

and sell their products overseas. For those same years the Ex-Im Bank has enjoyed broad bipartisan support. It was a good idea when it started and it is still a good idea.

When it was last authorized in 2006, the Ex-Im Bank passed the House by voice vote and the Senate by unanimous consent. The unanimous consent request was offered by a Republican Senator. So when Senate Democrats brought the reauthorization of the Ex-Im Bank before the Senate last week, we hoped the legislation would proceed with bipartisan, bicameral support as it did in 2006. After all, the measure will support about 300,000 jobs annually and help American exports continue to compete in the global economy. It passed the Banking Committee here in the Senate unanimously. It had three Republican cosponsors and is backed by the National Association of Manufacturers, the Business Round Table, the U.S. Chamber of Commerce, and various labor unions, including Machinists. It will actually reduce the deficit by \$1 billion.

The Ex-Im Bank is one of the proposals we shouldn't have to argue over. This isn't something that deserves a fight. We should reauthorize it and move on quickly. But I am sorry to say, true to form, the Republican leadership—I am directing that to the House Republican leadership—this morning is once again spoiling for a fight where there shouldn't be a fight. Yesterday House Majority Leader CANTOR called this bill that we are dealing with here to reauthorize the Ex-Im Bank a "partisan amendment."

This bill is cosponsored by the ranking member of the Banking Committee, RICHARD SHELBY. Senator SHELBY has been the chairman of that committee; he is now the ranking member. It is tough to call anything Senator SHELBY puts his name on with a Democrat as partisan.

CANTOR claimed this noncontroversial, commonsense measure is derailing efforts to pass the IPO bill that will expand innovators' access to capital. It is simply not true. Leader CANTOR should check with his Senate colleagues. Many of them understand American exporters need access to Federal financing to stay on a level playing field with global competitors.

Yesterday the senior Senator from South Carolina, LINDSEY GRAHAM, said without the Ex-Im Bank, "Our ability to grow in South Carolina is nonexistent." In 2011, South Carolina exporters sold more than \$130 million worth of goods abroad, thanks to Ex-Im Bank financing.

South Carolina is not the only State relying on the bank to keep business thriving. Nevada companies exported \$33 million of their products last year, thanks to financing from the Export-Import Bank. In 2011, in the Presiding Officer's State of Delaware, the Ex-Im Bank made it possible for firms to sell more than \$39 million worth of goods overseas.

Last year, the Ex-Im Bank supported 300,000 jobs across 49 States and 2,000 cities in America.

China already provides more investment capital to its exporters than the United States, Canada, Germany, and Great Britain combined, as Senator GRAHAM said during his call yesterday. We had a conference call with people concerned about this legislation. So we cannot allow that gulf to widen.

The U.S. Chamber of Commerce says: "Failure to reauthorize Ex-Im would amount to America's unilateral disarmament in the face of other nations' aggressive trade finance programs."

I don't know if ERIC CANTOR has looked at this legislation. What is he talking about? Why does he want to fight about this? Can't we do anything with the Republican-dominated House of Representatives, working together?

The Chamber of Commerce said we do have a choice: We can compete or we can cooperate. We can engage in yet another unnecessary, unproductive battle—and CANTOR is picking a fight, but we are not going to. He has challenged us to a fight. We are not going to fight because this is bipartisan legislation—or we can work together to help American businesses grow and hire. That is what we are going to do. The choice should not be difficult. We do not want a fight.

The Senate will vote on this reasonable proposal today. Almost 300,000 Americans had jobs last year—I repeat—because of this important legislation. I hope those workers come first as Republican colleagues cast their votes today.

RESERVATION OF LEADER TIME

Mr. REID. Mr. President, will the Chair announce the business of the day?

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will be in a period of morning business for 1 hour, with Senators permitted to speak therein for up to 20 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the second half.

The Senator from Nebraska.

ORDER OF PROCEDURE

Mr. JOHANNIS. Mr. President, I ask unanimous consent to engage in a colloquy with my colleagues Senator PORTMAN and Senator COBURN.

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

HEALTH CARE REFORM

Mr. JOHANNIS. Mr. President, we rise today to engage in a colloquy on an issue that is certainly front and center and has been for a long time in our great Nation, and that is the issue of the health care bill. This bill is hurting working Americans and small businesses, and they are the lifeblood of our economy.

