

OBAMACARE

Mr. McCONNELL. Mr. President, by now I am sure every Member in this Chamber has received literally countless letters, emails, and phone calls from the millions of Americans who have been hurt by ObamaCare.

I recently saw a press release from the senior Senator from California saying that she has heard from more than 30,000 constituents who are facing skyrocketing costs or canceled plans.

Each story is unique. Each story is important. That is why this morning Senate Republicans will share some of those stories to put a human face to those who have suffered as a result of the Democrats' decision to force this law on our country.

I will start off with James Dodson, who is a constituent of mine from Owensboro. James has type 2 diabetes. He recently got a letter informing him that his high-risk pool coverage would expire next month. He says a replacement plan on the ObamaCare exchange will cause his premiums to spike from \$676 to more than \$1,000 a month.

Here is the question he asked me: "Where [are] the savings the Democrats . . . promised 3 years ago?"

James' story is another reminder of why it is time for Democrats to work with us to repeal this law and start over with bipartisan reform. My constituent James is counting on them, and so are millions of others across the country who are suffering under this law.

I understand my friend from Texas has something he would like to share.

The ACTING PRESIDENT pro tempore. The Senator from Texas.

Mr. CORNYN. Mr. President, earlier this month I launched a Web site where my constituents in Texas could describe their experiences with ObamaCare. As of this morning that site has received more than 500 submissions and the stories are simply maddening.

For example, Barry Linden of Brenham, TX, is currently waiting for an organ transplant, but because of ObamaCare his health insurance policy is being canceled, which could jeopardize his ability to access that transplant.

As Mr. Linden writes, losing his health care plan "is a potential life-ending tragedy for me and my family. The forced dropping of my plan creates a variety of complications involving my transplant team [and] my medications."

The "most troubling" thing, he adds, "is that insurance will have to re-certify my transplant." In other words, he will have to start all over.

Meanwhile, I also heard from another constituent in Lubbock, TX, whose 13-year-old daughter has type 1 diabetes. She has had it since age 4. Her family had a health insurance policy when she was first diagnosed and they have been happy with that policy. However, because of ObamaCare, they were recently notified that their daughter's

health insurance is being canceled in December.

Stories such as these are simply infuriating and unnecessary, but they should strengthen our resolve to dismantle ObamaCare entirely and replace it with patient-centered alternatives.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from South Dakota.

Mr. THUNE. Mr. President, the news out of South Dakota is like it is everywhere else—it is all bad. It is cancellation notices and sticker shock that families, individuals, and small businesses are experiencing.

This is a letter from a couple I received from my State. It says:

We got the letter. We just received a cancellation letter from our health care provider . . . I am a self employed plumber . . . We have had the same kind of health insurance for years . . . It works for us, we are happy with it.

When our current plan expires in 2014 it will no longer be available. We will have to get a new plan. We will be forced to lower our deductible, carry insurance for pregnancy, pediatric eye and dental care, etc. My wife is 50 years old, I'm almost there. WE DON'T NEED COVERAGE FOR PREGNANCY OR PEDIATRIC CARE!

We were told that our new policy will most likely cost us over 100% more than what we pay now. WE WILL NOT BE ABLE TO AFFORD IT. We will be without insurance and I guess we'll have to pay the Obama tax and take our chances.

Obama said we could keep our plan . . . PERIOD!

This is another example from my State of cancellations and sticker shock, and that is the experience Americans are having today with ObamaCare.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, The Tennessean reported on Tuesday morning in its headline that the State's largest underwriter is notifying 66,000 clients that their policies don't meet ACA coverage requirements. In other words, they are losing those policies.

I have a letter from a woman, Emilie, who lives in Middle Tennessee who was 1 of 16,000 Tennesseans who are part of another plan called CoverTN. She is losing her policy.

She says:

I am a 39 year old single woman with a chronic illness, Lupus. I worked my way through college.

As a person with a chronic illness that was deemed "uninsurable," the only way I was able to obtain health insurance was through an employer based program called CoverTN . . . Although some call it a minimal coverage plan, it has been stellar AND affordable . . . I was excited to hear about the Affordable Health Care Act. I was glad to hear that "uninsurables" could no longer be denied coverage . . . unfortunately [that] is NOT TRUE.

