

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

just like the five who came up to me this weekend. They are still getting insurance, but their deductible went up to \$15,000 and their premium went up to \$1,440 a month.

Tell me, where in that scenario is this affordable? Tell me, where in this process did they get a better plan than they had before? Their deductible went up \$5,000. That means the first \$15,000 of their health care is coming right out of their pocket and they are paying \$1,440 a month to have the security of knowing there is insurance after that.

Clearly, these are five Americans who would tell me this falls woefully short of the promises made to them. I would be willing to bet in every State, in every House district around the country, we are going to continue to hear stories about this.

We will, I am sure, debate heavily where we move to from here. But don't forget that under this bill, now that we have extended the enrollment period to March 31, under the law every insurer who bids to be in the exchange, starting April 1 of next year through April 27, has to submit their bids for 2015. Let me repeat that. For every insurer that wants to be in the exchange, starting April 1 of next year through April 27, they will have to submit their premium bids for 2015. They are going to do that having no experience with the pool of insured lives because we have extended until March 31 the enrollment. That assumes the Web site gets fixed and that people are going to enroll. With little actuarial history, these insurance companies are going to have to bid for 2015. Imagine what the premium cost is going to be in 2015 when it is not 5 percent of the American people now in the exchange but it is 100 percent—it is all the employers that are impacted by 2015 prices.

I have always been taught there are signs you should pay attention to. When five people come to you and say: Listen, my deductible went from \$10,000 to \$15,000 and my premium went from \$450 to \$1,440, that is a warning sign. We ought to listen to it.

We still have a chance to fix this. Most important, as Senator BLUNT talked about, it means when you have a high-risk pool in Missouri and North Carolina, you let them keep the high-risk pool. We can manage it much better on a State level than we can in nationalizing and doing top-down health care in this country.

This will not be the end of the conversation on the Affordable Care Act. The American people deserve better and this Congress must produce it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. COATS. Madam President, there is an old expression used by many Hoosiers and others across America that is time tested: Your word is your bond. In Indiana, as in so many other places across our country, we value honesty and good old-fashioned truth-telling, even if it hurts a little bit to hear the truth.

Having spent the previous 4 days in Indiana listening to Hoosiers, it is clear to me many people in my State—and as I am reading, nationwide—are pretty fed up with Washington right now, and they have good reason to be. They are frustrated because the promises that were made to them are being broken and outright guarantees have been disregarded.

President Obama, both before and after his signature legislation—now called ObamaCare—passed, promised all Americans they could keep their health insurance plans if they liked those plans. It was a promise repeated over and over again. For many Americans it was the sole reason they supported the Affordable Care Act. But the President's guarantee, announced publicly by him several times, simply was not true.

In recent months, millions of Americans have received notifications their plans are being canceled because of the ObamaCare law, and reports indicate now the White House has known this for over 3 years—that these cancellations were coming. So when the American people found out the White House knew the bad news was coming all along, they were, to put it mildly, not happy.

It is clear that some of those who voted for ObamaCare and continued to support it are now agreeing with the majority of Americans that the President's health care law simply is not working. One such Member has floated the idea of having the Government Accountability Office and the inspector general for the Department of Health and Human Services conduct “a complete, thorough investigation to determine the causes of the design and implementation failures of HealthCare.gov.”

We need to talk about the fundamental policies and provisions that undermine this law going forward.

Fixing the Web site, if that happens—it can happen and eventually it would have to happen—is not the real problem. The real problem is a flawed design. Two Democrats have introduced a bill entitled “Keeping the Affordable Care Act Promise Act.”

A House Democrat recently stated, “I think the President was grossly misleading to the American public” when he promised Americans they could keep their health care coverage if they liked it. Even former President Bill Clinton has said he thinks the President's pledge to allow Americans to keep their coverage should be honored.

In an interview this week, former President Clinton said:

So I personally believe, even if it takes a change in the law, the President should honor the commitment that the Federal Government made to those people and let them keep what they got.

There is a growing admission from the supporters of ObamaCare that we are dealing with more than just a Web site glitch; that we are dealing with fundamental policy design flaws. So I

agree with President Clinton. Regardless of whether you support ObamaCare, there should be 100 percent bipartisan support for letting Americans keep what they have been promised—that they can keep their existing health care insurance plans if they like them.

It is time to acknowledge, however, as Senate minority leader MITCH MCCONNELL said yesterday, that it goes beyond this; that the Affordable Care Act is beyond repair. This disastrous law needs to be repealed and replaced with real reforms that drive down the cost of health care, increase the quality of care, and put patients, not Washington bureaucrats, in charge of their health care decisions.

Unfortunately, this President and Senate Democrats have made it clear they will never allow a full repeal to pass, despite all the broken promises to the American people and despite the fact the law simply isn't working.

Given this reality, the appropriate step, I believe, and one with growing, bipartisan support is for a 1-year delay of the implementation of ObamaCare.

I have offered a bill to delay the individual mandate—to join with the decision already made by the President to have a 1-year delay of the employer mandate—so all Americans can have the same relief, not just business. By delaying the mandates—all the mandates in this health care law—we can give the American people a fundamental choice when they go to the polls in 2014: continue ObamaCare or replace it with sensible, affordable reforms that drive down the cost of care, increase the quality, and, most important, put patients, not Washington bureaucrats, in control of their health care decisions and their health future.

In closing, I would say this to the President: Your word needs to be your bond. As Albert Einstein once said: Whoever is careless with the truth in small matters cannot be trusted with important matters.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Ms. WARREN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Ms. WARREN. Madam President, I ask unanimous consent to speak as if in morning business.

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

#### NOMINATIONS

Ms. WARREN. Madam President, it hasn't been even a month since the end of the Republican shutdown of the government, and they are already back at trying to paralyze the government again.

Yesterday, the Republicans blocked an up-or-down vote on the nomination