

entrepreneur, investor, intermediary and regulator. We endorsed H.R. 2930, as it is aligned with our framework. Since then, we worked closely with the Senate to understand their concerns and work on a bill to include provisions that can yield bipartisan support while creating an regulatory environment in which a Crowdfund Investing industry can grow and succeed.

It is with this in mind that we write to suggest that if you consider the House version of the bill you consider adding the following crucial components:

1. Crowdfund Investing intermediaries that are SEC-regulated to provide appropriate oversight

2. All or nothing financing so that an entrepreneur must hit 100% of his funding target or no funds will be exchanged

3. State notification, rather than state registration, so the states are aware of who is crowdfunding in their states. This ensures they retain their enforcement ability while creating an efficient marketplace.

Senators Merkley, Bennett, Brown and Landrieu should be commended for their thoughtfulness in crafting a bipartisan compromise bill. Passage of Crowdfund Investing legislation this session will create the American jobs and innovation that our economy so desperately needs. Please consider taking up this bill.

Sincerely,

SHERWOOD NEISS, JASON BEST &
ZAK CASSADY-DORION,
Co-founders.

MARCH 15, 2012.

Senator HARRY REID,
*Senate Majority Leader, Hart Senate Office
Building, Washington DC.*

DEAR SENATOR REID: I write to express support for the bipartisan CROWDFUND Act recently proposed by Senators Merkley, S. Brown, Bennet and Landrieu.

CrowdCheck, Inc. was formed to support entrepreneurs seeking crowdfunding by giving them a way to establish their legitimacy in a field that many have predicted will be vulnerable to fraud, and to give investors a tool to recognize and avoid fraud. Our founders include several business lawyers, and I am a securities lawyer with three decades of experience helping companies comply with SEC disclosure requirements. I thus understand the burdens such regulations can impose on entrepreneurs, and also the information investors need to make an informed investment decision. I am therefore pleased to see the careful balance in the bill between investor protection and burden on the entrepreneur.

While we have some concerns with respect to interpretation of certain provisions in the bill, we look forward to working with the sponsors of the bill to address these. We therefore urge you to support this bipartisan effort to pass the CROWDFUND Act.

Sincerely,

SARA HANKS,
CEO, CrowdCheck, Inc.

Mr. BENNET. It moves this ball down the field. I hope it establishes a model for how we can work together to make sure that we are actually addressing things I am hearing about in the townhalls and that we are driving wage growth and job growth here in the United States.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Mississippi.

Mr. WICKER. Madam President, are we in morning business?

The ACTING PRESIDENT pro tempore. We are.

ORDER OF PROCEDURE

Mr. WICKER. Madam President, I rise to speak on the second-year anniversary of the Patient Protection and Affordable Care law. I will be joined shortly by a few of my colleagues. I ask unanimous consent that at that point we engage in a colloquy.

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

HEALTH CARE

Mr. WICKER. Madam President, on Friday of this week 2 years will have passed since President Obama signed the Patient Protection and Affordable Care Act into law. This is actually a sad anniversary because more than enough time has gone by to reveal the failures of this massive, burdensome piece of legislation.

The fact that 26 of our 50 States—more than half of the States—are part of the legal challenge currently under review by the Supreme Court points out the inevitable truth: This is a law that simply does not work.

The case that will be heard in a few days will be one of the most consequential Supreme Court cases of my lifetime—consequential not only because it deals with this massive, burdensome piece of legislation but because the implications go so much further. The Supreme Court case will decide the scope of the commerce clause. Indeed, my colleagues, if the Supreme Court decides this law can withstand constitutional scrutiny, then this large, massive Federal Government can, in fact, do almost anything, and there will be hardly any limitations under the Constitution and the Bill of Rights on the power of the U.S. Federal Government.

Americans are right to be disappointed with Obamacare, and they are right to want it repealed. And regardless of the outcome of the Supreme Court case, this Congress can decide and, as a matter of fact, the people of the United States will have a chance in November, as we do every 2 years, to decide.

A recent Gallup poll shows that twice as many Americans think the law will make things worse for their families than those who believe it will make things better. Seventy-two percent of Americans believe the individual mandate is unconstitutional.

The truth is that Americans deserve affordable, high-quality health care, not a 2,700-page, big-government piece of legislation that taxes, spends, and regulates. The President's health care law has not lowered the cost of health care as promised. It has not created jobs as promised. It has not reduced the deficit as promised. So this week we mark the anniversary not with progress but with bitter realities.