I cannot keep my current plan because it does not meet the standards of coverage. This alone is a travesty. CoverTN has been a lifeline.

With the discontinuation of CoverTN, I am being forced to purchase a plan . . . that will

increase [my costs] by a staggering 410%. My out of pocket expense will increase by more than \$6,000.00 a year. Please help me understand how this is "affordable."

I beg of you to continue the fight for those, like me, who would only ask to be allowed to continue to have what we already enjoy. A fair health insurance plan at a fair price.

That is from Emilie, who is a 39-year-old woman from Tennessee.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, if you like your health plan, you can keep it. It is a nice sound bite, isn't it? It is also not true. My constituents have learned that the very hard way.

A constituent from Perry, IA, wrote:

My husband and I are farmers. For nine years now we have bought our own policy. We recently received our letter that our plan was going away and effective Jan 1, 2014 it will be updated to comply with the mandates of ObamaCare.

We did not get to keep our current policy. We did not get to keep our lower rates. I now have to pay for coverage that I do not want or will never use.

We are the small business owner that is trying to live the American dream. I do not believe in large government that wants to run my life.

This failed promise is hitting home but, more importantly, when the President promises something and doesn't keep that promise, it goes way beyond a promise to hurt an individual. It goes to the lack of credibility of all government. What we need to be doing in this country is building up credibility of government to strengthen our institutions of government.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Idaho.

Mr. CRAPO. Mr. President, I join my colleagues on the floor today because, like many of them, my constituents are upset. Idahoans are finding out that America's promise to the American people that "if you liked your health care plan you could keep it" simply was not true.

Over 100,000 Idahoans will find out that they cannot keep their current plans. Idahoans such as Jennifer from Salmon, ID, are finding this out the hard way. Jennifer is a working self-employed mother of three whose current health care costs her family \$375 a month. Now Jennifer is being told that her current plan is no longer available under the President's health care law and that the next available plan to her family will cost \$900 per month with a \$10,000 deductible. That plan will require Jennifer to spend \$20,000 a year between premiums and deductibles before she has benefit coverage.

This is Kelly, another hard-working mother who was promised affordable and successful health care coverage under ObamaCare.

Optimistic to enroll, Kelly and her husband looked to sign up, only to find the plans available to their family were unaffordable and thus inaccessible.

The health care law was sold on the premise that it would help families

such as Kelly's—those struggling to get by month-to-month in our stifled economy—to obtain affordable, quality health insurance. Instead, Kelly and her husband are now considering taking the penalty fine for being uninsured under the new law as it is a more feasible option for their family at this time.

There are many more just like Kelly and Jennifer in Idaho and across the country dealing with new hardships as a result of this law. The President needs to work with Congress to find reasonable solutions to amend the many broken promises made about this law.

Thank you, Mr. President. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Kansas.

Mr. ROBERTS. Mr. President, Beth from Tribune, KS, is a single mother of a 3-year-old son with significant physical disabilities. Her son's insurance is being canceled. To replace this policy with a similar plan, it is going to cost far more than the \$750 monthly premium Beth pays now.

She writes:

How can this be? My little boy needs health insurance. . . . Now our insurance company is telling us this policy no longer exists because it doesn't meet the government's requirements and if we'd like to get another plan it's going to cost even more for the same child. . . .

We didn't change children . . . it's the same child!! This doesn't make sense. We frequently visit multiple specialists. We need this insurance. It baffles me as to why this is happening. It's not rocket science . . . it's healthcare. ObamaCare is affecting those that need it the most and NOT in a good way . . . It's very stressful raising a child with significant needs . . . I'd like to be concentrating on the health and well-being of my son and not on stressing out over health insurance.

For Beth and her son, we must repeal this law.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Mississippi.

Mr. WICKER. Mr. President, according to the U.S. Department of Health and Human Services, my State of Mississippi will have the third highest premiums in the Nation as a result of the so-called Affordable Care Act. This is unacceptable for my State, and my colleagues can be sure I am hearing from my constituents about this.

