

Nation that they are in chaos because they don't know what the House is going to do.

So we took up a House bill, we didn't play partisan games, we passed it in a couple days, and it got 73 votes. Our jobs bill for highways and transit and roads and bridges got 74 votes. I say they wanted us to do this, we did it. How about they take a look at this bill. How about they save 3 million jobs. How about they do the people's work before they go off on their break. They owe it to the American people. BOEHNER, CANTOR, MICA, all of them owe it to the American people. They said it is a priority, and they do nothing. They are dithering, as the papers have expressed. Today, they can stop dithering. Tomorrow, they can get our bill ready for a vote. Next week, they could pass it, we can go home, and we can all celebrate with our businesses and our construction workers and know we have done something great for the American people.

Thank you very much. I yield the floor.

Mr. FRANKEN. Madam President, I would like to associate myself with the words of the Senator from California for the tremendous work she did on the Transportation bill, which is a bipartisan bill that passed overwhelmingly in the Senate.

#### HEALTH CARE

Mr. FRANKEN. Madam President, I would like to join many of my colleagues who are each talking a little bit about the affordable care act, which celebrates its second anniversary of being signed into law by the President tomorrow. Even though the law will not be fully implemented until 2014, millions of Americans and Minnesotans are already enjoying the benefits from important provisions in the law.

For example, no child in Minnesota, no child in New Hampshire, and no child in America can now be denied health insurance coverage because he or she has a preexisting condition. Parents across Minnesota and around the country can sleep a little bit easier knowing that if their child gets sick, they will still be able to get the health care coverage they need. That is a big deal.

Speaking of parents, young adults can now stay on their parents' health insurance until they are 26. Thanks to the affordable care act, 32,189 young adults in Minnesota are now insured on their parents' policy. Because of this law health insurance companies can no longer impose lifetime limits on health care benefits.

Just a few weeks ago, I heard from a Minnesotan in his thirties who has hemophilia. He had already hit his lifetime cap three times, but because of the health care reform law he still has insurance. No American can ever again have their health insurance taken away from them because they have reached some arbitrary lifetime limit, and I am proud of that.

Let's talk about seniors. I go to a lot of senior centers around my State. I know the Presiding Officer goes to senior citizen centers around New Hampshire. Because of the health care law more than 57,000 seniors in Minnesota receive a 50-percent discount on their covered brand-name prescription drugs when they hit the doughnut hole, at an average savings of \$590 per senior. By 2020, the law will close the doughnut hole entirely. You know who likes that—seniors. You know what else seniors like—the fact that in 2011, 424,000 Minnesotans with Medicare received preventive services without copays, such as colonoscopies and mammograms and free annual wellness visits with their doctors. I could go on and on with what we have already gained, but I wish to talk a little bit about a provision I wrote with the catchy name “medical loss ratio,” which is sometimes called the 80/20 rule because of my medical loss ratio provision which I based on a Minnesota law.

Health insurance companies must spend 80 to 85 percent of their premiums on actual health care. This is 85 percent for large group policies, 80 percent for small group and individual policies on actual health care, not on administrative costs, marketing, advertisements, CEO salaries, profits but on actual health care. We have already heard the medical loss ratio provision is working. The plan is already lowering premiums in order for companies to comply with the law. For example, Aetna in Connecticut lowered their premiums on an average of 10 percent because of this provision in the law.

Another key provision in the law is the value index. The value index rewards doctors for the quality of the care they deliver, not the quantity—for the value of the care, not the volume.

My home State, Minnesota, is a leader—if not the leader—in delivering high-value care at a relatively low cost. Traditionally, in Minnesota, our health care providers have been well underreimbursed for it. For example, Texas gets reimbursed 50 percent more per Medicare patient than Minnesota does. This isn't about pitting Minnesota against Texas or Florida, it is about rewarding those low-valued States to become more like Minnesota.

Imagine if we brought down Medicare expenditures by 30 percent around the country while increasing its effectiveness. It will bring enormous benefits not just to Minnesota but across the country because it will bring down the cost of health care delivery nationwide, and that is what we need to be addressing, the cost of health care delivery, because we all know bringing down the health care costs is key to getting our long-term deficits in order. In fact, there is probably nothing more important that we can do. That is where the value index is so important.

