) estimates huge new costs to the federal government to implement the provisions of this legislation that are not included in CBO's cost estimate of the bill. An analysis of CBO's assumptions reveals that this bill will increase the size of the IRS by over 9,000 employees.

In a letter to Sen. Reid, CBO estimated that it will cost the Internal Revenue Service (IRS) as much as \$1 billion *per year* to enforce the mandate to buy insurance and dole out tax subsidies to purchase insurance. Over the course of their 10 year estimate, they estimate between \$5 billion and \$10 billion will be needed to implement these provisions.

The IRS total budget for FY2009 was \$11.5 billion, which means a \$1 billion increase would be a nine percent increase in the agency's total budget. The total employees at the IRS is currently just over 100,000 individuals (101,054 as of 2008). If one assumes that this spending increase will only lead to a proportional increase in the agency's employees, this bill will increase the size of the IRS by 9,094 bureaucrats.

**This legislation will add at least 10,000 bureaucrats to the Department of Health and Human Services (HHS)**

A conservative estimate—based on the number of new programs, the increases in spending, and CBO's assumptions regarding the costs of implementing the major reforms in this bill—is that this legislation will add at least 10,000 new bureaucrats to the Department of Health and Human Services.

HHS currently employs 67,403 "full-time equivalents," more commonly known as government bureaucrats. Creating a

massive new government-run health care plan, overseeing federally-dictated exchanges in every state, administering 70 new programs, and carrying out 1,697 new requirements dictated by the Secretary will require a substantial increase in the number of employees at the agency.

CBO similarly estimates that it will cost just as much for the Department of Health and Human Services (HHS) to implement the major provisions of this act under their jurisdiction. According to CBO, “Those costs would probably be at least \$5 billion to \$10 billion over 10 years.”

These costs do not include the costs to administer the billions of dollars authorized for new grant programs. CBO acknowledges that there will be significant costs associated with these programs, but has not yet had an opportunity to review administrative costs associated with the myriad of new programs created by this bill.

For example, the workforce title of this legislation alone creates 20 new programs and authorizes \$2.4 billion annually in new spending over current levels, not including many of the programs which are authorized only at “such sums.” That means we’re authorizing a *minimum* of a 34 percent increase in the HHS agency (HRSA) that administers these programs.

The prevention and wellness title of this bill authorizes an additional 13 new programs—not to mention a \$15 billion slush fund to create new programs or projects as the Secretary sees fit.

It is more than reasonable to assume that these factors together will lead to at least 10,000 new HHS bureaucrats—but the number is likely far higher.

### **This amendment is about setting priorities.**

Our national debt is now over \$12 trillion. The federal government employs 2.7 million people in the executive branch.

But this legislation does nothing to root out the waste and excesses in current programs, while massively expanding the government's administration of health care in this country.

My staff has identified \$500 billion in federal waste, and it wouldn't be difficult to cut administrative costs and eliminate programs to slash 20,000 current employees—less than 1 percent of the current federal workforce.

But even then, most Americans might question why we would save hundreds of billions of dollars in government spending and huge administrative excess, only to replace with massive new bureaucracies to administer this new health care entitlement.