Let me, if I might, talk about a company from Nebraska: Toba, Inc. Toba is located in Grand Island, NE. They are a food distributor in central Nebraska. They employ about 200 to 300 people, depending on the time of the year. It is companies such as this that are the heart and soul of the Nebraska economy.

Tony Wald is the chief executive officer of Toba. He shared with me not long ago that their health care premiums recently increased by 26 percent. Tony's insurance agency talked to him. Of course, Tony wanted to know: What is going on here? What is wrong? Well, the insurance agent said to Tony there were several provisions in the health care law that were the reason for the increase.

Let me put this in perspective. That 26-percent increase is an extra \$188,000 increase that ultimately falls in the laps of the employees of Toba. Hundreds of working Americans will see their premiums go up as a result of this health care law.

Let me point out something that is very obvious. That is a broken promise. Then-Candidate Obama promised that Americans would see their premiums decrease—decrease—by \$2,500 by the end of his first term in office. Well, that has not been the reality. This health care law drives up premiums and Toba is a perfect example of that.

But I need not stop there. Let me talk about Yellow Van Cleaning and Restoration Services in Kearney, NE, just down the road a bit from Grand Island. This small business employs 48 people. The owner is a fine gentleman by the name of Dave Keiter. He believes he has positioned his company correctly to grow it. In fact, some recent market research that was done shows his company is poised for growth. They have done all of the right things to take this small business and lay the right foundation so they can grow.

Dave was faced with a tough choice—a choice not caused by his competitors, a choice not caused by a bad economy. He was faced with a tough choice caused by President Barack Obama and Democrats in the House and Senate who passed the health care bill. What is his tough choice? He had to choose not to expand because he will run smack-dab into the employer mandate if he grows his business.

You see, this mandate requires that employers with at least 50 full-time employees offer government-approved health insurance to their employees or pay a fine of \$2,000 per employee. Dave did the calculation on this—a small

business, with tight profit margins, doing everything they can to make the right decisions. Dave's calculation indicates he will be penalized more than \$50,000 a year if he grows beyond his current 48-member staff.

There is no doubt about it. This law is stifling job creation. Not only does this law prevent jobs from being created, it is forcing businesses to actually eliminate jobs.

An Iowa-based insurance company recently decided to exit the individual insurance market, abandoning sales directly to individuals and families. So what happens? Thirty-five thousand policyholders lose that insurance through that company. But it does not stop there. Mr. President, 110 employees will lose their jobs—70 in Nebraska.

A driving factor is the medical loss ratio provision in the law which micromanages how insurance companies spend their revenues. The CEO of the insurance company said job loss was "a fairly predictable consequence of the regulation."

These are not hypothetical situations. Before the law was passed, I came to the floor many times with my colleagues and pointed out the flaws in this ill-conceived legislation. Now we are telling real stories, real-life stories and talking about real people who have lost their jobs and are being impacted by this ill-advised law.

There is more. While I can directly point out that 70 Nebraskans lose their job, the Congressional Budget Office says the new law will mean 800,000 fewer jobs over the next decade.

Similar to Yellow Van Cleaning in Kearney, NE, other businesses are holding off on hiring. In a recent Gallup survey, 48 percent of small businesses are not hiring because of the potential cost of health insurance under the health care law.

Financial sector analysts at UBS have stated that the law is "arguably the biggest impediment to hiring, particularly hiring of less skilled workers." Those are the people who need the jobs most.

The Congressional Budget Office estimates average premiums will increase by 27 to 30 percent under this law largely because the new health care law's coverage mandates will force premiums up.

It is no wonder Toba in Grand Island, NE, is seeing its health care costs go up by a staggering \$188,000 per year. The Medicare Actuary says this law will increase health care spending by \$311 billion over the next 10 years. Two years have passed and things are only getting worse. This law is suffocating job growth around the country.

Let me, if I might, now turn to my colleagues. I have a question, if I might start with Senator PORTMAN.

Senator PORTMAN joins me on the floor and I appreciate that. I know the Senator has a unique perspective because he has served as the Director of the Office of Management and Budget. Does the Senator see this law increas-

ing costs in his home State? Is it straining job creators as we are seeing in Nebraska?