I have gone over a number of the benefits from health care reform that have already kicked in, but I obviously didn't mention them all. According to

the Wall Street Journal, health care reform has already added jobs to our economy. I barely touched on the great stuff that kicks in, in 2014, such as the exchanges which will allow individuals and small businesses to pool with others to get more affordable health insurance that is the right fit for them. Of course, while presently no child can be denied health insurance for preexisting conditions, starting in 2014 no American will be denied health insurance or penalized for having a preexisting condition.

The Congressional Budget Office, a nonpartisan agency of Congress, has crunched the numbers and reported that the affordable care act will insure 31 million additional Americans and bring down our national deficit by billions of dollars in its first 10 years and by approximately \$1 trillion in its second 10 years.

I ask the American people not to fall victim to disinformation. There are no death panels. The affordable care act cuts the deficit. Under this law, businesses under 50 employees don't have to provide insurance for their employees and will not suffer penalties if they don't. They will not have to pay fines and they will not be dragged into prison. There is so much junk out there that is just plain false, and it is doing everyone in this country a giant disservice.

My colleagues and I disagree on many things. Can we all at least agree to talk about this law in a factual manner? The benefits of this law are tremendous and Americans across the country are already experiencing it. I urge all my colleagues to acknowledge these benefits and to support the continued implementation of the Patient Protection and Affordable Care Act.

(The remarks of Mr. FRANKEN pertaining to the introduction of S. 2225 are printed in today's RECORD under “Statements on Introduced Bills and Joint Resolutions.”)

Mr. FRANKEN. I thank the Chair and I yield the floor.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. JOHANNIS. I ask unanimous consent to speak for up to 15 minutes.

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

Mr. JOHANNIS. Madam President, the anniversary of any new law should be a time to celebrate accomplishments and new landmarks. But the almost constant flow of bad news, unfavorable reports, and broken promises makes the second anniversary of the health care law anything but a celebration. Rather, it is something that even the White House seems embarrassed to mention.

The truth is the policy behind the bill was flawed. The truth is that the law is fundamentally flawed. It raises taxes and health care costs for working Americans. It puts bureaucrats between patients and their doctors. It tangles our Nation's job creators in regulations and redtape, and it defies

our country's most sacred document—the Constitution of the United States.

Next week, the U.S. Supreme Court begins hearings to determine whether the health care law violates the Constitution. It is one of the most important cases reviewed in recent history. The Court has set aside a remarkable 6 hours for oral arguments—more time than has been devoted to a case in over four decades. Its ruling will have a far-reaching impact on our health care system, but it doesn't stop there. It will have a far-reaching impact on our economy, and fundamentally on the expansion of congressional authority over the individual citizen.

I hope the Supreme Court will resolve the countless problems in this law for good by striking it down in its entirety.

The facts tell us that with the passage of time, things have not gotten better with this law; they have, in fact, gotten worse. Take last week's report from the nonpartisan Congressional Budget Office as one example. We learned something about the cost of this bill. Before the bill was passed, many of us were saying this bill was filled with budget gimmicks to make it look cheaper to the American people than it was. Well, we learned that the cost of the law's coverage provisions alone is projected to balloon to \$1.7 trillion.

The problem is that CBO only does 10-year projections, so the major provisions of this law were delayed until 2014. Why? Well, the reason for that is it was done to mask the true costs of this bill when it was fully implemented. When we eliminate gimmicks such as this and consider the law's first 10 years of full implementation, I fully expect the total cost of this legislation will not be the \$900 billion promised by President Obama, it will be \$2.6 trillion. This law certainly doesn't bend the cost curve down.

CBO concludes that families buying insurance on their own will pay an astounding \$2,100 more a year for that insurance. Yet then-Candidate Obama promised that Americans would see their premiums decrease by \$2,500 by the end of his first term.

The recent CBO report also noted that the Federal Government will spend \$168 billion more on Medicaid compared to last year's estimate.

The truth keeps coming out. That means more people will be trapped in a broken program where waiting lines will, in fact, be longer, emergency room visits will be more frequent, because that is the only place they can find care, health care outcomes will get worse, and 40 percent of physicians today won't even see patients in this program.