For example, I heard from a married couple in Long Beach who own a small business. The private insurance plan they have offered to their employees for over 20 years will suffer a 33-percent premium increase on December 1. Their insurance specifically cited the ACA's mandated coverage, fees, and taxes for the increased premiums. The couple will continue to insure their employees because if they were to discontinue the coverage, their employees and families would suffer because they would not be able to afford individual plans.

I also heard from a 58-year-old graphic designer from Madison, MS, stating

that his insurance premiums will double at the beginning of the year from \$355 to \$755. This gentleman is understandably angry about this premium increase. He understands that his insurance will now cover mandated benefits such as maternity care and birth control—something he will never use as a 58-year-old male.

I also heard from a 51-year-old disabled retired doctor and the father of two high school students. Earlier this week, he was informed by his insurance provider that his family's premiums will skyrocket in January. He says he discovered that the least expensive coverage for his family will result in a 112-percent increase in his premiums.

After hours on healthcare.gov trying to enroll his family, a firefighter, a father, and a husband discovered that the cheapest plan, a bronze plan, will be too exorbitant a cost for him to pay. He will opt to pay the penalty, and he and his family will remain uninsured.

These are real Americans who are learning that the Affordable Care Act is less affordable and less accessible.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Georgia.

Mr. ISAKSON. Mr. President, we all know that over 5 million Americans have lost their health care and can't keep the health care they wanted. The untold tragedy is the millions and millions more who are being priced out of the market because of the increases in costs caused by ObamaCare.

I will read an email from Rob and Jessica in Georgia that I think depicts exactly what that tragedy is.

My husband lost a job in the recession. He could not find work, so we started our own business and have grown it over the last 3 years so that we are supporting ourselves with a modest income. We lost all of our savings, in the process of the recession, but we are proud from where we've come.

We are in our 40's, healthy and self-insured. We just received a letter from our insurance company that our insurance will be going up 244 percent, from \$203 a month to \$495 a month. We can't believe that our government has made a decision that is costing us, and everyone we talk to, thousands of dollars. It is truly unbelievable. We have worked so hard to get where we are. We cannot afford this increase.

ObamaCare is pricing the average American out of health care.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Georgia.

Mr. CHAMBLISS. Mr. President, I rise to discuss the impact ObamaCare is already having on my constituents, likewise, as my colleague said, in my home State of Georgia.

One of my constituents, Jeanie from Twin City, GA, is a registered nurse in a small hospital. Her husband is a retired Navy officer who served this country honorably for 20 years. They are on TRICARE, so Jeanie didn't need her employer to pay for her health care. However, because of ObamaCare, Jeanie's employer is cutting her hours to less than 30 hours a week, which

means a drastic pay cut for her and her family. I fear this health care law will continue to force employers to reduce employee hours in order to avoid the unaffordable health care costs.

Another constituent, Thomas from Columbus, told me about the problem he is facing with his son. His son graduated from college, but as is the case with so many his age, he has been unable to find a job in this tough economy. His son works hard to make ends meet and was lucky to find a bartending position that would allow him to work full-time.

Service industry professionals, normally, as in the case of Thomas's son, do not receive benefits, so Thomas bought his son a catastrophic insurance plan they could afford. Now it looks certain that this plan is not going to be acceptable under ObamaCare. His son will not qualify for Medicaid, but will not be able to afford the premiums he will now have to pay for this catastrophic policy.

Our economy is still recovering and Americans are still struggling. Thomas and Jeanie are exactly the type of hardworking Americans that health care reform should be making life easier for and not harder.

It is time for the President and Democrats to join us in scrapping this law and starting anew.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Nebraska.

Mr. JOHANNIS. Mr. President, a few weeks ago we opened our Web site to Nebraskans so they could tell us what they were dealing with regarding ObamaCare. I heard from a family in Grand Island, NE, and this is what they said:

ObamaCare has made the prospect of getting sick very scary at our house. Our monthly premium is set to go up from \$578 to \$714. If that's not bad enough, our maximum out-of-pocket will go from \$5,000 to \$12,700.

This family is facing a 24-percent increase in premiums and a whopping 154-percent increase in their out-of-pocket maximum.