President Obama, in his joint session speech to Congress in 2009, asserted that his plan “will slow the growth of health care costs for our families, our

businesses, and our government.” In fact, last week the nonpartisan Congressional Budget Office and Joint Committee on Taxation updated their outlook of the health care law's impact on the Federal budget. Not surprisingly, their latest analysis says Obamacare will cost even more than anticipated. And the anticipated costs were high, indeed, but they say the health care law will cost nearly \$1.8 trillion over the next decade or double the estimated cost that accompanied the bill when Democratic supermajorities passed it in 2010. This is hardly the relief President Obama promised.

During his campaign, the President said the plan would reduce health care premiums by an average of \$2,500 per family. Instead, premiums have grown by nearly that much since he was elected.

I see I am joined by two of my colleagues, the distinguished Senator from Wyoming and the distinguished Senator from Kansas.

There are a number of other promises we are talking about today, and I know we don't impugn motives around here—that is against the rules—but one has to wonder, did advocates of this massive law actually believe these promises or were they simply duped and misled? And I don't know which is worse, but I know that my colleague Dr. BARRASSO, himself a physician who is on the front line of this issue, has given this a great deal of thought, so at this point I ask him to join in this colloquy.

Mr. BARRASSO. Madam President, I stand here with my friend and colleague from Mississippi because he and I both attended, in his home State of Mississippi, a meeting at a hospital where we met with doctors, also met with patients, and met with people from the community while the debate and discussion was being conducted about this health care law. At the time, people were asking all sorts of questions because they had heard the promises. Would this actually lower the cost of insurance by \$2,500 a family? That is what people wanted. That is what they expected. The other question: Will I really be able to keep the care I have and the doctor I have if I like it?

Now here we are a couple of years later, the second anniversary of this health care law being passed, and I am here with my friend and colleague from Mississippi, and it just seems to me that the questions that were asked by his constituents, by the doctors in those communities who take care of the patients, by the patients, the hospital administrators whom we talked to that day in his home State of Mississippi—it does seem that many of these promises have been broken.

The costs seem to go up higher than had this health care law not been passed at all. The numbers and the statistics we are hearing now from the budget office on the cost seem to be much, much higher than what the

President promised. Parts of this health care law—the so-called CLASS Act—it now comes out were accounting gimmicks, budget schemes to make it seem as though the cost of this health care law would be much less than what American people now know it to be.

So it is no surprise to me—and I see this in Wyoming, and I am sure the Senator sees it in Mississippi, and I would imagine the Senator from Kansas who is on the floor has seen the same thing at home because I know he has gone to hospitals and just—maybe almost every hospital in the State of Kansas as he has traveled around. We are all seeing that this health care law is less popular now than when it was passed. That is what I hear at townhall meetings. When I ask, do you think you are actually going to pay more under the health care law, every hand goes up. And when I say, do you think the quality and availability of your own care at home is going to go down, again, every hand goes up.

So if I could ask my colleague from Kansas if he is hearing the same things. And I see we are also joined by the Senator from Arizona.

Mr. MORAN. I appreciate the opportunity to be on the floor today, especially with the Senator from Wyoming, a doctor who is such an expert on the topic of really not just the moment, not just the day, but the topic of what our country faces.

I will say that I do spend a lot of time in hospitals across our State talking to health care providers, talking to patients, doctors, to administrators, trustees. In fact, there are 128 hospitals in our State. I have visited all of them, and there is genuine concern about the future of the ability for health care to be delivered in communities across our State. And you add to that the physician and other health care provider community, and this health care reform act is creating significant challenges.

My interest in public service started a long time ago with the belief that we live our lives in rural America, in my State of Kansas, in a pretty special way. When I came to Congress, it became clear to me that if our communities were going to have a future, it was dependent upon the ability to deliver health care close to home. And those rural communities across our Nation often have high proportions of senior citizen populations where Medicare is the primary determining factor of whether they can access health care.