This law does not deliver better quality health care either. Imposing Medicaid on more people is like giving someone a ticket to ride a bus that has broken down hundreds of miles away but claiming they have a ticket so, in fact, they have the opportunity for

transportation. Not only that, the law puts all the pressure and burden on our States to implement the Medicaid Program's largest expansion since 1965, placing \$118 billion in unfunded mandates on States, when our States are struggling to figure out how they balance their budgets today. As a former Governor who has balanced budgets, I believe this expansion dumped on our States to manage is a critical and fatal flaw of this legislation.

CBO also recently projected that up to 20 million more working Americans could lose their employer-sponsored health care coverage because of this health care law. That is an incredible shift, especially when we consider that our President promised no fewer than 47 different times: "If you like your plan, you can keep it."

In addition to a potential 20 million employees losing their current coverage, 7 million seniors are likely to lose their Medicare Advantage plans. According to the Congressional Budget Office Director, more than 3,200 Nebraskans enrolled in Medicare Advantage will, in fact, have their benefits cut in half. Families in 17 States, including Nebraska, no longer have access to child-only health insurance because of mandates in the law.

Wait a second. I just said in 17 States they no longer have access to a child-only health insurance policy because of this law's effect. That is incredible.

Our Nebraska insurance commissioner called this collapse of the child-only market "an example of the unintended consequences of this imperfect law."

Here we see the President's promise, again, flipped on its head: This law forces you to say goodbye to the coverage you like for children.

Over the past 2 years, I have traveled across the great State of Nebraska hosting townhalls, roundtables, and meetings, and I am finding that the more folks know about this law, the more they detest it. Religious schools and hospitals and charities are troubled because the law will force them to violate their deeply held beliefs. Seniors are concerned that the law will limit access to care because it siphons \$500 billion from Medicare and uses it as a piggy bank to spend on other government programs.

The administration's own Medicare Actuary has projected "the prices paid by Medicare for health services are very likely to fall increasingly short of the costs of providing these services." The CMS Actuary continued that these Medicare cuts could result in "severe problems with beneficiary access to care."

Let me translate that. That means this law will make it more difficult for senior citizens to get health care because the Federal Government is not paying its way. Others wonder what the 159 new boards established by this law will mean for access to health care, and hard-working Nebraskans question how the law's \$½ trillion in taxes will

affect their families. Approximately 428,000 Nebraskan households making less than \$200,000 will pay higher taxes—approximately 428,000. That is based on estimates by the Joint Committee on Taxation.

Small businesses across Nebraska have shared with me that they are holding off on hiring because of the mandates in this legislation. At a roundtable last week, business men and women expressed their concerns about the law's tax on health insurance companies in the fully insured market, and with good reason. The health insurance tax alone could impose \$87 billion in costs on businesses and their employees over the law's first 10 years alone.

An analysis by the National Federation of Independent Business indicates this law will force the private sector—to cut between 124,000 and 249,000 jobs between now and 2021. That is not just a statistic, those are families who will lose a job because of this health care bill.

It is remarkable that in the midst of our economic situation, the President's signature legislation actually reduces jobs. These are some of the many reasons Nebraskans are demanding louder than ever that this law be repealed.

Now, some of the law's supporters have taken up the mantra: Well, don't repeal it, repair it. That is a nice slogan. This law, though, is so fatally flawed no bandaid is ever going to fix it.

I experienced firsthand how difficult it is to change this law when I worked to repeal the 1099 reporting requirement, which nearly everybody agreed was idiotic. It would have increased paperwork burdens on our Nation's job creators by up to 2,000 percent.

The administration even agreed this pay-for in their law needed to go, and, in the end, 87 Senators supported full repeal of the provision. But it took 9 months and 7 votes before my efforts to repeal a provision that everybody agreed was idiotic was finally successful. So anyone who tells you we can tinker with the law to fix it might as well offer you ocean-front property in the State of Nebraska.

The 2,700-page law is one of the largest pieces of legislation ever passed in this Nation's history. Its provisions are interconnected, ill-fated, and far-reaching, and they will affect every single American economically, socially, and physically. We cannot sit idly by and allow for the negative consequences to continue unraveling, and they will.

As I said, I hope the Supreme Court strikes down this entire law. But if it does not, we will continue our fight to repeal it, as Nebraskans demand that I do. We must protect the rights of Americans to choose their doctors, to select their insurance, to trust their care, and to protect their conscience rights. We must ensure employers see reforms that reduce regulations and redtape and instead increase efficiencies and address the underlying costs. We must give States the flexibility to run their Medicaid Program in

the best way that serves the needs of those vulnerable populations in that State.

