July 2012. She leaves a legacy of excellence at Purdue and in the field of higher education. Among the numerous national boards she serves, she is currently the chair of the Smithsonian Board of Regents, a three-year term which began in January 2012.

That Purdue is the cradle of astronauts—with 23 astronaut alumni—is significant to Dr. Córdova, who first dreamed of exploring space as she watched Neil Armstrong take the first human footsteps on the moon in 1969. She has served Purdue University honorably and with a great commitment to students, research innovation and global outreach.

It is my honor to recognize Dr. France A. Córdova as an outstanding scientist, educator and administrator, who has given so much to Purdue University and the State of Indiana, and I wish her every continuing success in her future endeavors.

AFFORDABLE CARE ACT

Mr. LEAHY. Mr. President, earlier today, the Supreme Court concluded three days of oral arguments about the affordable care act, the law Congress passed 2 years ago to provide millions of Americans with access to affordable health care while bringing the spiraling costs in this area under control.

I was fortunate to be able to attend yesterday's argument about the constitutionality of the provision requiring individuals to take personal responsibility for paying for their health care, and to watch in person and in real time. Hundreds of thousands of Vermonters and millions of Americans across the country who benefit from the affordable care act did not have that access. The Supreme Court's decision in this landmark case will affect every American. I think every American should have had a chance to see it and the Supreme Court should open its proceedings to television and radio.

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 7,000 Vermonters received a $250 rebate to help cover the cost of their prescription drugs when they hit the doughnut hole. Last year, nearly 6,800 Vermonters with Medicare received a 50-percent discount on their covered brandname prescriptions, resulting in an average savings of $714 per person. Since the affordable care act was signed into law, more than 4,000 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. 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 preventative 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.

I attended Tuesday's argument with Senator GRASSLEY, the ranking member of the Judiciary Committee. He and I disagreed about the affordable care act when we debated it extensively in the Senate and passed it 2 years ago. But we both respect the important role the Court plays in our constitutional system. I hope that as the Supreme Court considers its decision in the coming weeks, it respects the important role of Congress, the elected representatives of the American people.

For years, we have heard Republican and Democratic Senators rightfully say that judges should not make law from the bench. For the sake of the health and security of our nation, the Supreme Court should not cast aside this landmark law and Congress' time-honored ability to protect the American people.

After watching the arguments and following the debate closely, it is as clear to me now as it was when Congress debated and passed the law more than 2 years ago. The Supreme Court should uphold the affordable care act. Looking at Article I of the Constitution and a long line of Supreme Court precedents dating back to the Nation's earliest days, there is no question Congress acted well within its time-honored ability to protect the American people.

Every Member of Congress takes an oath of office to ''support and defend the Constitution of the United States.'' We take this oath seriously. As Justice Scalia said at a Judiciary Committee hearing last year, we take the same oath that the Justices take.

During the course of Congress' extensive consideration of the affordable care act, we considered untold numbers of amendments in committees and before the Senate. That is what Congress is supposed to do. We consider legislation, debate it, vote on it, and act in our best judgment to promote the general welfare. Some Senators agreed and some disagreed, but this was a matter decided by the democratically elected Congress.

Among the arguments expressly considered and rejected by Congress before passing the affordable care act were arguments that the law was not constitutional. We considered and rejected arguments that the part of the law now being challenged in the Court—the individual mandate—is not constitutional. In fact, those arguments were considered on the Senate floor when Senator HATCH raised and the Senate formally rejected a constitutional point of order claiming that the individual responsibility requirement was unconstitutional. During the Senate debate on the affordable care act, I responded, publicly and on the record, to arguments about the constitutionality of this requirement. No Justice could say Congress did not consider the constitutionality of the affordable care act.

The individual mandate is about personal responsibility. Throwing out this requirement that Americans be responsible for their necessary health care costs will result in tossing aside the provision that bans insurance companies from denying Americans coverage based on pre-existing conditions. The personal responsibility requirement is necessary to ensure that Americans who do have health insurance are not stuck with paying the $43 billion in health care costs incurred by millions of Americans who do not buy health insurance, instead relying on expensive emergency health care when inevitably faced with medical problems. Congress concluded this after extensive study and debate.

I joined with congressional leaders in filing an amicus brief defending the affordable care act in the case now being considered by the Court because I am convinced that Congress acted well within the limits of the Constitution in acting to secure affordable health care for all Americans. I believe we must defend the enumerated powers given to Congress by the Constitution so that our ability to help protect hardworking American workers, families and consumers is not wrongly curtailed by the courts.