Mr. PORTMAN. I say to my colleague from Nebraska, I am afraid the answer is yes. It is increasing costs and, therefore, making us less competitive. When we increase the costs of doing business, of course, it impacts the economy. The Senator has laid this out very well. I appreciate the Senator's comments this morning.

The Senator talked about the 800,000 jobs that are projected to be lost, and that is probably a conservative figure, given the information I am getting from back home and what the Senator just talked about. The Senator talked about the fact that premiums are going to increase dramatically—27 to 30 percent.

Since the Senator mentioned the Office of Management and Budget, I will also say this is about our businesses and their ability to create jobs and get this economy moving. It is about all of us as families and consumers having higher costs. It is also about our Federal budget deficit. We have an expert on that in Dr. COBURN, who will speak in a moment. But the point is, this is increasing costs to all of us in various ways, and the budget deficit is already at record levels—a \$15 trillion debt. Our country, obviously, is awash in red ink, and one of the reasons, of course, is higher health care costs. So this is impacting us in a lot of different ways.

Let me address the Senator's question more directly, though, and that is in terms of the impact on business. I will tell the Senator, I have visited over 100 factories in Ohio in the last few years, and in every one I asked this question: What is going on with taxes and regulations and energy and health care? I have not been to a business yet that has not told me their health care cost increases over the past couple years have added to the uncertainty, the unpredictability, and, therefore, the lack of investment into jobs and growth.

I went to a factory in Cleveland, OH, one day, and this is a relatively small business. It is actually seeing its sales increase a little bit. The owner said: Rob, I would like to hire people, but I want to offer health care. Everybody here has health care, which is great. Those costs embedded in adding a new employee are too high; they are prohibitive. So what I am doing instead is I am going to overtime, I am going to part time to avoid hiring a full-time worker.

Luckily, I was there with some members of the media, and they were able to hear this directly from this individual who is making a decision about whether to hire somebody in Ohio during this weak recovery. The health care law and the health care cost increases are directly impacting that. So it is for real.

The U.S. Chamber of Commerce did a study recently, as the Senator knows. This was just a couple months ago.

They asked small businesses with fewer than 500 employees all around America: How does this impact you? Seventy-four percent of them say the recent health care law makes it harder for their business to hire more employees. Fifty-two percent of them say economic uncertainty is one of the top reasons they are not hiring. Thirty-six percent say uncertainty about what Washington will do next is one of their two top reasons they are not hiring. Thirty percent say they are not hiring because of the requirements in the health care bill.

This is not just anecdotal evidence we are picking up in our States as we go around and talk to employers. This is information that is out there for the public to see. I hope all the activity that is surrounding this 2-year anniversary of the passage of this law from the Democratic side and from our side will rekindle this debate because, clearly, we did not get it right. We did not affect the fundamental problem, which is the cost of health care rising to the point that it is affecting us as consumers and families. It is affecting our ability to get this economy moving. It is affecting our budget deficit in such dramatic ways.

Doug Holtz-Eakin, who was the former head of the Congressional Budget Office, testified last year. I thought it was interesting what he said. As you know, the health care reform law says, if someone is an employer with more than 50 employees, they have to offer full-time employees coverage or pay a \$2,000 penalty per worker. He made an interesting point. I see this around Ohio with these small businesses that have maybe 30, 40 workers, and they are hoping to be able to add more. He said—and I think he is right—this creates "a tremendous impediment to expansion." His example was: Let's say a company does not offer health care benefits and they have under 50 employees and they want to add another full-time employee. They take it up to 51 employees—a \$2,000-per-worker penalty, after subtracting the first 30 workers. The fine to hire an additional worker would be \$42,000, for that one worker to be added marginally to its workforce.

So businesses have to offset that lost revenue. The burden will be borne, as Doug Holtz-Eakin said, by whom? The workers, with lower wages, fewer jobs, fewer hours to be worked, less job growth.

The Senator talked about the many taxes in this legislation, and the overall burden of the taxation on the economy is one of the problems with it, but there is also a very specific tax on medical device companies, and this is one that I know affects both of the Senators' States. It certainly affects Ohio. We have a lot of very innovative medical device companies in Ohio, and they tell me they are going to have to cut back on their workforce because of this new tax that is in the health care bill.