This law is misguided. It stifles job growth and does not improve health care for millions of Americans, and it should be wiped off the books. Americans are demanding it, Nebraskans are demanding it, and they deserve that.

Mr. LEAHY. Mr. President, 2 years ago this week, President Obama signed into law the affordable care act. This landmark act will extend health insurance coverage to 30 million uninsured Americans in the next few years. Reform based on good-quality and affordable health insurance, talked about for decades, is finally becoming a reality. Over 15 months, Congress debated and then passed the most sweeping and comprehensive reforms to improve the everyday lives of every American since Congress passed Medicare in 1965. It was an arduous process, but in the end this achievement proved that change is possible and that the voices of so many Americans who over the years have called on their leaders to act have finally been heard.

Americans are already beginning to see some of the benefits of insurance reform. Seniors on Medicare who have high-cost prescriptions are starting to receive help when trapped within a coverage gap known as the "doughnut hole." The affordable care act completely closes the coverage gap by 2020, and the new law makes it easier for seniors to afford prescription drugs in the meantime. In 2010, more than 7000 Vermonters received a \$250 rebate to help cover the cost of their prescription drugs when they hit the doughnut hole. Last year, nearly 6800 Vermonters with Medicare received a 50-percent discount on their covered brand-name prescriptions, resulting in an average savings of \$714 per person. Since the affordable care act was signed into law, more than 4000 young adults in Vermont have gained health insurance coverage under these reforms, which allow young adults to stay on their parents' plans until their 26th birthdays. The improvements we are seeing in Vermont go on and on: 81,649 Vermonters on Medicare and more than 100,000 Vermonters with private insurance gained access to and received preventative screening coverage with no deductible or copay. These are just a few of the dozens of consumer protections included in the law that are benefiting Vermonters and all Americans every day.

Now that the law is in effect, many of the essential antidiscrimination and consumer protections of the affordable care act are being implemented, allowing consumers to take control of their own health care decisions. Known as the Patients' Bill of Rights, these rules protect consumers against the worst health insurance industry abuses that have prevented millions of people from receiving the health care they need. Going forward, insurance plans can no longer deny children coverage because

of a preexisting health condition; insurance plans are barred from dropping beneficiaries from coverage simply because of an illness; dozens of preventive care services must be covered at no cost and with no copay; and Americans will have access to an easier appeals process for private medical claims that are denied.

Yet another major reform now protects hard-working Americans from one of the most egregious insurance industry practices: setting lifetime or annual limits on health insurance coverage. Before this change in the law, wherever I traveled in Vermont, I was often stopped in the grocery store, at church, on the street, or at the gas station by Vermonters who shared their personal, wrenching stories about how they could no longer get medical treatment because they had met their annual or lifetime maximum. Many of these Vermonters were perfectly healthy before being diagnosed with cancer or diseases that can cost well beyond their means for treatment. Instead of being able to focus on getting healthy, patients instead had to worry about whether their next doctor's visit will push them above the insurance company's arbitrary limit.

Beginning in 2014, insurance companies will no longer be allowed to deny coverage to individuals with preexisting health conditions or to charge higher premiums based on health status or gender. We learned in a report issued by the National Women's Law Center this week that until these reforms are implemented, insurance companies are continuing to charge women higher premiums than men. In States where this practice is not prohibited, women can pay substantially more than men solely because of their gender. Those who wish to turn back the clock and repeal the affordable care act threaten to return the American people to a broken health insurance system where women can be charged more than men, children can be denied insurance coverage because they were born with a health condition, and individuals risk losing their health insurance solely for getting sick.

In addition to these improvements to our health insurance system, over time the affordable care act will insure 93 percent of our population and make a substantial investment in our economic vitality in the years ahead. I was proud to work with Senator GRASSLEY and others to include strong antifraud provisions in the law that have already helped prevent and detect fraudulent activities that in the past have cost American taxpayers millions of dollars each year. Despite the specious arguments from opponents of reform, this bill is the largest deficit reduction measure upon which many in Congress will ever cast a vote. The Congressional Budget Office estimated that comprehensive reform will reduce the Federal deficit by \$143 billion through 2019, and by more than \$1 trillion in the decades to come.