The letter goes on to say:

That's not affordable; in fact, if a member of my family were to get sick and need hospitalization, we'd be in major financial trouble. Not only that, but we only qualify for a \$6 tax credit. It really feels as if those of us who work hard, do the right thing, and set good examples for our children are now being punished.

It is time to stand with the American people and actually fulfill our promises and repeal this law.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Maine.

Ms. COLLINS. Mr. President, thousands of Mainers are receiving notices that their health insurance is being canceled due to ObamaCare.

This past weekend I talked with Mark Pendergast, the owner of a small landscaping company, who just found out that the premiums for his small business plan will jump by 54 percent next year due to ObamaCare. He can't

pay that and stay competitive, and his workers can't afford it either. Their share of the premium will go up by \$740 next year. Mark is worried they will simply drop their coverage and pay the fine instead.

Mark and his workers are not the only Mainers hurt by ObamaCare. Mrs. Beatrice Logan of Cape Elizabeth, ME, emailed me to express her deep concern that her family is facing an increase in their deductible from \$4,500 to \$12,000. Moreover, she is being told that they may not be able to continue with the health care team at Boston's Children's Hospital that has provided a lifetime of excellent care to her 19-year-old son who has cystic fibrosis.

Dave Eshelman of Falmouth told me that he and his wife are facing a more than 90-percent increase in their premiums. Having to spend an additional \$5,000 a year for health insurance is no small matter to them at a time when they are struggling to start a small business.

One of the major reasons I strongly opposed the Affordable Care Act was that there was nothing "affordable" about it. I predicted it would lead to fewer choices and higher insurance costs for middle income families and small businesses.

Congress must work together to address the very real health care concerns of the American people and the budget realities we face. Repealing ObamaCare's poorly crafted and misguided mandates and replacing the law with a fiscally responsible reform bill that contains costs and provides more choices is the best path forward.

Thank you, Mr. President.

The ACTING PRESIDENT pro tempore. The Senator from Wisconsin.

Mr. JOHNSON of Wisconsin. Mr. President, Gina Sell is a 29-year-old registered nurse, a wife, a mother of two girls, and a lifelong Wisconsin native. She and her husband Joe, a heating and air-conditioning technician, currently purchase health insurance on the individual market.

Their best option under ObamaCare increases their monthly premium by \$700 and their deductible by \$12,000 per year. This is after an annual ObamaCare subsidy of \$48. Because they both work, Gina and Joe make too much money to obtain an adequate subsidy but not enough to afford health insurance.

So what can they do? Gina has looked for a full-time job that provides health benefits, but those jobs are pretty scarce. Her only option may be to quit working altogether so they qualify for a larger subsidy. Because of ObamaCare, Gina might lose a career she loves and America might lose a much needed nurse.

In Gina's words: "This scenario is life altering . . . My husband and I are at a loss for what we can do."

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

Mr. ENZI. Mr. President, many people supported President Obama's

health care law based on his promises. Those words don't mean much now for millions of people receiving cancellation notices from insurers for their current plans, paying prices higher than promised and losing work hours, wages, and in some cases jobs.

In Wyoming alone, there are over 2,600 people who are losing health care coverage they like. I have received numerous letters from my constituents illustrating the scope of this problem. Greta from Laramie is one of them. Greta is in graduate school and paying for tuition out-of-pocket. She had the university's student BlueCross BlueShield insurance plan. In September, her husband and two daughters received notice that their family insurance policy was gone. They were happy with their coverage. Greta said their plan had very good coverage of maternity and well-child visits, low deductibles, and an affordable monthly premium. Her family can't afford a new health insurance plan which, according to her, "costs more and gives me less." That is what we are facing as a Nation: Health care plans we can no longer keep and broken promises from the White House.

The President misinformed the American people when he said, "If you like your health care plan, you can keep it." Just last week, he said the Democrats didn't do a good enough job crafting the law. To me, that sounds like a law that should have never been passed. We must continue to push for repeal of this law of broken promises and work on alternative solutions that really do what the people were promised.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Missouri.