So think about this. At a time when we are all proposing we do more on

science and technology and math and engineering, the STEM programs, we are trying to encourage more innovation in this country to be able to compete globally, medical device businesses in Ohio and around our country have been able to be strong and we have been able to compete globally and we should be doing all we can to encourage them and to help them. Instead, we are doing the opposite.

There is a 2.3-percent medical device excise tax in this legislation, and it is going to hit next year. They are already planning for it. It is not a 2.3-percent tax on profits. That is what you would expect, right? It is a tax on revenues. So we could have a young startup entrepreneur who says: I am starting this company even though it is a loss leader the first couple years. I am not making any money. But I know I have a great idea, and I am going to continue to stretch this out to be able to create something of great value for our health care, for the quality of health care, to be able to save lives. Yet I have no profit. So I probably will not be taxed, right? Guess what. They are going to be taxed. They are going to be taxed on their revenue.

Established companies that do have some profit—they are looking at big taxes on their revenues, particularly if they are doing well. There are a couple companies in Ohio and around the country that have already told us what they are going to do.

Let me give you an example. Last year, I visited Mound Laser and Photonics Center outside Dayton, OH. They provide services to the medical device industry—fabrication. They do very technical work. They have machinists there who are specializing in medical device manufacturing. They provide machining services to the device industry.

The CEO is a friend of mine, Dr. Larry Dosser. He told me when I was there—he said: Look, this could be devastating to our business—this 2.3 percent excise tax—because these are our customers. Unfortunately, he has just told me he is going to have to start laying off people. On January 1, 2012—a couple months ago—they laid off people for the first time in their history. It is a 16-year-old company. It is an up-and-coming company. They are adding people every year. Because of this medical device tax, they are having to plan for higher taxes, therefore, a hit to their revenues, and they are starting to lay off people already.

There are other examples. Meridian Bioscience is in Cincinnati. I visited there. I talked to the workers, I talked to the management, and they tell me flat out: This is going to cost us tens of millions of dollars, and this is going to result in us laying off workers. They are not sure if it is 40 workers or 80 workers, but it is an up-and-coming company in our area that is doing the right things, creating jobs and opportunity and creating devices that will, in this case, by the way, also improve

the quality and lower the costs of health care. That is what they specialize in—diagnostic services that the Senator, as a doctor, understands, Dr. COBURN, can be incredibly helpful in getting health care costs down.

There are others. Stryker Corporation just announced its intention to lay off 5 percent of its workforce in anticipation of the implementation of this tax at the beginning of next year.

This is what is happening. There is a better way. There is a way to reduce costs and increase competition in health care to make it more patient centered. You all have been leaders in that. We have laid out alternatives. We are not saying the health care system was perfect before this legislation was drafted—not at all. Of course, it needs to be improved and reformed and it can be. It can be done in a way that both improves quality and improves the ability of people to have access by adding transparency and adding competition and adding the value of quality and outcomes rather than just input and volume to reduce costs in our system.

We have to do that. If we do not do that, this law will continue to affect our economy negatively. One reason we have the weakest recovery since the Great Depression is because of the impact of health care, and this law has made it worse, not better.

I thank the Senator for letting me come by to talk about this issue. I look forward to the continuing dialog.

Mr. JOHANNIS. I thank Senator PORTMAN. The Senator has made so many excellent points.

I believe if we look at the people who have spoken about this legislation, before and after its passage, one would be hard-pressed to find anyone who speaks with greater authority than Dr. TOM COBURN, who is a Member of the Senate.

I would ask Dr. COBURN to weigh in on this health care bill. He has talked through the years so often about what this health care bill is doing to medicine, the impact it is going to have on patients, the impact on the economy, the impact on jobs. I would like the Senator to talk to us today about what he is seeing as we are literally on the time of the second anniversary and tell us how this is panning out. It has been the law now for a couple of years. What is the reality of this legislation?