Regrettably, opponents of the affordable care act have sought to continue their political battle by challenging the landmark legislation in the courts, right from the moment President Obama signed it into law. These opponents seek to achieve in the courts what they could not in Congress. They want judges to override legislative decisions properly assigned by the Constitution to Congress, the elected representatives of the American people.

In my view, the partisan legal challenges to the affordable care act depend on legal theories so extreme they would not only undo the progress we have made in the affordable care act for kids, families, and senior citizens, they would turn back the clock even farther to the hardships of the Great Depression. They seek to strike down principles that have been settled for nearly three quarters of a century and have helped us build and secure the social safety net through Social Security, Medicare and Medicaid. These challenges to Congress's constitutional authority to enact the affordable care act have been rejected by three courts. Judges appointed by Republican Presidents and Democratic Presidents have rejected these challenges, and they were right to do so. Now the case is before the Supreme Court, which will hear arguments next week.

I have joined congressional leaders in filing an amicus brief defending the affordable care act. I did so not only because I have fought for decades to secure affordable health care for all Americans but because I am convinced that Congress acted well within the limits of Article I of the Constitution in doing so. Before passing the affordable care act, Congress expressly considered and rejected arguments that the law, including the requirement that individuals have health insurance, is not constitutional. I believe we must defend the enumerated powers given to Congress by the Constitution so that our ability to help protect hard-working American workers, families, and consumers is not wrongly curtailed by the courts.

What is telling about the partisan nature of these challenges is that many of those who now claim that the requirement that Americans have health insurance or face a tax penalty is unconstitutional are the very ones who proposed it. Republican Senators like Senator HATCH, the former chairman of the Judiciary Committee, and Senator GRASSLEY, the ranking member of the Judiciary Committee, proposed a health insurance requirement as an alternative when they opposed President Clinton's plan to provide access for all Americans to health care. They were for the individual mandate until President Obama was for it, and now they are against it. Their views may have changed, but the Constitution has not. What they fail to mention are the consequences of removing this provision. If individuals are not required to have health insurance, then they will wait

until they are sick to get coverage, driving up the costs for everyone else in the meantime. This will mean that many of the consumer protections in the law, such as the ban on preexisting health conditions, would disappear, once again leaving millions uninsured. For sake of the health and security of our Nation, the Supreme Court should not cast aside this landmark law and Congress's time-honored ability to act on behalf of the American people.

The affordable care act is a tremendous achievement that will improve the lives of Americans for generations to come. For decades, we have heard heartbreaking stories about the enormous challenges Americans face because they are uninsured or underinsured. With each year that we move forward to implement the features of the affordable care act, these stories are becoming fewer and fewer and are being replaced by stories of the success of these reforms, one family at a time, all across Vermont and all across America.

There is still much more to accomplish, and there are still millions of Americans who are struggling to buy or keep adequate health insurance coverage for their families or themselves. As these reforms are implemented over the next few years, I will continue to work with Vermonters and the Department of Health and Human Services to help Americans have the access to the quality, affordable health insurance that each and every American needs and deserves.

I yield the floor.

#### VIOLENCE AGAINST WOMEN ACT

Mr. LEAHY, Madam President, I note in morning business that the bipartisan Violence Against Women Act reauthorization now has 61 cosponsors. I thank Senator CRAPO for his leadership and commend the Senators from both parties who came to the floor last week to speak about the importance of reauthorizing the Violence Against Women Act.

I want to thank Senators MIKULSKI, MURRAY, MURKOWSKI, KLOBUCHAR, HAGAN, SHAHEEN, FEINSTEIN and BOXER for coming to the Senate floor last week to express bipartisan support for the Violence Against Women Reauthorization Act and to emphasize the importance of reauthorizing this landmark legislation. I hope that their statements will point the way for the Senate to act soon to pass this important legislation.

Senator KLOBUCHAR spoke about her time as a prosecutor in Hennepin County, MN, and her efforts to put the focus on children's needs in domestic violence cases. She spoke about the dangers faced by law enforcement and the loss of a young officer who was killed while responding to a domestic violence call and who left behind a wife and three young children.

