

which did happen in this area. That exposed families to the kinds of risks that generations ago were common within our country. It is a big day. It is a historic piece of legislation. I urge its unanimous passage through this body.

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. BLUNT. I ask unanimous consent that the order for the quorum call be rescinded.

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

#### AFFORDABLE CARE ACT

Mr. BLUNT. It has been less than 6 weeks since the President's health care initiative, the Affordable Care Act, was launched. The Web site is still not working, but the Web site will work. Actually, the Web site will be the easiest thing, in my view, that the administration will deal with as they try to solve the problems created by the act itself and, frankly, then the problems that were created by the Web site not working when we started.

What we see happening already in these 6 weeks is that families are losing their current health care coverage, and certainly the cost, in example after example from my State of Missouri and across the country, appears to be going up at substantial levels for many families. A few families are lucky enough that they don't have much additional cost but not very many. A lot of families are simply losing the coverage they have had even though the President said, as we all have been reminded over and over in recent days: If you like your health care plan, you can keep your health care plan.

Apparently, there are a whole lot of caveats on that that weren't said at the time, because people aren't able to keep their health care plan. The Associated Press reported that at least 3.5 million people have received cancellation notices. I heard somebody at the White House the other day say: These individual policies, that is only about 5 percent of all the people in the country. Five percent of all of the people in the country are millions and millions of people. Even if there weren't millions of people, if someone is one of the 3.5 million families who were recently told their health care policy was cancelled—100 percent of their health care policies were cancelled because they don't have one right now—or at least they were told they won't have one sometime between now and the end of the year.

As millions of people are losing their plans, we find out that only a few thousand people are signed up. Reports apparently show that fewer than 50,000 people have been able to successfully get through this system in 6 weeks, a period where the estimate was 500,000 people. So far we have 50,000 people

signing up, not 500,000 people. We have millions of people losing their plans, even though everybody was told that if they like their plan, they will be able to keep their plan.

It is estimated now that 7 million people were expected to get coverage by the end of March. Nobody, any longer, thinks that is a number that will come anywhere close to being achieved.

The American people, obviously, would like the President to figure out how to live up to the promise that people can keep the health care they have if they like it. A lot of people are weighing in.

President Clinton, in the last day or so, says we ought to figure out a way to keep the promise. This is not a real reach. This was not a promise made only one time and accidentally stated, this was a promise stated over and over again: If you like your health care plan, you can keep it. If you like your doctor, you can keep your doctor.

We are finding that is not true. Whether it is President Clinton who said we should figure out how to keep that promise, or there are all kinds of bills being filed in both the House and the Senate that would keep the promise, what I think we are going to find out is there are many promises in the Affordable Care Act that aren't going to be kept.

We already know this has a workplace impact that is not good. People are going from full time to part time. People are trying to keep their employee numbers under 50 so they don't have to comply with the law. I have heard from many Missourians who have seen their hours reduced, seen their health care premiums rise, seen their options of insurance limited and their policies being cancelled. They deserve to have the people who made this pledge now keep this pledge.

Congressional Democrats voted for the law. And there are very few laws one could say congressional Democrats voted for the law. This is a law that not a single Republican in the House or the Senate supported.

There were many alternatives available. High-risk pools would work better, medical liability reform, expanding the marketplace where one could buy across State lines, more reporting by healthcare providers of what they charge and what their results are.

The idea that there were no other options, which is widely repeated—that the people who don't want to follow the Affordable Care Act don't want to do anything—is simply not true. When I was a Member of the House of Representatives, I filed a handful of bills, none of which were more than 75 pages long, that would deal with these rifleshoot things that would have made the best health care system in the world better. It wasn't perfect, but it was the best health care system in the world, and I think we are in danger of losing that.

The President promised: If you like your doctor, you can keep your doctor.