Mr. COBURN. I, thank the Senator. The reality is we are committing malpractice. Let me describe what I mean by that. In medicine, when a patient comes in, listening is a very important aspect. In fact, there is the axiom in medicine that if you listen to your patient, they will tell you what is wrong with them, completely. The more time you spend, the more effective you are at gaining it. The reason that is the axiom in medicine is because you do not want to treat symptoms of a disease, you want to treat the real disease.

All of America recognizes that we had some difficulties in being competi-

tive and also with access in terms of health care. We know our health care is good, but it is too expensive. As a matter of fact, it is more expensive than anywhere in the world. But we do know some things about that. We know one out of three dollars we spend in health care in this country does not help anybody. It does not help them get well. It does not keep them from getting sick.

The problem with the Affordable Care Act is that it almost always treats the symptoms rather than the underlying disease. Let me give some examples. I have practiced medicine. I have been a physician for almost 30 years. When I have a contract with a private insurer, they are going to renew that contract in the next year on whether or not I am efficient and effective in taking care of people who have insurance with them. There is no motivation at all in the Medicare Act.

The underlying problem with our \$2.6 trillion is that we all think somebody else is paying for our health care. So I am a practicing physician. I have no motivation not to spend Medicare dollars and avoid the axiom of listening to the patient because maybe the short-term remuneration for my services is low, so I need to see more people. So we have addressed the symptoms of the disease but not the real disease.

The real disease is that we, on both the purchasing and providing side, are not responsible with the available dollars in our economy. When we always assume someone else is paying for it, we cannot get there. We do not have the right incentives. Consequently, when we treat symptoms we actually make it worse.

What are we seeing? What we are going to see is the government jump between the doctor and the patient to make the symptoms worse. We are going to have an IPAB board, which is not coming yet, but it is coming. We are going to have an innovation board—not patients, not doctors—not patients making these decisions but somebody in Washington making the decisions. So the very capability of utilizing that one axiom of medicine, having the freedom to listen to the patient and then acting on what we heard rather than acting on the basis of rules and regulations coming out of an autonomous nonpersonal body in Washington that is going to tell us what we are going to do.

Let me give a great example. In the Affordable Care Act is the money and the incentive to put everything online. Now, by itself that sounds smart. What do the first studies show on the basis of that? The first studies show that when a doctor has online available diagnostic tests versus the doctors who do not, they order 18 percent more tests than the doctors who do not.

In other words, if something is easy to do, we do more of it, and so here is the first—this just came out 2 weeks ago—the first set, when people were looking at radiographic tests such as

CTs, MRIs, CAT scans, chest x-rays, ultrasounds, they get the results. They get the results faster. Without the patient being there, without reading them, they automatically order 18 percent more tests.

Well, our problem in our country was we were ordering too many tests. We have all of the incentives to order tests rather than listen to the patient, and now we set up a system where we are going to order more tests. That is what the first study shows. We are going to give hundreds of millions of dollars to doctors to have an IT system put in their offices so we have an electronic medical record. Well, what are we seeing from the first examples of that? Other than in isolated cases where it is a very refined product, such as Mayo Clinic or Cleveland Clinic or even at the VA, what do we find? People fill out the paperwork, check the boxes, but they do not check it in relationship to the patient. So when the next person looks at the electronic medical record, they do not look at all of the garbage that is there that does not mean anything—but, oh, it might because there is too much information now in terms of the computer screen.

So what is happening? We are doing duplicate things that were not done before. So the impact of the health care bill—just in terms of taxes, does anybody think health insurance premiums are not going to rise enough to offset whatever the increased cost is for the medical loss ratio? They are going to make money. Businesses are going to make money. So if we put a medical loss ratio at 15 percent, what is going to happen is they are going to live within that, but the premiums are going to go up so they can do what they need to do.

Blue Cross-Blue Shield Oklahoma knows my practice parameters. They know what I am good at, what I am efficient at, and what I am not. They are not going to give up that knowledge of whether or not I should be doing a test by simply saying the Federal Government put in a medical loss ratio. They are going to raise premium prices, which we are already seeing in Oklahoma.

So when we continue to treat symptoms instead of the underlying disease, we do not solve a problem; we actually make the problem worse. That is why you get sued as a physician when you miss a diagnosis of a disease, and what I will tell you is Americans are at “disease” about health care in our country. But we have committed malpractice in our approach to it because we are treating the symptoms and not the underlying disease.