When the affordable care act was passed, many promises were made, but one of the things that was told to the American people—or at least the attempt was made to sell to the American people—was that there would be greater access. And I would certainly say that one of the promises that is not being kept about the affordable care act is the likelihood that there is going to be greater access for Americans across our country to health care because this bill is underfunded, it is not

paid for. The consequences are that the administration is already proposing and Congress will always be looking for ways to reduce spending when it comes to health care, and the most likely target is the payment Medicare makes to health care providers, which in many instances already doesn't cover the cost for providing the service. So when we look for access to health care, every time we make a decision, every time a decision will be made in order to try to make this more affordable, we are going to see fewer and fewer providers able to provide the services necessary to folks across the country but especially in rural communities where 60, 70, 80, even 90 percent of the patients admitted to the hospital are on Medicare.

So one of the problems with the affordable care act is the reality that it will reduce access to health care for people who live in rural America and we will see fewer physicians accepting patients on Medicare, we will see fewer hospital doors remain open; as this bill takes \$500 billion out of Medicare to begin with, the Congress that passed and the President who signed this legislation set the stage for there to be less affordable health care available to Americans across the country but especially for constituents of mine who live in a rural State such as Kansas.

Mr. WICKER. If I could jump in on the issue of Medicare because I have a quote here from President Obama, July 29, 2009: “Medicare is a government program, but do not worry, I am not going to touch it.” As a matter of fact, only months later he signed into law Obamacare, which takes \$½ trillion from Medicare. And it touches on the very issue the Senator from Kansas was referring to with regard to Medicare access for people in rural Kansas.

Mr. MCCAIN. Madam President, I might point out to my friend from Mississippi that the first amendment we had on the floor of the Senate when we were considering ObamaCare was to restore that \$500 billion, and it was voted down on a party-line basis.

I thank my friends for allowing me to engage in this colloquy. I want to discuss this with my friends. In my view, probably what encapsulates the problems with this legislation—the commitment began that we would provide affordable health care to all Americans, which meant we had to put the brakes on inflation in health care because health care was becoming unaffordable—the highest quality health care in the world. Nothing, in my view—and I ask my colleagues this—describes more how this whole plan went awry than the so-called CLASS Act.

Late in the debate, the CLASS Act was thrown in to provide long-term care for seniors, which seems like a worthy cause, but the whole thing was a gimmick. It was described by Senator CONRAD, our chairman of the Budget Committee, as a “Ponzi scheme of the first order, the kind of thing that Bernie Madoff would have been proud of.”

They foisted that off on us. Why? Initially, because of CBO scoring, it would show an increase in finances into revenues and into the whole ObamaCare program. But as soon as those people who were paying in became eligible, obviously, the reverse happened. Thank God for former Senator Gregg of New Hampshire, who had an amendment adopted that required the Secretary to certify that the program would be solvent for over 75 years before the program could be implemented. If it hadn't been for that, the CLASS Act would be here today.

Then, last October, the Secretary of Health and Human Services issued a report confirming what many of us knew was inevitable: that the Secretary could not certify the CLASS Act's solvency as required under law. So we went through this exercise of frantically searching for ways to increase revenue, at least the way CBO does scoring. So we did the CLASS Act and, thank God, Senator Gregg of New Hampshire put in an amendment that they had to certify that it would be viable over 75 years. There was not a snowball's chance in Gila Bend, AZ, that they were able to certify that for over 75 years it would be a viable program.

It was kind of entertaining, but late on a Friday night the Secretary of Health and Human Services said she could not certify that the program would be solvent throughout a 75-year period. The result of this was, obviously, that they didn't have the false revenues that CBO could score. They didn't have a program that could provide long-term care for seniors. Again, as the Senator from North Dakota aptly pointed out, this “Ponzi scheme of the first order” faced and met a well-deserved death.

That is why an overwhelming majority of the American people disapprove of this whole exercise of ObamaCare. They want it repealed. They don't support it. I am proud to say in this election we will decide whether we repeal and replace ObamaCare. The American people care about that.

Mr. WICKER. Madam President, to summarize what the Senator from Arizona has just said, the CLASS Act was sold to the American people as a budget deficit reducer. It was going to reduce the deficit. No sooner was it signed and they started looking at it that the administration itself said: We know it is unworkable, and we abandon it. We are not even going to try to enforce it.

Mr. MCCAIN. They could have kept it on the books. If it had not been for the amendment of Senator Gregg from New Hampshire which said they had to certify its solvency over a 75-year period, we would have the CLASS Act today, a Ponzi scheme where people would be paying in, and that is scored as revenues, and some years later when they retire, obviously, the reverse would have been true.