Over and over again, that is not the case. The largest insurer on the Missouri exchange, on the exchange that Missouri voters have access to, doesn't include the largest hospital system. That means thousands of patients won't be able to see the doctors or to go to the 13 hospitals of the largest health care system from the company that was their likely provider. This was the largest insurer—and as of this moment, the largest insurer in our State, the largest health care system—not part of their plan. Your insurance company, hospital, long-time doctor, all should be your choice, not the choice of some government-dictated health care plan. With only one other insurer selling policies in the region where this big hospital system is, people aren't going to be able to go there.

Many States have this same problem. Many States have options that don't include many of their hospitals or many of their health care providers.

People are beginning to look at this and not only be concerned about a violated pledge, but being concerned about somebody besides them interfering with a long-term relationship with the hospital people go to and the doctor they see. Patients across the country are seeing and are likely to continue to see narrower and narrower networks available to them as insurers will try to keep costs down.

With all of the new mandates in the law, one of the things they can control is they can negotiate with the people who would be available to see patients under their plan. That is obviously what has happened.

Smaller networks can require patients to travel farther. People are driving by the doctor's office that they went to for years to get to the doctor they now have to go to. People are passing by the hospital that their family may have gone to for generations to get to the hospital that now is the only hospital available in their area, available under the exchange. This is going to become the routine for Americans who aren't going to be able to keep the insurance they like. They are not going to be able to keep the doctor they like, and in many cases they won't be able to go to the hospital they like.

Last week I told stories of several Missourians who had preexisting conditions and are going to lose those policies when the Missouri high-risk pool goes out of existence.

Another thing we suggested in 2009 was to look for ways to expand the high-risk pools and make them work even better. They were working pretty well. The problem was there was always a waiting list to get into the high-risk pool. This was a way to deal with preexisting conditions. In a State such as ours where 4,300 people are in the high-risk pool, they pay about 135 percent of the normal premium. That is a little more than the normal premium, but they are getting insurance after they got sick. This is a high-risk

pool where that has to work, 135 percent. For somebody who didn't have insurance until they got sick or lost their insurance after they got sick, that was probably a whole lot better than they are going to do right now. They are finding out it is a whole lot better than they are going to do right now.

One of the stories we received this week was from Pam in Oronogo, MO, just outside of Joplin. Pam says her oldest son Aaron was born with a medical condition where there was a build-up of fluid inside his skull. He had his first shunt surgery at age 18 months. Her family has a family business and held onto their insurance through the business as long as they could, because they knew that no one would insure Aaron if they lost their insurance. That is obviously not a reason we would want to see perpetuated.

Aaron, however, was ready to go to the high-risk pool. After 10 years, their premiums had increased to \$2,000 a month with a \$10,000 deductible. They were able to get Aaron in the high-risk pool and they were reasonably comfortable with that.

With the elimination of the high-risk pool—all of which close December 31 in every State in the country—Pam and her family have to go to the exchange for Aaron. The exchange has to take Aaron, because he can get into the exchange.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. BLUNT. I ask unanimous consent for 2 additional minutes.

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

Mr. BLUNT. He can get into the exchange even if he had a preexisting condition. What they found in the exchange is Aaron can no longer use his neurosurgeon from Kansas City, the surgeon he has used for years now. They can't buy a catastrophic policy that would allow them to have some choice and pay some upfront costs on their own so they could have the doctor they are comfortable with. This is where they are. The insurance they had has gone away. The insurance they have doesn't allow them to see the doctor this young man has seen for years with a condition he has had his whole life.

The President also promised that premiums would decrease, and that is clearly not the case.

I look forward to Missourians continuing to let us know the challenges they are having. I look forward to being able to share those on the floor of the Senate in the next few weeks.

One of my constituents from Independence discovered when his wife came home, their policy which has been costing \$500 a month now is going to cost \$1,100 a month. She is the office manager of an office with about 20 employees. Their insurance more than doubled.

Unfortunately, these aren't the only cases I could talk about today. They

are not nearly as limited as we would hope they would be. People are finding out that the Affordable Care Act that wasn't good for the workplace is now turning out to be not very good for health care.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

#### DRUG QUALITY AND SECURITY ACT

Mr. BURR. We have heard about horror stories. I want to talk about another one, the bill that is in front of the Senate today, the Drug Quality and Security Act.