Partisan opponents of the affordable care act want judges to override these legislative decisions properly made by Congress, the elected representatives of the American people. They want to challenge the wisdom understood by generations of Supreme Court justices from the great Chief Justice John Marshall in upholding the constitutionality of the national bank nearly 200 years ago to Justice Cardozo in finding Social Security constitutional early in the last century.

The difference between the role of Congress and of the courts is not a partisan one or a controversial one. In his opinion upholding the affordable care act, Jeffrey Sutton, a conservative, President George W. Bush's appointee to the Sixth Circuit, understood the importance of courts not substituting

their policy preferences for those of Congress. He wrote: ''Time assuredly will bring to light the policy strengths and weaknesses of using the individual mandate as part of this national legislation, allowing the peoples' political representatives, rather than their judges, to have the primary say over its utility.''

Professor Charles Fried, who was Solicitor General under President Reagan, testified at a Senate Judiciary Committee hearing a year ago on the constitutionality of the affordable care act. When Senator GRASSLEY asked him if there needs to be changes to the part of the law requiring that individuals purchase health insurance to make it constitutional, Professor Fried answered: ''I see no need for it because it seems so clearly constitutional.'' I agree with him and I do not think it is a close call.

The provisions of the affordable care act are firmly rooted in what previous Congresses enacted over the last century to protect hard-working Americans. Working Americans have long been required to pay for Social Security and Medicare by the deduction of taxes reflected on their paychecks every month. It is not novel for Congress to pass laws affecting a health care market that makes up one-sixth of the U.S. economy, the key to satisfying the test for constitutionality under the Commerce Clause.

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 such as ORRIN HATCH, the former chairman of the Judiciary Committee, and JOHN MCCAIN proposed and supported a health insurance requirement when President Clinton was trying to increase access to health care. They proposed the individual mandate as an alternative when they opposed President Clinton's plan. This requirement was also a part of health care reform in Massachusetts supported by former Governor Mitt Romney and by SCOTT BROWN, now a Republican Senator from Massachusetts.

All of these opponents were for ensuring personal responsibility with an individual mandate until President Obama was for it, and now they are against it. Their views may have changed, but the Constitution has not.

I ask unanimous consent to have printed in the RECORD at the conclusion of my remarks a March 24 column in The Washington Post by Ezra Klein, ''Why Ryancare and Obamacare look so similar,'' questioning Republican opposition to the individual mandate they once championed.

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

(See exhibit 1.)

Mr. LEAHY. When I hear partisan critics attacking the affordable care act, I wonder what law they are looking at. The affordable care act will protect some of our most vulnerable citizens. The law eliminates discriminatory practices by health insurers, ensuring that a patient's gender is no longer a pre-existing condition, reduces the cost of prescription drugs for our Nation's senior citizens, and helps parents continue to cover their kids on their health insurance until they are 26. The law also provides necessary resources to help law enforcement recover millions of taxpayer dollars lost to fraud and abuse in the health care system.

If the Supreme Court overturns the affordable care act now, it will be devastating to kids, families, and senior citizens. I hope the Court does not undo the progress we have made. Doing so depends on legal theories so extreme they would turn back the clock even farther to the hardships of the Great Depression and strike down principles that have helped us build the social safety net over the last century with Social Security, Medicare, and Medicaid.

The affordable care act builds on some of the cornerstones of American economic security built over the last century. I believed when it passed, and still believe today, that Congress acted within its constitutional authority to enact laws to help protect all Americans, I hope the Court does not overstep the judiciary's role by substituting its own policy preferences and denying a century of progress.

EXHIBIT 1

[From the Washington Post, Mar. 24, 2012]

WHY RYANCARE AND OBAMACARE LOOK SO SIMILAR

(By Ezra Klein)

Let's play a game. I'll describe a healthcare bill to you. Then you tell me if I'm describing President Obama's Affordable Care Act or the budget released this week by Rep. Paul Ryan (R–Wis.).

The bill works like this: The federal government subsidizes Americans to participate in health insurance markets known as ''exchanges.'' Inside these exchanges, insurers can't discriminate based on pre-existing conditions. Individuals can choose to go without insurance, but if they do so, they pay a penalty. To keep premium costs down, the government ties the size of the subsidy to the second-least-expensive plan in the market—a process known as ''competitive bidding,'' which encourages consumers to choose cheaper plans.

This is, of course, a trick question. That paragraph describes both the Affordable Care Act and Ryan's proposed Medicare reforms. The insurance markets in both plans are essentially identical. And for good reason.

The Affordable Care Act was based on two decades of Republican thinking about health care. The basic structure was first proposed by the conservative Heritage Foundation in 1989, first written into a bill by Senate Republicans in 1993, and first passed into law by a Republican governor by the name of Mitt Romney in 2005.

