documents to reflect name and date of birth determinations made by a State court and for other purposes.

S. 1617

At the request of Mr. Johnson of Wisconsin, the names of the Senator from Tennessee (Mr. Alexander), the Senator from North Carolina (Mr. Burr), the Senator from Indiana (Mr. Coats), the Senator from Nevada (Mr. Heller), the Senator from Alaska (Ms. Murkowski) and the Senator from Alabama (Mr. Shelby) were added as cosponsors of S. 1617, a bill to amend the Patient Protection and Affordable Care Act to ensure that individuals can keep their health insurance coverage.

S. 1622

At the request of Ms. HEITKAMP, the names of the Senator from Alaska (Mr. Begich), the Senator from South Dakota (Mr. Johnson) and the Senator from Montana (Mr. Tester) were added as cosponsors of S. 1622, a bill to establish the Alyce Spotted Bear and Walter Soboleff Commission on Native Children, and for other purposes.

S. 1630

At the request of Mr. Barrasso, the name of the Senator from Idaho (Mr. RISCH) was added as a cosponsor of S. 1630, a bill to prohibit the conditioning of any permit, lease, or other use agreement on the transfer, relinquishment, or other impairment of any water right to the United States by the Secretaries of the Interior and Agriculture.

S. 1632

At the request of Mr. WICKER, the name of the Senator from Idaho (Mr. RISCH) was added as a cosponsor of S. 1632, a bill to protect 10th Amendment rights by providing special standing for State government officials to challenge proposed regulations, and for other purposes.

S. 1635

At the request of Mr. CASEY, the names of the Senator from West Virginia (Mr. ROCKEFELLER), the Senator from Vermont (Mr. LEAHY) and the Senator from Rhode Island (Mr. REED) were added as cosponsors of S. 1635, a bill to amend the American Recovery and Reinvestment Act of 2009 to extend the period during which supplemental nutrition assistance program benefits are temporarily increased.

S. RES. 269

At the request of Mr. Rubio, the names of the Senator from Texas (Mr. CORNYN), the Senator from Illinois (Mr. KIRK), the Senator from Missouri (Mr. BLUNT), the Senator from Louisiana (Mr. VITTER), the Senator from Kansas (Mr. ROBERTS), the Senator from Utah (Mr. HATCH), the Senator from Wyoming (Mr. ENZI), the Senator from Iowa (Mr. Grassley) and the Senator from Kentucky (Mr. McConnell) were added as cosponsors of S. Res. 269, a resolution expressing the sense of the Senate on United States policy regarding possession of enrichment and reprocessing capabilities by the Islamic Republic of STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. LANDRIEU (for herself and Mr. MANCHIN):

S. 1642. A bill to permit the continuation of certain health plans; to the Committee on Finance.

Ms. LANDRIEU. Mr. President, I wish to speak about a bill I plan to introduce in a few moments, and hopefully we will have a chance or an opportunity in the future to debate it because it is a very important fix, if you will, to the Affordable Care Act.

We debated this bill for literally years—months in committee for hours and hours, in daylight and during the evening sessions. There were hundreds of amendments. This bill was built with Democratic input and support and Republican input. The Republicans did not vote for the bill, but they most certainly had a tremendous amount of impact in the amendment process.

Building a new health care system for this Nation has been very difficult, but it holds a great deal of promise. The Affordable Care Act—and the easiest way to explain it—was somewhere between what some people on the left wanted, which was a government-run system, something like Medicare for all—it is appealing, but it is very expensive. We couldn't figure out a costeffective way to provide that. Members on the right, the more conservativeleaning in this body, wanted to provide savings accounts. This works beautifully for people who have money to save in the account, but people who live paycheck to paycheck and have no money to save would never get any account to be able to provide for their health insurance.

Between those two bookends, we debated for a long time about how to provide a market-based approach to insurance. No nation in the world has attempted this. This is a big effort, but it is an important effort because we are a developed nation. We need to have a healthy workforce. It is about as simple as that. We can't be No. 1 in the world and we can't be the strongest economic power in the world if our people are sick and weak. It is as simple as that. We can't be the strongest economic power in the world if our health care system is sapping so much money out of our economic power-19 percent of the GDP, when Japan is 8 percent. We can't expect to beat Japan in economics if we are paying almost twice as much for health care and getting less results.