The Senate has an important opportunity to advance balanced bipartisan legislation on behalf of our Nation's patients. The Drug Quality and Security Act will respond to the tragic events surrounding last year's meningitis outbreak and will strengthen and improve our national pharmaceutical supply chain. Last year's unfortunate compounding meningitis outbreak has reminded us that had the early warning signs been heeded, we might have been able to prevent or mitigate the crisis in the first place.

In light of what Congress has learned since the outbreak first occurred last fall, this bipartisan legislation includes provisions that respond to and take a big step toward addressing the issues which led to the unfortunate pharmaceutical compounding tragedy over 1 year ago.

America's patients expect and deserve the peace of mind that medicines they take are safe and effective. FDA's repeated warnings of counterfeited drugs making their way into our prescription drug supply chain and the increased number of pharmaceutical thefts are the early warning signs of a potential and growing threat that could significantly compromise or endanger the health and well-being of patients across our Nation.

In recent years, States have responded by putting new requirements in place. At a time when we should be working to lower the cost of health care, this increasing patchwork of State and regulatory requirements is, instead, driving up the cost of health care in America.

For more than 1 year I have worked with Senator MICHAEL BENNET and my colleagues on the Senate Health, Education, Labor and Pensions Committee on bipartisan legislation to address these problems and to strengthen the safety, security, and accountability of our Nation's pharmaceutical drug supply chain.

The Drug Quality and Security Act, which we have before us today, includes provisions that will establish strong, uniform prescription drug-tracing standards that reflect today's realities and ensure a safer and more secure pharmaceutical drug supply chain.

The Drug Quality and Security Act establishes a uniform electronic unit-

level system over the next decade that will increase the security and ensure a safer pharmaceutical drug supply chain from manufacturers all the way to dispensers. This legislation will require trading partners to be authorized to pass and receive information as part of their transactions. It raises the wholesale distribution licensing standard. It establishes licensure standards for third-party logistics providers and requires suspect and illegitimate products to be appropriately handled.

I would like to thank Chairman HARKIN and Ranking Member ALEXANDER for their leadership on this very important bipartisan bill. I especially would like to recognize Senator BENNET, who has been a strong partner throughout the crafting of this legislation. For more than 1 year we have worked together on this bipartisan legislation with our colleagues and have finally achieved an important balance with this bill.

I might add we were told this couldn't be done. We were told this was too difficult. But for 1½ years we have tackled this objective. Congress has the opportunity to proactively put in place uniform, workable standards that will allow stakeholders greater regulatory certainty and give patients the confidence they deserve in the safety and security of our Nation's pharmaceutical drug supply chain.

Congress's opportunities are twofold because this legislation is also our chance to respond to a crisis that impacted the lives of hundreds of patients nationwide, and I hope my colleagues will join me in supporting the Drug Quality and Security Act.

#### HEALTH CARE

To follow up the conversations on today's bill, I listened to my good friend Senator BLUNT talk about Aaron, one of those Americans caught in the crosshairs of the Affordable Care Act and its unintended consequences. I was home this weekend and I was stopped by five individuals—five individuals—with practically the identical story. They came up and said: RICHARD, I was covered. I had insurance. I have no pre-existing conditions, nor does anybody in my family. I had a \$10,000 deductible insurance policy that cost me about \$450 a month, and I had the security of knowing it was there. I just got my new notice and my insurance went to a \$15,000 deductible and my monthly premium is \$1,440. These are five individuals—five different families—but with a similar story.

I think of the yearlong debate we had on the Affordable Care Act and the claims that were made: reduced premiums, bring down health care costs, provide coverage for those who don't have it. Today what do we see? Today's snapshot, and this may change: dysfunctional Web site, 5 million people who have been notified they have lost their insurance, a very tepid enrollment of individuals, and what has gotten lost in reality is that there are hundreds of thousands of Americans