About 2008, Democrats decided they could live with a system based on private health insurers, federal subsidies and an individual mandate as long as it produced universal coverage. A year later, Republicans decided they couldn't live with such a system, at least not if a Democratic president was proposing it.

The problem for the Republicans, however, is that they don't have a better—or even alternative—idea. Since the passage of the Affordable Care Act, ''repeal and replace'' has been a reliable applause line at tea party rallies and an oft-uttered incantation on the floor of the House of Representatives. But while Republicans have united around ''repeal'' of health-care reform, they haven't managed to come up with a policy for ''replace.''

Instead, they've opted to apply their old policy framework—the one the Democrats stole—to Medicare. That has left the two parties in a somewhat odd position: Democrats support the Republicans' old idea for the under-65 set but oppose it for the over-65 set. Republicans support the Democrats' new idea for the over-65 set but oppose it for the under-65 set.

This isn't quite as incoherent as it seems. Democrats say they would prefer Medicare-for-All for the under-65 set, but they'll take whatever steps toward universal health insurance they can get. Republicans say they would prefer a more free-market approach for the over-65 set but that a seniors' version of ''Obamacare'' is nevertheless a step in the right direction. For both parties, it's the direction of the policy, rather than the policy itself, that matters.

There's an added complication for Republicans. They have assumed huge savings from applying the exchange-and-subsidies model to Medicare. But they don't assume—in fact they vehemently deny—that those same savings would result from the identical policy mechanism in the Affordable Care Act. The Democrats haven't assumed significant savings from the exchange-and-subsidies model in either case.

If the concept works as well as Ryan says it will, then the Affordable Care Act will cost far, far less than is currently projected. There's no compelling reason to believe competitive bidding will cuts costs for seniors but fail among younger, healthier consumers who, if anything, are in a better position to change plans every few years and therefore pressure insurers to cut costs.

The discrepancy highlights another difference between Republicans and Democrats right now. Republicans have put all their eggs in the competitive-bidding basket. If that doesn't work to control costs—and versions of it have failed in the past—they're sunk.

Democrats, on the other hand, are promoting a slew of delivery-system reforms in the Affordable Care Act. They're hoping competitive bidding works, but they're also trying comparative-effectiveness review, pay-for-quality, accountable-care organizations, electronic health records, penalties for excessive readmissions and medical errors, and a host of other experiments to determine which treatments and processes actually work and how to reward the doctors and hospitals that adopt them.

It's unlikely that the model in the Republican budget will prove sustainable. That legislation would repeal the Affordable Care Act, cut Medicaid by a third and adopt competitive bidding for Medicare. The likely result? The nation's uninsured population would soar. In the long run, and quite possibly in the short run, that will increase the pressure for a universal system. Because Republicans don't really have an idea for creating one, Democrats will step into the void.

As a result, Republicans' long-term interests are probably best served by Democratic success. If the Affordable Care Act is repealed by the next president or rejected by the Supreme Court, Democrats will probably retrench, pursuing a strategy to expand Medicare and Medicaid on the way toward a single-payer system. That approach has, for

them, two advantages that will loom quite large after the experience of the Affordable Care Act: It can be passed with 51 votes in the Senate through the budget reconciliation process, and it's indisputably constitutional.

Conversely, if the Affordable Care Act not only survives but also succeeds, then Republicans have a good chance of exporting its private-insurers-and-exchanges model to Medicare and Medicaid, which would entrench the private health-insurance system in America.

That's not the strategy Republicans are pursuing. Instead, they're stuck fighting a war against a plan that they helped to conceive and, on a philosophical level, still believe in. No one has been more confounded by this turn of events than Alice Rivlin, the former White House budget director who supports the Affordable Care Act and helped Ryan design an early version of his Medicare premium-support proposal.

''I could never understand why Ryan didn't support the exchanges in the Affordable Care Act,'' Rivlin says. ''In fact, I think he does, and he just doesn't want to say so.''

GOVERNMENT INTRUSION

Mr. ROBERTS. Mr. President, last Friday was the second anniversary of the new health care law. This week we have been reminding the American public to take a hard look at what is in it, and, more importantly, why I don't want to observe this anniversary again.

Examples such as the Medicare reimbursement formula that allows Massachusetts to set Statewide hospital reimbursement rates for providers equal to the cushy wages paid to providers at a 15-bed hospital on the island of Nantucket that caters to the East coast elite.

This robs 19 other States of money for their reimbursements because it all comes from the same pot. In short, there aren't enough clams at this bake to go around, certainly not to Kansas after Massachusetts is finished.

Or the Health and Human Services' rule that required qualified health plans to offer contraception benefits. As my colleagues know, religious institutions that hold moral objections to specific services expressed widespread concern with the rule.