I have yet to hear one of my colleagues come over and admit that they

were wrong about the CLASS Act. I would love to hear some of those who strongly advocated for it. My friend from Iowa, Senator HARKIN, said:

So we get a lot of bang for the buck, as one might say, with the CLASS Act that we have in this bill.

Senator WHITEHOUSE said this:

Certain colleagues on the other side of the aisle have argued that the CLASS plan would lead to a financially unstable entitlement program and would rapidly increase the Federal deficit. That is simply not accurate.

I look forward to my colleagues who supported and voted for the CLASS Act to come over and agree that it was, as Senator CONRAD pointed out, a Ponzi scheme.

Mr. WICKER. Madam President, I know our friend from South Dakota has joined us and is eager to join in this discussion. I wonder if he has anything to add about the broken promises that were made during the passage of ObamaCare.

Mr. MCCAIN. Before that, the whole point of reforming health care was to reduce the cost of health care. That was the goal. We all know Medicare cannot be sustained for the American people if the inflation associated with health care continues. The whole object of this game was to reduce the cost of health care and preserve the quality of health care.

Does anybody think that was achieved with this legislation? That is why the American people have figured it out. I yield for the Senator from South Dakota.

Mr. THUNE. Madam President, I echo what the Senator from Arizona said about the CLASS Act. He was here, as was I and many others, debating this bill and saying this was a program destined to be bankrupt. In fact, if we look at the independent Actuary, he was saying the CLASS Act was unworkable. They said it would collapse in short order.

Within the HHS Department, there was a nonpartisan career staff that called it a "recipe for disaster." There was plenty of advance warning this wasn't going to work.

The Senator from Arizona correctly pointed out it was used as a gimmick to make the overall cost look less and, therefore, bring it into balance. As we know now, the CLASS Act could not work. They have had to acknowledge that, and the amendment put on by Senator Gregg, which would have forced them to certify, made that abundantly clear.

To the point of the Senator from Mississippi, the purpose of the exercise was that we have to do something about the cost of health care. In fact, the President of the United States, when he was running, said this:

If you've got health insurance, we are going to work with you to lower your premiums by \$2,500 per family per year. We will not wait 20 years from now to do it, or 10 years from now to do it; we will do it by the end of my first term as President of the United States.

I am sure the Senator from Arizona probably remembers very well many of these statements. But the facts tell a different story. If we look at what health care costs are doing, and even what was predicted by the Congressional Budget Office, they said the law was going to increase health insurance premiums by 10 to 13 percent, which means families purchasing coverage were going to pay an additional \$2,100 because of the new law. That has actually been borne out.

If we look at the cost of health insurance for people in this country today, it has gone up, not down; it has gone up dramatically—since the President took office, about 25 percent for most Americans. All these promises about getting costs under control, the promises about keeping what people have, the promises about this being done in a way that would protect Medicare—we all know Medicare was going to be slashed when this was fully implemented, to the tune of \$1 trillion, and there would be \$1 trillion in new taxes also.

The American people got a bad deal, and they know it. That is what the public opinion polls show.

Mr. MCCAIN. I ask the Senator, even though we have shut down the office of the CLASS Act, even though the Secretary of Health and Human Services said they can't certify that it will be fiscally solvent over 75 years, it is still on the books. Isn't the CLASS Act still on the books? Does the Senator think it might be appropriate, since we cannot comply with the law, to maybe repeal that portion of the law? Is that something we might think about? It might be a pretty good amendment.

Mr. THUNE. It would be, and, by the way, we have that amendment and would be happy to offer it. We tried to call up the bill, but it was objected to by the Democrats. The thing about bad ideas around here is that they tend to come back. This idea ought to be put away once and for all. Yet it is on the books, as the Senator pointed out. I don't know why, after all the evidence out there now that has been put forward, including the Health and Human Services Secretary saying this will not work. But we continue to maintain it on the books in the hopes of some in the administration, I am sure, that it can be resurrected in the future. It was a bad idea then, and it will be in the future. It just doesn't pencil out. We cannot make it work. It saddles future generations of Americans with massive amounts of debt.

Mr. WICKER. Madam President, let me ask my colleagues about another promise. They will call time on us soon.

Does anybody recall hearing this statement from the President of the United States in 2009? He said this:

If you like your health care plan, you will be able to keep your health care plan, period. No one will take it away, no matter what.