Mr. JOHANNIS. Let me express my appreciation, but let me also follow up with a question because I think it is important. The Senator mentioned IPAB. This was a little-discussed provision, although the Senator kept pointing it out. Talk about the powers of this group and where you think it is leading.

Mr. COBURN. The IPAB stands for the Independent Payment Advisory Board. They are a group of individuals who will decide what we pay for and what we do not pay for in terms of health care. They will also decide how much we pay.

Once those 15 people are in place, if they are wrong, people will have no ability to challenge it in court. They have no ability to see their work product and why they decided on what they did. They have no ability to cut off their funding. In other words, they are an autonomous nondemocratic function whose whole goal will be to control costs.

Well, there are lots of ways to control cost. I call it the “sovietization” of the American medical industry. They are going to control costs. Well, we know how that works. We have already seen it. It is called NICE in England, and we are seeing a revolt. As a matter of fact, in England today they are talking about reforming their health care system and going in the opposite direction of what we are doing because what they know is the rationing of care based on a value of 1 year of life per individual is the way they make that decision.

So if Senator JOHANNIS is 78 years old and has a broken hip and bad diabetes and bad heart disease, they look at the value of what his life expectancy is with that and then the cost of fixing his hip. They say: You are not worth it. So in England they do not fix your hip. Well, that is called rationing.

The fact is it is not bad by the word; it is a loss of liberty. It means people no longer have the ability to decide themselves what will happen to them, and somebody autonomously, very distant from them, makes the decision for them.

IPAB is not the worst—the innovation council. What will not happen that the innovation will not allow to happen? I have a story of a patient—and I will just give an example. Not IPAB, not innovation, but we are also going to have the Preventive Services Task Force that is going to make recommendations on screening.

I want to give an example. This is a true story. I will not use her name, but a young lady came to me with a breast lump. I did the standard protocol, best practices on her. It showed to be a simple cyst, and the point I am making is about the art of medicine, not the science of medicine because everybody gets hung up on the science, but nobody ever talks about the art.

I had an uncomfortable feeling about this cyst. So I aspirated it. It was inflammatory carcinoma of the breast. In other words, had I followed the protocols that are going to be recommended by IPAB and the best practices, I would have never aspirated it.

Well, this patient is now dead. But she lived 12 years. A delay in diagnosis on inflammatory carcinoma would have given her less than a year to live. Because I did not follow what the

standard protocol was but followed my history and my knowledge of the patient and my feeling, I diagnosed her early. She got to see her kids get married; she got to see a grandchild. That never would have happened.

So what is coming with IPAB and the Preventive Services Task Force is people making decisions that are not in the room with the doctor and the patient, and that is the biggest danger of the Affordable Care Act: that we are going to take the ability of patients and doctors to make choices and give that choice to a government bureaucrat.

The ACTING PRESIDENT pro tempore. The Senator's time has expired.

Mr. JOHANNIS. We yield the floor, and I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

Mrs. MURRAY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

AFFORDABLE CARE ACT

Mrs. MURRAY. Mr. President, 2 years ago health insurance companies could deny women care due to so-called preexisting conditions, such as pregnancy or being a victim of domestic violence. Two years ago women were permitted to be legally discriminated against when it came to insurance premiums and were often paying more for coverage than men. Two years ago women did not have access to the full range of recommended preventive care, such as mammograms or contraception and more. Two years ago the insurance companies had all the leverage, and too often it was women who were paying the price.

Mr. President, that is why I am proud to come to the floor today, 2 years after we passed the Affordable Care Act, to highlight just how far we have come when it comes to making sure women across America get the care they need at a cost they can afford. Because of this law, women will be treated fairly when it comes to health care costs. Deductibles and other expenses will be capped so a health care crisis doesn't cause a family to lose their home or their life savings. Preventive care will be free, so women never have to delay care because they can't afford to see a doctor. Because of this law women will have more options. They can use health care exchanges to pick quality plans that work for them and for their families. And if they change jobs or move, they will be able to keep their coverage. Because of this law maternity care is now covered and women won't have to skip prenatal care because they can't afford it. Because of this law women are now in charge of their health care, not their insurance companies. That is why I feel very