

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent to speak for 15 minutes.

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

HEALTH CARE

Mr. WHITEHOUSE. Let me first congratulate Chairman HARKIN for his remarks today but more than that the work that has preceded today on the health care bill. He was an ardent advocate for the prevention programs that save lives and money. It was a real pleasure to work with him at that time.

Today is the second anniversary of the passage of the affordable care act. I wish to describe how the law is already making a difference for families in Rhode Island and across the country by drastically improving access to higher quality care, by addressing rising health care costs, and by protecting consumers.

Look at the changes. Children with preexisting conditions were denied coverage—no longer. Lifetime limits on insurance policies left many American families struggling to pay medical care bills on their own—no longer. Insurers could cancel coverage for individuals who became sick—no longer.

In addition, the law helps kids just out of school who all too often cannot get that first job with health insurance. It helps them to stay on their parents' insurance policies until age 26. For seniors, prescription drug costs are down as the Medicare doughnut hole begins to close. This is real change, and it hits home in my home State of Rhode Island. I hear from Rhode Islanders and I listen.

I heard from Greg, a father in Providence, who told me about his 16-year-old son Will. Will spends 2 hours every day undergoing treatment to keep his cystic fibrosis in check. In addition to his daily treatment and prescriptions, Will sees a specialist four times a year to monitor the disease. Greg said he often thinks about his son Will's future and whether his son will be able to maintain health insurance coverage and receive the treatment he needs.

Thanks to the affordable care act, Will does not have to worry about insurance companies denying him coverage because he has a preexisting condition or fear that he will have to go without treatment because his medical bills will have pushed him over some arbitrary lifetime limit.

As many as 374,000 Rhode Islanders, including 89,000 children similar to Will, can now receive the treatments they need free from lifetime limits on coverage. People who want to repeal ObamaCare should be ready to look Greg in the eye and tell him why they want to take that away from him and his son.

Olive, a senior from Woonsocket, shared with me that her husband takes several medicines to help treat his Alzheimer's disease. A 3-month supply for

two of his medications costs close to \$1,000. As Olive said: Those months go by quickly. Last year, Olive and her husband fell into the prescription drug doughnut hole in July. Without the affordable care act, they would have been responsible for paying the full cost of his medications out of pocket, but because of health care reform, Olive and her husband received a discount on their prescription drugs and saved \$2,400 last year.

Olive and her husband are 2 of the over 14,800 Rhode Islanders who received a 50-percent discount on brand-name prescription drugs when they hit the doughnut hole. This discount resulted in an average savings of over \$550 per person, for a total savings of more than \$8.2 million for seniors in Rhode Island alone.

People who want to repeal ObamaCare should be ready to look Olive in the eye and tell her why that \$8.2 million should go back into the drug companies' pockets, why she and her husband should have to cough up an extra \$2,400 for the drug companies.

Brianne, a 22-year-old graduate of the University of Rhode Island, currently works part time as a physical therapy aid in Providence. Her job does not offer health insurance. Brianne suffers from several seasonal and food allergies. She makes frequent trips to her allergist. Because of the affordable care act, Brianne can stay on her mother's health insurance so she can continue to get the treatment she needs. Without this coverage, Brianne said, she would be hard-pressed to afford the treatments necessary to address her allergies.

As of June of last year, Brianne was 1 of over 7,500 young adults in Rhode Island who gained insurance coverage as a result of the reform law. People who want to repeal ObamaCare need to explain to Brianne why she and those other 7,500 Rhode Island kids should be kicked off their parents' policy.

The affordable care act has also brought needed relief to employers that are still the leading source of health coverage in the United States. Geoff is a small business owner in Providence. He provides health care insurance for his employees because, as he said, "It's the right thing to do." But the rising costs of his employees' health insurance have placed increased pressure on his business. Geoff's business qualified for the health care law's small business health care tax credit, which covers up to 35 percent of premiums paid by a small business owners for its employees' coverage. These credits are a lifeline for small businesses that are struggling in today's difficult economy and for the people those small businesses employ. People who want to repeal ObamaCare need to look Geoff in the eye and tell him why they want to take away that tax credit lifeline that lets him provide coverage for his employees.