We heard from the respected senior Senator from Alaska, Senator MUR-

KOWSKI, who spoke of the message we need to send so that victims can have confidence and muster the courage to leave an abusive situation. She spoke about the important commitment we make against sexual assault and domestic violence in this legislation and our expanded efforts in rural communities such as the villages of rural Alaska.

The Senate heard last Thursday, as well, from Senator MIKULSKI, Senator MURRAY, Senator HAGAN, Senator SHAHEEN, Senator FEINSTEIN and Senator BOXER, the author of a House bill in 1990 that was an important part of this effort. Eight Senators came to the floor to remind us all why this measure is important and that the Senate should proceed to pass it.

For almost 18 years, the Violence Against Women Act—VAWA—has been the centerpiece of the Federal Government's commitment to combating domestic violence, dating violence, sexual assault, and stalking. The impact of this landmark law has been remarkable. It has provided life saving assistance to hundreds of thousands of women, men, and children, and the annual incidence of domestic violence has fallen by more than 50 percent since the law was first passed.

Support for the Violence Against Women Act has always been bipartisan, and I appreciate the bipartisan support that this reauthorization bill has already received. Senator CRAPO and I introduced the reauthorization of the Violence Against Women Act in November. With Senators HELLER and AYOTTE joining the bill this week, it is now cosponsored by 61 senators from both sides of the aisle, reaching a critical level of bipartisan support.

The Violence Against Women Act is not about partisan politics. It is about saving women's lives and responding to the scourge of domestic and sexual violence. We should consider the bill and pass it because it is vitally important legislation. The legislation now before the Senate is informed by the experiences and needs of survivors of domestic and sexual violence all around the country, and by the recommendations of the tireless professionals who serve them every day. It builds on the progress that has been made in reducing domestic and sexual violence and makes vital improvements to respond to remaining, unmet needs, as we have each time we have authorized and reauthorized the Violence Against Women Act.

Our legislation includes key improvements that are needed to better serve the victims of violence. Because incidence of sexual assault remains high, while reporting rates, prosecution rates, and conviction rates remain appallingly low, this reauthorization increases VAWA's focus on effective responses to sexual assault. It also encourages the use of new, evidence-based methods that can be very effective in preventing domestic violence homicide. The provisions of the bill are described

and explained in the committee report, which was also filed last week.

The provisions that a minority on the Judiciary Committee labeled controversial are, in fact, modest changes to meet the genuine, unmet needs that service providers, who help victims every day, have told us they desperately need. As every prior VAWA authorization has done, this bill takes steps to recognize those victims whose needs are not being served and find ways to help them. This is not new or different. It should not be a basis for partisan division. The provisions are not extreme, and they are not political.

This reauthorization seeks to ensure that services provided under the Violence Against Women Act are available for all victims, regardless of sexual orientation or gender identity. Research has proven that domestic and sexual violence affects all communities, but victims of different sexual orientations or gender identities have had a more difficult time obtaining basic services. There is nothing radical or new about saying that all victims are entitled to services. This is what the Violence Against Women Act has always done. It reaches out to help all victims. As Senator FEINSTEIN said last week: "[T]hese are improvements. Domestic violence is domestic violence."

Domestic and sexual violence against Native women continues to be a problem of epidemic proportions. Just as we made strides when we enacted the Tribal Law and Order Act two years ago, we can take responsible steps to more effectively protect Native women. Working with the Indian Affairs Committee, we have included a provision to fill a loophole in jurisdiction in order to allow tribal courts jurisdiction over perpetrators who have significant ties to the tribe in a very limited set of domestic violence cases involving an Indian victim on Indian land. This provision would allow prosecution of cases that currently are simply not addressed, and it would do so in a way that guarantees defendants comprehensive rights.

The bill would allow a modest increase in the number of available U visas. Law enforcement is authorized to request visas for immigrant victims who are helping their investigations. These visas are key law enforcement tools that allow perpetrators of serious crimes to be brought to justice. They were created in VAWA previously with bipartisan support. The Department of Homeland Security and the Fraternal Order of Police strongly support this provision because it serves law enforcement purposes.

We all know that while the economy is now improving, these remain difficult economic times, and taxpayer money must be spent responsibly. That is why in our bill, we consolidate 13 programs into four in an effort to reduce duplication and bureaucratic barriers. The bill would cut the authorization level for VAWA by more than \$135 million a year, a decrease of nearly 20