Mr. BLUNT. Mr. President, Sonya and Jake, her husband, are from Troy, MO. She contacted us to tell me that when her husband quit his job a few years ago to start his own business they, of course, when that happened, lost their employer coverage, but they were able to check on health care coverage for the self-employed. They found what they thought was a really doable policy for them. They are young and they are healthy. They have six kids, but they are all pretty healthy. They were paying \$400 a month, with a \$5,000 deductible and 100-percent coverage after the \$5,000. Their preventive care was already covered. But, of course, their policy just got canceled because it did not meet the ObamaCare guidelines. Their insurance company tells them that to get the same kind of coverage with the new guidelines, they are going to pay 125 percent more than they have been paying. Their insurance more than doubled. Their plan may not have been good enough for the new guidelines, but it was good enough for them. When the government begins to tell people what they have to have, it almost always costs people more.

Also, we are seeing the high-risk pool in our State and every State go away.

I am having all kinds of people saying their insurance is going to cost more, their deductible is higher, and many times the doctor who has been part of their health care challenge right up until now is no longer available to them. So much for "if you like your doctor, you can keep your doctor."

The ACTING PRESIDENT pro tempore. The Senator from Ohio.

Mr. PORTMAN. Mr. President, I think it is great that we have the opportunity to come to the floor today to talk about what our constituents are telling us. We do not do that enough.

Last night I had a tele-townhall meeting. We had about 25,000 Ohioans. At every one of these tele-townhalls, we do a poll asking what the most important issue is. And of the tele-townhalls we have done, which is one a month, every single time it has been jobs and the economy—until last night. Last night it was health care. That is because most of the questions I got were about health care coverage and people concerned about losing it.

Let me read a letter from one of my constituents. It is indicative of what I am hearing all around the State. This is from Dean. He lives in Sandusky, OH. He writes:

Ever since I lost my job in 2009 I have been purchasing my own health care insurance. Last month I received a letter in the mail stating that my plan is being cancelled due to the ACA. I was told to look at plans on the exchange, which I did and I found a comparable plan that is over twice the cost of what I now have.

In addition, this is over half of my monthly pension. I simply can't afford this. I have always been a responsible, hard-working, self-dependent person. Now, due to the actions of our government, for the first time in my life I will not have any health insurance coverage. I am 59 years old and I need this coverage. I am outraged to say the least. How can our government do this to us? I will remember this come election time. Please get rid of this insane law. This is unacceptable.

Well, to Dean and to my other constituents, I agree with you. It is unacceptable. We should repeal the law—it does not make sense—and then replace it with one that actually reduces the cost of health care and keep the promise the President made, which is that people can keep the health care they have.

The ACTING PRESIDENT pro tempore. The Senator from Indiana.

Mr. COATS. Mr. President, the President has publicly promised all Americans: If you like your plan, you can keep it. If you like your doctor, you can keep that doctor. The only change, he said, you will see is falling costs.

Well, Donna, a senior citizen from New Albany—senior citizens are not supposed to be affected by this ObamaCare—received a letter telling her that she and her husband could no longer keep their Medicare Advantage plan. It was terminated. So they found another plan—much higher cost, much higher premium, much higher deductible.

Cynthia from Lafayette, IN: I am self-employed and purchase health care

privately. I am a single parent with a mortgage payment and a child in high school. My plan was canceled, and I was given an estimate for a replacement plan that is almost double what I am paying today.

Mr. President, you have not kept your promise to seniors. You have not kept your promise to single working mothers. You have not kept your promise to families. You have not kept your promise to the people whom I represent. How can Americans trust that this government takeover will work if you cannot keep your promises to the American people?

The ACTING PRESIDENT pro tempore. The Senator from North Dakota.

Mr. HOEVEN. Mr. President, in North Dakota we have a lot of farmers and we have a lot of ranchers. They are small businesspeople. They run small businesses. They are being hit very hard by ObamaCare like other small businesses across this country.

A rancher from Rhame contacted us. His name is Wayne. He ranches there. Rhame is an area where we have a lot of cowboys, a tremendous rodeo. They compete nationally. They have great livestock herds there. He writes and he says:

I'm not one to get too upset about things, but this deal really has me mad. We got a letter a few weeks ago that said they were dropping our policy. I paid my own insurance for years and years. When I got that letter, it just hit me—because somebody in Washington decided I was too stupid to figure out if my policy was right for me or not.