The affordable care act also provided support for community health centers.

In Rhode Island, similar to elsewhere in the country, community health centers fill a critical gap in our health care system, delivering comprehensive, preventive, and primary care to patients, regardless of their ability to pay.

Dennis Roy is the CEO of the East Bay Community Action Program in Rhode Island. He tells me the affordable care act has provided critical support for his community health center's mission. East Bay has received \$3 million through this law to construct a new community health center in Newport which, despite its international reputation, is one of Rhode Island's poorer cities. The new community health center will triple the available patient care space for needy Newport County residents.

To date, Rhode Island community health centers have received \$14.8 million to create new health center sites in medically underserved areas. This is important American infrastructure, and we should not tear it down to make a political point or to assuage a political ideology. These stories are just a few of many that show how the affordable care act is working for Rhode Island families, seniors, and small businesses.

Although we have made great progress, the work continues. Over the last 2 years, a tremendous effort has been made by the health care industry, by State and local leaders, and by the Obama administration to develop a better model of health care delivery, to shift from a system that is disorganized and fragmented to one that is coordinated, is efficient, and delivers the high-quality care Americans deserve.

Private health care providers, such as Geisinger, Intermountain, and the Marshfield Clinic, are already focusing on quality rather than quantity, efficiency rather than volume, to better serve their patients and their bottom line. Because of the affordable care act, the Federal Government now has the opportunity to support and encourage their focus and to deliver much needed savings in the most patient-centered way, by improving the quality of care and health outcomes.

There is tremendous potential for improved care and cost savings in five key areas: payment reform, primary and preventive care, measuring and reporting quality, administrative simplification, and health information technology.

Savings, from a range of responsible viewpoints, run from \$700 billion to \$1 trillion a year, all without compromising the quality of care Americans have come to expect—indeed, likely improving the quality of care.

I will shortly release a report to Chairman HARKIN and the HELP Committee on the Obama administration's implementation of the delivery system reform provisions of the affordable care act. When I say "delivery system reform," I mean those provisions that

improve the quality of care, avoid medical errors, coordinate care better, reward prevention and primary care, reduce administrative overhead, and reward who gets the best health outcomes, not who orders the most treatment procedures.

I worked with Senator MIKULSKI on this project. She authored the key delivery provisions of the law and has great expertise in this area.

These changes will make a real difference for millions of Americans, and I look forward to sharing the report and its findings with my colleagues next week.

Before I close, I would like to acknowledge Rhode Island's work on a State health insurance exchange provided for by the affordable care act. Rhode Island is leading the way as the first State to receive level two grant funding to set up the exchange. The exchanges are commonsense, local, competitive marketplaces where individuals and small businesses will be able to purchase health insurance, with the prices and benefits out there on display. When insurance companies compete for your business on a transparent, level playing field, it will drive down costs. Exchanges will let individuals and small businesses use their purchasing power to drive down costs, much like big businesses are able to do.

Progress has been made by State leaders such as our Lieutenant Governor Elizabeth Roberts, who is leading this effort to get to this point. They are remarkable. I urge them to keep up the good work.

Whether it is changing the lives of Gregg and Will or Olive or Brianne or Geoff and his employees or whether it is building our community health center infrastructure or supporting the private sector leaders who are pivoting to a new and better and more efficient delivery system or whether it is something as simple as a marketplace for health insurance that is open, fair, and on the level, the affordable care act has made a real difference for hard-working families in Rhode Island. I will continue to work hard alongside these leading health care providers, alongside the Obama administration, and alongside my colleagues in the Congress to see the full promise of the affordable care act realized for this great Nation's advantage.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

ORDER OF PROCEDURE

Mr. ENZI. Mr. President, it is my understanding that the other side will not have their speakers use the last minutes, so we will start on our side.

I ask unanimous consent that we be allowed to do a colloquy and have several Senators join in.

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

HEALTH CARE

Mr. ENZI. Mr. President, we are going to talk about Medicare today and the way the Patient Protection and Affordable Care Act cuts into Medicare, destroys Medicare.