That was the President on June 15, 2009. What happened to that?

Mr. BARRASSO. Madam President, when we look at it, even the adminis-

tration admits that wasn't true. Small businesses—people who get their insurance in small businesses—will have a difficult time continuing to provide coverage for people because of the mandates that say they have to provide Washington-approved insurance. That is the problem: that people have what they like, and it may be something they want, need, and can afford. Now they are being mandated to have something they may not want, need, or be able to afford.

So, again, we have another broken promise, which is why Senator COBURN, who practiced medicine for a quarter century, as I did, and I have come out with a report, released yesterday called, "Warning, Side Effects, a Checkup on the Federal Health Law: Fewer Choices."

That means people cannot choose to keep what they have. There are fewer choices, higher taxes, more government, and less innovation. None of that is what the American people have been promised by the President.

Mr. MCCAIN. In addition, I ask the Senator how many new regulations have been issued, and how many new regulations do we anticipate as a result of this exercise?

Mr. BARRASSO. This over 2,000-page law will result in over 100,000 pages of regulations. There is one part of the law where, for a couple of pages—4 to 6 pages—they had 400 pages of regulations and 50 pages of legal guidance.

When we talk to hospitals—I know those of us who visit with hospitals in our States—they say they are spending money on consultants and lawyers to help them understand the law. They say: It is money we ought to spend on patients and equipment and technology for our hospital, to provide care in our community.

I know the Senator from Kansas has visited over 100 hospitals in his State. He has heard the same thing.

Mr. MORAN. That is true. The point made earlier about the goal of the legislation bending the cost curve down—it didn't do it, it doesn't do it, and it cannot do it. That created the problem we all face now. How can we have access to affordable health care if we are not reducing the cost of health care?

The end result, in my view, is that Americans will have less options for their own plans. As employers, they will provide either less options or no options for their employees. So the idea that people are going to get to keep what they have, that begins to disappear. If they are a senior citizen and Medicare has been their primary provider, we go back to the idea that we didn't bend the cost curve. So in order to make health care affordable—when the legislation fails to do that, we find other gimmicks to do that. One of the things this bill creates is IPAB, an independent agency that will make decisions about what is covered by people's health care plans. The goal will not be to have better quality health care; the goal of the IPAB will be to reduce expenditures.

As the promise was made that people get to keep what they have, it becomes totally different than what they have experienced in their health care plans—either in their own private health care insurance or as a beneficiary of Medicare. Even the President's own Medicare Actuary estimates that the law will increase overall national health care expenditures by \$311 billion during the first 10 years alone, and that private health care insurance premiums will rise 10 percent in 2014.

So if we are complaining today about the increase in premium costs, there is more to come. In 2014, the Medicare Actuary says there will be another 10 percent increase in your health care premiums. At the Center for Medicare and Medicaid Services, their economists found the increasing growth rate in health care spending will occur in every sector of health care. More recently, the Congressional Budget Office, our neutral provider of analysis, says the cost of the health care law may be substantially higher than earlier estimated.

One of the things I would suggest we should have done and that never happened—if we want folks to be able to keep what they have, if we want access to health care in rural and urban and suburban places in the country—we should have done something about fixing permanently the reduction of payments to physicians—the so-called doc fix. One would have thought, in health care reform, that would have been front and center. Because if we don't have a physician providing a service, we don't have health care. Yet we have a Medicare system that is going to reduce the payments. In fact, expected this year, the reduced payments to physicians was going to be 30 percent.

The reality is, no longer will physicians accept Medicare patients. The option the American people were promised about keeping what they have disappears one more time. In fact, at a townhall meeting in Parsons, KS, this year, a physician in the front row said: Senator, you need to know I no longer accept Medicare and Medicaid. I will take cash, but I cannot afford to provide the services based upon the Medicare reimbursement rate I get. When you add in all the paperwork, trying to comply with Medicare and Medicaid, it is no longer financially feasible for me in this small town to provide the services my patients need under Medicare.

So we are going to see a lot less access because, once again, this is a failure. The promise that was made to bend down the cost curve, to reduce health care costs, to reduce premiums was totally false.

Mr. WICKER. So the promise was not to touch Medicare, and that promise has not been fulfilled. The promise was to reduce the deficit, and that turned out to be an empty promise.