I don't pay a lot of attention to politics, but usually what gets decided in Washington doesn't slap you in the face like this law has with me. I have gone on HealthCare.gov and used the estimators they direct you to. I could be going from a \$2,500 deductible to something between \$10,000 and \$12,000, the way it looks to me. This is going to cost me a lot more for something I don't even want.

If I could, I would like to read another short story from a couple in Grand Folks who got ahold of us on the marriage penalty that ObamaCare creates. She wrote:

My husband and I met with the primary health insurance carrier in North Dakota and were told that our current coverage under the guidelines of the Affordable Care Act will cost us at least another \$400 more a month, and our deductible will increase from \$2,000 to \$12,000. Because we are married, we cannot choose individual plans, which would be a lower deductible. In essence, we are being punished for being married. We are looking at paying more than \$1,500 a month in health care because we are only 61 years old and not eligible for Medicare for another 4 years—\$18,000 a year for health care!

We were told that part of the problem is the provisions in the law which require us to choose a plan that has maternity benefits. How does this make sense for seniors to be forced to buy coverage that does not apply to them? We agree that benefits shouldn't be denied to people, but it is not fair to be forced to buy coverage that does not even apply.

The ACTING PRESIDENT pro tempore. The Senator from Nebraska.

Mrs. FISCHER. Mr. President, I rise today to speak on behalf of nearly 3,000 Nebraskans who have contacted my of-

fice with their concerns about ObamaCare. Their stories are, unfortunately, not unique: skyrocketing premiums and cancellation of plans they were promised they could keep.

Curt from Lincoln, NE, wrote to tell me he has seen his Blue Cross Blue Shield premiums rise a shocking 300 percent. David, a father living in Omaha, is facing a potential total increase of \$16,000 a year for his family's coverage—\$16,000. Another constituent from Bertrand, NE, will see his family's deductible more than double next year. He asked: "How is this the Affordable Care Act?" An apology now will not help the hard-working Nebraskans who have lost or who will soon lose their current coverage. One constituent wrote, "Folks shouldn't need a second mortgage to pay for ObamaCare." I agree.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, I go home every weekend to talk to people. I was home last weekend for Veterans Day and was in the Target store in Casper and ran into a small business owner of a small electric company he runs. He has about four people who work with him. He is somebody on whom I have operated. He is a former patient of mine. He told me he was one of those 4 million Americans who had gotten that letter that they had lost their insurance.

He said: The President promised this would be easier to use than amazon.com. I can't get on. He said it would be cheaper than your cell phone bill. Well, that has not been the case. He said that the President said: If you like what you have, you can keep it. Clearly, that is not the case. He said: What is wrong? What is wrong with this? How can we fix it?

I got another letter from a rancher that I need to read. She is from New Castle, WY. She says:

We are ranchers who buy our own health insurance. Currently, we pay \$650 a month for an 80/20 policy with a \$3,500 deductible. Our maximum family out-of-pocket is \$10,000 a year. We do not carry maternity insurance because we have completed our family. I am 45 years old. I have had a hysterectomy.

I recently called my insurance agent out of fear our policy could be canceled. Well, he said it would be canceled at the renewal time.

She said that he told her that their policy did not meet ObamaCare's requirement because of maternity coverage and they would have to choose a policy from the exchanges. Now, remember, she has had a hysterectomy. She does not need or want or will ever use maternity coverage.

She said the insurance agent quoted her rates for a comparable policy at \$1,300 to \$1,600 per month. Remember, they are now paying \$650. She said the insurance agent also told her they could take a bronze policy—much less coverage than they currently have—for \$900, which is still \$250 a month higher than they would have to pay, but the

out-of-pocket cost then was much higher, much more difficult for the family.

She said:

We are being forced out of a good policy, which we pay for with hard-earned money and which we choose, into a dangerous financial and health care situation with less coverage and which puts my husband and I, who are proud of our sustainability, onto what we consider the welfare rolls by needing a government subsidy to afford a plan that we do not want or need.

She said:

To say that we are angry is an understatement. Why is this happening? Why can Obama force me into this? We feel helpless. What are we supposed to do, just follow like sheep until we are either bankrupt or welfare recipients?