We had to change. We did, and we built a market-based approach, contrary to what all of the opponents of the Affordable Care Act say. We built a market-based approach that basically said that if people are over 65, they will be on Medicare. We are continuing to reform and strengthen Medicare. There are some very good parts of it, and then there are some weaker parts or difficult parts that need to be corrected. Over time we will continue to streamline, save money, provide better service, more choice, et cetera.

People who are among the poorest members of our country—133 percent of poverty, which is an income of about \$15,000 or less—potentially may not be able to find a good-paying full-time job or perhaps didn't receive the education others received, perhaps have some disability, they would go on Medicaid. Then everyone in between the lowest income and under the age of 65 is in a private health care system, which is a market-based system, with competition driving prices down.

The idea would be that there would be 20, 30, 40 health care plans offered in every State. People could choose what they want with a minimum bronze, silver, or gold plan with many choices. That is the promise; that is the hope; that is the idea. The great promise of this is that if someone has cancer, they can't be dropped. If they have diabetes, they can't be turned away. Everyone is covered, the risk is spread, the price comes down, and the free market operates. We would never know that based upon the criticism we hear on television and radio all day long, but this is the truth.

One of the important components of that bill that many of us talked about was the fact that if someone had individual insurance on the market, they could keep it. What is happening now, unfortunately, because of the grandfather provision in the Affordable Care Act, in my view-this may not be shared by everyone on the floor—it was not written as tightly as it should have been, as clearly as it should have been. The bill I am introducing today, Keeping the Affordable Care Act Promise Act, will clarify this grandfather clause in the Affordable Care Act so that it will clearly say that if a person has an insurance plan they like, if it is what they want and can afford, they can keep it. This bill, if it passes, will help anywhere from 5 to 7 million people who are getting notices in the mail every day like the one I will read into the RECORD, which was sent to someone in my State.

Thank you for your support of Vantage Health Plan, Inc. ("Vantage") over recent years. It has been our pleasure to serve you and we hope that you have been satisfied as a Vantage member.

In light of recent changes in the health insurance industry, Vantage will be discontinuing our offering of Grandfathered Individual plans, effective January 4, 2014. This discontinuance will affect your policy.

Vantage is pleased to announce the availability of several new individual products in 2014.

Beginning in January 2014, you will have the option to enroll into a new plan through the Health Insurance Marketplace (or the Exchange). Members enrolling into Individual plans through the Marketplace may be eligible for premium and/or cost sharing subsidies.

This is because everyone in Louisiana with a family income of up to \$90,000 a year will have some sort of premium support, which will be a great help to many of our middle-class families.

Continuing:

Many of the Marketplace plans will provide you with more generous coverage than your current Grandfathered Individual plan. We invite you to visit Vantage online at www.VantageHealthPlan.com/marketplace to review our Exchange plan offerings. You may also enroll online at www.Healthcare.gov, by calling (800) 318–2596 or by contacting your agent or broker.

In addition to the Exchange plan offerings, Vantage will have several new plan offerings available outside of the Exchange for 2014. These plans are similar to your current Freedom or High Deductible plan. We will have more information on those plan options later this Fall.

This is the letter thousands of people are receiving. This letter should have never gone out. We said to people that if they have insurance they like, they can keep it. We didn't say that if they have insurance they like that doesn't meet the standards or that meets the minimum standards, they can keep it. We said and the President said over and over that if people have insurance and they like the insurance they have, they can keep it. That is my bill. That is the single focus of my bill. It is not to undermine the Affordable Care Act; it is to strengthen it and to keep our promise to the millions of Americans to whom we said if they have insurance, they can keep what they have. If they don't, there is a new marketplace where they and their families can go and choose among a variety of different plans.

Depending on their income, they may have support from their community or from the government. If someone is extremely poor, we can provide options for them through Medicaid. It is not as desirable as through private insurance, but many Governors, including some Republican Governors, are being very creative with their Medicaid plans and actually changing them into more of a private-like insurance model. There is great flexibility in how Governors who have good hearts and good intentions are using their Medicaid dollars wisely.

Having said that, having reread the grandfather clause, having looked at it very closely, I have determined that this is the best course to introduce this bill, which I will do later this evening to actually file it. Again, it has two simple directives:

No. 1, all insurance companies shall continue to offer grandfather plans that were in effect prior to a certain date.

No. 2, every insurance company that provided those grandfather plans has to explain to those policyholders how their current plan falls short of the new standard on the market and what might be available to them that is better, but they are not forced to buy it.