Also, we were told by the President and by Speaker PELOSI this bill would create jobs. The President said it was a key pillar for a new foundation for

prosperity. How has that turned out? Former Speaker PELOSI said in its life the health care bill will create 4 million jobs—400,000 almost immediately.

Of course, neither of those promises has come true. The nonpartisan CBO has estimated the health care law will reduce America's workforce. This is the bipartisan CBO. They said it will reduce America's workforce by 800,000 jobs over the next 10 years. That fact has been confirmed by the U.S. Chamber of Commerce.

Mr. THUNE. I would say to my colleague from Mississippi that one of the areas where jobs may be created is in the Federal Government because it is going to take an awful lot of Federal bureaucrats to oversee and lots of new IRS agents to implement this legislation. That would be the only place we will see job creation.

But when it comes to private sector job creation, the thing about this is, it raises the cost for health insurance coverage for employers, and it raises taxes on a lot of people who are involved in health care.

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

Mr. THUNE. The combination of those things is only going to cost jobs.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Iowa.

ORDER OF BUSINESS

Mr. HARKIN. Madam President, how much time remains on our side?

The ACTING PRESIDENT pro tempore. There is 7½ minutes.

Mr. HARKIN. Madam President, I would like to be notified when I have 1 minute remaining.

The ACTING PRESIDENT pro tempore. The Chair will so advise.

Mr. HARKIN. I appreciate that.

HEALTH CARE

Mr. HARKIN. Madam President, 2 years ago President Obama signed into law what I believe was the most forward-thinking and humane reform of our health care system since Medicare. Just like the Republicans opposed Medicare when it came in, they still want to get rid of it. If we look at the Ryan budget that came out, what do they want to do? They want to privatize Medicare. They have been at it ever since. They do not want this humane reform we passed 2 years ago.

When the affordable care act became law, I said we have made America a more compassionate and a more just society. I believe this with even greater conviction now. In listening to my colleagues, my friends on the other side of the aisle, one would think this is all just about little nuts and bolts and this and that, but it is about humaneness. It is about compassion and about justice and, yes, it is about making the system work better for patients, not just for insurance companies and the insurance industry.

Now that we have moved ahead to implement the law, the results have been striking. Every American now is protected against the abusive insurance company practices of the past. Let me put it another way. Because of the health care reform law, Americans now have protections that every Senator in this Chamber has enjoyed for years under the Federal Employees Health Benefits Program. We now have extended that to all Americans. Listening to my friends on the other side of the aisle, they want to take it away from Americans but keep it for themselves. Oh, no; they do not want to give it up. I think what is good for Senators ought to be good for the American people.

The young lady shown on this chart is Emily Schlichting. She testified before my committee last year, and this is what she said:

Young people are the future of this country and we are the most affected by reform—we're the generation that is most uninsured. We need the Affordable Care Act because it is literally an investment in the future of this country.

Why does she say that? Because she suffers from a rare autoimmune condition which insurance companies would not even cover. But because we have said they cannot now discriminate if someone has a preexisting condition, Emily gets insurance coverage. Plus, she can stay on her parents' health insurance program.

So far, the law has extended coverage to more than 2½ million young people such as Emily. Yet the Republicans want to take it away. They want to take away Emily Schlichting's insurance coverage. That is what this is all about. They want to repeal the affordable care act—ObamaCare. What that will mean is that 2½ million people similar to Emily will lose their insurance. But they do not talk about that. They do not talk about that.

Here is the coverage Americans have right now. We have banned lifetime limits. Let me tell everyone about Ross Daniels and Amy Ward from West Des Moines, IA. After developing a rare lung infection on a summer trip, Amy needed intensive treatment, including a course of medication costing—get this—\$1,600 a dose—\$1,600 a dose. Her insurance policy had a \$1 million lifetime limit. Without our health care reform's ban on lifetime limits, this couple would have had to declare bankruptcy. After this experience, Ross said he can't understand why opponents of the law want to repeal it. He said:

It is hard for us to believe that so many of the GOP candidates would have us go back in time where an illness like this would have forced us, or any other family for that matter, into bankruptcy.

Listen to what Republicans are saying. They want to take this protection away from Amy Ward and Ross Daniels and millions of other Americans. There are 100 million people being helped by the ban on lifetime limits.

We have also covered vital preventive services free of charge. That has benefited more than 80 million people who