In response, Senator BLUNT offered, and I cosponsored, S. 1467, the Respect for Rights of Conscience Act. This act would allow a health plan to decline coverage of specific items and services that are contrary to the religious beliefs of the sponsor, issuer, or other entity offering the plan without penalty and remain in compliance with the requirements under the new Health Care Law.

And what about the regulations that have caused insurance plans in 39 States to stop offering child-only plans, and parents in at least 17 States that are no longer able to purchase ANY child-only plans? Keep in mind, there are no private insurance alternatives for these families until the new health care law is fully implemented in 2014.

There is also the prohibition on what can be reimbursed from a Health Savings Account or HSA. I joined Congresswoman LYNN JENKINS in introducing a bipartisan bill to repeal this provision to restore the choice and flexibility people had in managing their health care expenses by buying over-the-counter medications.

Even more alarming is the act of granting waivers to more than 1,700 labor unions and others from participating in the new law. At issue are the mandates involving annual coverage forcing many employers not to offer coverage at all. So instead labor unions and others are getting waivers. Where is your waiver? Why can't all Kansans get a waiver??

At the time, Speaker PELOSI famously said we had to pass the bill to find out what is in it. Well, we have read it, and my concerns which I voiced throughout the very limited debate remain the same: the health care reform law is bad for Americans.

The health care reform law. Regulates every Americans' health coverage, by penalizing anyone without a Government-approved health plan.

The law penalizes American businesses that do not provide Government-approved health plans.

It forces more Americans into Medicaid—a broken, bankrupt Government entitlement program.

It puts the Federal Government in charge of your health insurance.

By one count, the law creates over 159 new boards, offices, and panels in the Federal Government to make decisions about your health care.

The law gives the Obama administration Secretary of Health and Human Services more than 1,700 new or expanded powers—to exert control over the lives and personal health care decisions of Americans; creates an unworkable new long-term insurance program that will go broke, leading to skyrocketing premiums or a taxpayer bailout; levies more than $550 billion dollars of taxes, fees, and penalties related to health care on American families and employers; and spends tens of billions of taxpayer dollars just to implement the massive new law.

The law micromanages how patients can spend their own tax-free health care dollars.

As of March 12, 2012, the total number of pages of regulations the administration has released related to the health spending law is 12,307, which is an increase of over 4,700 pages in the last year.

In addition to the formal regulations, the administration is also issuing hundreds of pages of subregulatory guidance in the form of ''bulletins'' to avoid having to describe how much these regulations will cost.

A significant portion of the regulations issued thus far have been interim final rules, which give the regulations the force of law prior to any public comment.

I have listed a number of these regulations in a letter I sent to President Obama. I did get a reply from Secretary Sebelius a few months later, but it never did address the concerns I had tried to bring to their attention. She did, however, note that they listen to all stakeholders before implementing new rules. Unfortunately, that isn't what I've been hearing.

While I travel around Kansas I try to talk to as many of our Kansas patients, providers and advocates as possible. Without fail, regulations and their effect on our health care system, how they affect health care costs, and the result they have on job loss come up.

I held a stakeholder roundtable in Topeka to get feedback from patients and providers on their thoughts related to health care reform. I was not surprised to hear that every representative at that meeting had a concern with regulations, but the sheer volume was truly extraordinary.

I was surprised to hear every representative at this stakeholder meeting discuss the impacts of health care reform and, more importantly, their concerns with regulations, some of which are buried in the volumes of regulations being put out every day and many that defy comprehension.

When discussing the health care reform and regulations with my constituents and those representing the patient and provider community, the No. 1 concern that I heard was a fear of what else is coming down the road? What will the impact of future regulations be?

The current burden of regulations pales in comparison to the uncertainty of future regulations. Future regulations from implementing the Patient Protection and Affordable Care Act, PPACA, will have an even greater impact on jobs and the economy. This is like the second health care reform earthquake. If you are a health care provider, hang on.

Additionally, the combination of the regulations being issued to implement the PPACA statute has resulted in an increase in premiums for individuals and businesses, which, as you know, results in increased costs and tough choices.

Providers feel that the significant costs associated with implementing the health reform law are either inaccurate or not taken into consideration. In fact, I often hear that patients and providers feel that they do not have a voice in the regulatory process.

More specifically, a number of regulations are currently being issued through a shortened process. This shortened process allows limited or no input from those most affected by the regulations, prior to their implementation, and result in an even greater confusion. And from confusion we get higher costs.

It is my understanding that 20 of the 51 rules issued to implement the health reform law have been issued as interim final rules and therefore with limited input. While there may have been instances in which a shortened process was necessary or appropriate, this lengthy list is absurd.