So I hope we can debate this. Unlike many on the other side who want to tear the act down and repeal it, to defund it—they even took the whole Federal Government hostage and the whole economy of the United States hostage because of it—or that is what they tried to do. They failed, thank goodness, and the hostages have been released. The government is back up

and operating. There are some of us who are sincere about supporting the concepts of this bill, the promise of this bill, which is extraordinary and historic. We recognize there are some pieces of it that need to be fixed or tightened or tweaked to make sure it is going to work in the future as we have said.

Again, that is simply what my bill does. I am happy to introduce it. I have one cosponsor, Senator MANCHIN of West Virginia, but many others have expressed their interest in working with me, and I look forward to bringing this before the committee for full debate and hopefully to the Senate floor in some way in the near future for debate and hopefully for passage.

By Mr. CARDIN (for himself and Mr. INHOFE):

S. 1643. A bill to amend title 38, United States Code, to provide for a two-year extension of the Veterans' Advisory Committee on Education; to the Committee on Veterans' Affairs.

Mr. CARDIN. Mr. President, today I rise to introduce bipartisan legislation to reauthorize the Veterans' Advisory Committee on Education, a panel that provides much needed assistance to our Nation's veterans by advising the Secretary of Veterans Affairs on existing VA education benefit programs, new education initiatives, and long-range education planning and development. This legislation is entitled the Veterans Advisory Committee on Education Improvement Act, and I wish to thank my colleague, Senator INHOFE, for joining me in this effort.

I am proud to introduce this companion bill to House-passed legislation which was introduced by Representatives John Delaney and Jim Renacci and 12 other Members. This bill will reauthorize the Veterans' Advisory Committee on Education through December 31, 2015, and it expands the make-up of the Committee to include post 9/11 veterans. Absent Congressional action, the Advisory Committee's authority will sunset on December 31, 2013. In addition to preserving its traditional role, our bill will require the Advisory Committee to expand its reach to include veterans who served after September 11, 2001, Currently, the Committee only provides assistance for veterans who served through the Persian Gulf War. The Committee is particularly interested in ensuring that educational opportunities are available to eligible veterans and enabling them to readjust to civilian life and become members of a highly educated and productive work force. The Committee focuses on improving the benefits provided by the GI Bill.

I believe that a true marker of our Nation's worth is our willingness to serve those who have served us. As we continue to wind down our commitments in Iraq and Afghanistan after a decade of war, we need to gear up our commitment to our veterans. This legislation will ensure that the brave men

and women who serve our country in the armed services receive the most effective education and training opportunities available. I am proud of the support that organizations have provided in this effort. The Military Officers Association of America, MOAA, Students Veterans Association, SVA, Iraq and Afghanistan Veterans of America, IAVA, and Veterans of Foreign Wars, VFW, have provided invaluable insight in crafting this

I am committed to making sure that our veterans receive the services and benefits they earned, and the support they were promised and deserve. The United States is the strongest nation in the world and we owe veterans our gratitude and our respect. This legislation is just a small token of how Congress can help veterans have all the tools they need, including education and job training, to ensure an easier transition to civilian life. By making sure that post 9/11 veterans have a voice at the VA this legislation encourages more effective and efficient government.

I urge my colleagues to support this legislation.

President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1643

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans' Advisory Committee on Education Improvement Act of 2013".

SEC. 2. TWO-YEAR EXTENSION OF VETERANS' ADVISORY COMMITTEE ON EDUCATION.

Section 3692 of title 38, United States Code, is amended—

(1) in subsection (a)—

(A) by inserting "31," after "30,"; and

(B) by striking "and the Persian Gulf War" and inserting "the Persian Gulf War, and the post-9/11 operations in Iraq and Afghanistan":

(2) in subsection (b), by inserting "31," after "30,"; and

(3) in subsection (c), by striking "December 31, 2013" and inserting "December 31, 2015".

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 285—AUTHORIZING THE COMMITTEE ON RULES AND ADMINISTRATION TO PREPARE A REVISED EDITION OF THE STANDING RULES OF THE SENATE AS A SENATE DOCUMENT

Mr. SCHUMER submitted the following resolution; which was considered and agreed to.:

S. RES. 285

Resolved.

SECTION 1. PRINTING THE STANDING RULES OF THE SENATE.

(a) AUTHORIZATIONS.—The Committee on Rules and Administration shall prepare a revised edition of the Standing Rules of the