Two years ago the President wanted a health care bill in the worst way, and that is exactly what he got, and that is exactly what America got.

Anybody out there on Medicare or about to be on Medicare or young enough that someday they will be on Medicare should be very concerned about what happened under this act. All of you, I am sure, are aware of somebody who is on Medicare who has already been denied a doctor; they are being denied because they are not being paid what they ought to be paid.

To call it the "patient protection" and "affordable" care act is a major mistake. It neither protects Medicare patients nor makes it more affordable. In fact, one of the things we will bring out today is that there has been a theft of \$500 billion from Medicare to fund other parts of the program. There is some fraud in it because it was spent, but it still shows up in the account. That is how they show that this really doesn't add to the debt. To solve the whole thing, they have a whole new board of unelected bureaucrats to make additional cuts to Medicare to make it look as though it is OK. And then there is the accounting sleight of hand. I am one of the two accountants in the Senate now, and you have to pay attention to see it. It goes back to the fraud because if this same sort of thing were being done in the private sector, people would go to jail.

There are a number of ways that we will bring out how that is not just budget gimmicks and sleight of hand but is actually taking advantage of seniors.

The Chief Medicare Actuary said that Medicare will go broke in 2024. That is 5 years earlier than last year's report by the Chief Medicare Actuary. He is the guy who works for Medicare; he doesn't work for us. He has to figure out each year how much in the hole it is and what needs to be done to fix it.

My contention, of course, is that you can't steal \$500 billion out of a program that is already going broke and expect it to be fine. We warned about that as we were going through the passage of this Patient Protection and Affordable Care Act, which, as already mentioned, was passed 2 years ago tomorrow. It could have been fixed. There were three plans on the Republican side that would have done what is claimed to be done by this act. Those ideas were largely rejected.

Today we are going to talk about some thefts, fraud, unelected bureau-

crats, and accounting sleight of hand. I have some people here who want to respond to some of the things that have been said.

Senator COBURN has listened to some comments made on the other side celebrating this great day.

Mr. COBURN. Mr. President, I listened very intently to the first two speakers this morning. As somebody who has now been a physician for almost 30 years—I practiced full time for over 25 years—I heard the Senator from Iowa and what his desire would be on the chart he showed. He said that 100 percent screening is occurring now in three areas. That isn't true. We are not screening. We hope to screen, and we hope to screen 100 percent, but the facts on screening that are available are that it is only used 5 percent by Medicare patients on the screening that was already available with no cost to Medicare patients. So we have to distinguish between what we desire and what is actually going to happen.

Let's take the example of colon screening. I am a colon cancer survivor. I was diagnosed, through colonoscopy, with colon cancer. Let's take that example, and then let's take the example of the other aspect of the affordable care act, called the Independent Payment Advisory Board. What is the purpose of that Independent Payment Advisory Board? Its purpose is to cut the cost of Medicare through the decreasing of reimbursements—first, for the first 8 years, physicians and outside providers, and then, starting in 2019, hospitals. What do you think the first thing to be cut will be? It is the reimbursement rate for a colonoscopy. So when the reimbursement rate for a colonoscopy goes below the cost—and it is very close right now, by the way, the cost to perform a colonoscopy versus what Medicare reimburses—when that is cut, what do you think will happen on screening?

The goal of changing health care is an admirable goal. We know that \$1 in \$3 doesn't help anybody get well or prevent them from getting sick today. But what the American people need to understand is that what is coming about is a group of 15 unelected bureaucrats, who cannot be challenged in court, who cannot be challenged on the floor of the Senate or the House, mandating price reductions to control the cost of Medicare. What does that ultimately mean? They will do their job. We won't be able to do anything about it. But what it means is that they will reimburse at levels less than the cost to do services, and so, consequently, what will happen is the services won't be there.

They also are going to do what is called comparative effectiveness research. We know about comparative effectiveness research. If you are a practicing physician today, you have to do continuing medical education. Part of that medical education is knowing the latest comparative effectiveness research. It is as if they are reinventing