This is not what President of the United States promised the American people. It is not what every Democrat in this body who voted for this health care law promised the American people. The American people deserve better. They deserve to be able to get the care they need from a doctor they choose at lower costs. None of that has come true under this health care law.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Mississippi.

Mr. COCHRAN. Mr. President, the more my constituents learn about the administration's so-called Affordable Care Act, the more it becomes clear that major changes should be considered.

I recently heard from a constituent who had learned from accessing the Obama administration's enrollment Web site that the plan with the lowest cost available to him has a \$7,000 yearly deductible, with a \$12,000 out-of-pocket maximum and a premium of a little over \$2,400 a month—nearly twice as much as he and his wife currently pay.

This family is just one example of millions of Americans who are suffering from sticker shock because of the cost of insurance plans on the President's new health insurance exchanges. The shock is made worse for those who are being rejected by the plans they were told they could keep but now cannot.

It is clear we need to urge the administration to consider going back to the drawing board. We should get together, too, here in the Senate and find common ground that makes better sense for the American people.

The ACTING PRESIDENT pro tempore. The Senator from South Carolina.

Mr. SCOTT. Mr. President, for the last 3 years we have heard President Obama and our friends on the left promise—no, guarantee—that ObamaCare will help make health insurance more affordable. But day after day we see costs going up for hard-working families all across our country—not merely the rich families, not only the 1 percent, but middle-class Americans.

Last week I heard from Natalie Geiger, a wife and a mother of three in

Charleston, SC, whose health insurance costs are seeing double-digit increases.

These are the faces of real people impacted by ObamaCare. They are not stats; they are not numbers; they don't get waivers. They are taxpayers, middle-income taxpayers, and ObamaCare is forcing many to choose between saving for college for these three little kids and paying for health care. They shouldn't have to choose.

"ObamaCare" and "healthcare.gov" are words that we now know are synonymous with "failure."

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arkansas.

Mr. BOOZMAN. Mr. President, I would like to tell the story of a constituent who emailed and is so representative of what thousands are going through in Arkansas.

Mark from Little Rock wrote to me after receiving his cancellation notice. This is what he had to say:

I recently received a notice from Blue Cross-Blue Shield that my individual health insurance policy will not be renewed after 2014 due to ObamaCare. Although I am very happy with this policy, I'm being forced out of it after 2014.

The alternative options under the Affordable Care Act are not very affordable. The closest alternative plan will increase my deductible 25% and increase my monthly premiums 300%. . . . from \$285 a month to \$850 a month.

Mark notes that his current plan is Blue Cross, which he describes as not a "bad apple" provider, and that he will be required to pay for the entire cost of this new plan out-of-pocket. These are all very serious problems with the program, and certainly Mark is not alone.

The ACTING PRESIDENT pro tempore. The Senator from North Carolina.

Mr. BURR. Mr. President, I recently received a letter from Kathleen Stephan of Fletcher, NC, who wrote to describe her experience with the Affordable Care Act and the impact on her health care. I wish to read her letter versus paraphrasing it.

Dear Senator BURR: I recently received a notice from Blue Cross Blue Shield of North Carolina that my health insurance policy will be cancelled effective January 1, 2014 because it does not meet all of the mandates under ObamaCare.

My current premium is \$418 per month. The replacement policy being recommended to me will cost \$928 per month—a 122 percent increase, and I do not qualify for subsidies.

I have had continuous coverage with Blue Cross Blue Shield for many years, and I like the plan I currently have.

I'm a 62 year old woman, and will not benefit from the mandatory additions to my plan, such as maternity coverage, newborn and pediatric care.

In the past, having continuous coverage provided a sense of security that my rates could not be raised based on a change in my health status.

I experienced such a change in 2012 when I was diagnosed with breast cancer and underwent seven months of treatment.

Now my rates are more than doubling, and the security is gone, not because of the change in my health, but because of ObamaCare.

When President Obama was selling the Affordable Care Act to the American people, he

repeatedly promised that if you like your health care plan, you can keep your health care plan. Period.

I'm writing to you today to tell you that I do like my plan and I want to keep it. I'm asking for fairness for myself and the estimated millions of other Americans who will have their plans taken away by ObamaCare.

Sincerely,

KATHLEEN STEPHAN.

How do I answer Kathleen's letter?

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Idaho.

Mr. RISCH. Mr. President, every one of us can stand here and tell thousands of stories. Mine will come from a gentleman by the name of Clint W., who is a small business owner. He received notice that he wasn't grandfathered, was being cancelled as of the first of the year. His premiums went from \$320 to \$1,200. His deductible went from \$5,000 to \$12,700. He says he can't afford it, and he canceled the policy so that he could save money for future medical expenses, and he is going to stay canceled for as long as he possibly can.

What struck me about this—I didn't get a lot of letters from poor people. I didn't get a lot of letters or contacts from rich people. My contacts came from middle-class America, which is what this country is. We are a middle-class country, by and large, with a small sliver of rich people at one end and some people who are deserving of our help at the other end, but those who are primarily affected by this are the middle class of America.

My good friends on the other side tried to claim they are the party that represents the middle class of America. I don't know whether they are getting the same letters we are, but if they are, they realize they have done something horrible. They didn't do a plan to help the disadvantaged, whom the Republican Party has always helped. What they have done is a social experiment that is collectivism or socialism at its worst. It is obvious it is a failure. These things don't work.

The American people, over 200 years, built a very successful insurance system and health care system in America. In 3 years this has been destroyed. There are 44 days left to make this work. If this isn't done right, there is going to be a collapse on January 1 and the American people are going to know exactly who caused it.

The ACTING PRESIDENT pro tempore. The Senator from Florida.

Mr. RUBIO. One of the things I have discussed is the impact ObamaCare is having on Medicare and Medicare beneficiaries. Obviously, being from Florida, we have a significant number of Medicare beneficiaries and, in particular, people who are under something called Medicare Advantage. This is the only program in Medicare where seniors get to choose the type of coverage they want and things of that nature. My mom is a Medicare Advantage patient.

I wish to read a letter I received from a constituent of mine named Michelle

Hatley, who lives in Destin, FL, which is in northwest Florida. This is a letter she received regarding her existing doctors. She also received a letter from one of her providers that talks about the changes that are happening. She sent this document attached to it. She states:

Here is a copy of the letter that I received from White Wilson Medical Group. As I indicated in our conversation, Sacred Heart might also be affected. My Medicare Advantage plan was the Medicare Completer through AARP and United Health Care. I have multiple chronic conditions which require treatment and consultation through several doctors. Three of my doctors are with White Wilson and 3 are with Sacred Heart. My rheumatologist, who directs my care for treatment of 2 autoimmune conditions, including rheumatoid arthritis, is with Sacred Heart and the only Rheumatologist in Destin. I am also legally blind, so transport to another doctor out of town is both difficult to arrange and expensive.

Of the plans that are available that will allow me to keep my doctors, the annual out of pocket is significantly higher as well as the co-payments and deductibles for patient visits, prescription drugs, and inpatient care. My choice has been reduced to finding ALL new doctors or enrolling in a different Medicare Advantage plan, which will cost more.

I wanted the Senator to be aware that Medicare clients are experiencing negative consequences from the ACA as well.

Since that time, after this experience, she has been able to find a plan that will help her avoid losing all six of her doctors, including her five specialists and the primary care physician. This is the catch: The new plan's out-of-pocket costs are now going from the \$4,000-to-\$4,500 range up to an expected \$5,900. It was a tough decision for her to make, but she ultimately decided to pay more money in order to keep seeing all of her doctors who have been treating her for the past 4 to 6 years.

This is a real-life story of a Medicare Advantage recipient in this country whose out-of-pocket costs are going up because of ObamaCare. It is wrong. It is unfair. It should not stand.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire.

Ms. AYOTTE. Mr. President, I came to the floor yesterday to share many stories I am receiving from my constituents about them receiving cancellations of policies they wanted to keep and higher premiums under this law. Each story is very sad, and I feel badly for the people of my State and across this country who are suffering under this law. My constituents are pleading for relief. This is only one example.

A small business owner from Peterborough, NH, who voted for President Obama twice, told me that her family has a household income of \$50,000 and their total health insurance will now cost over \$19,000 for the year, which is more than their mortgage. Their local hospital isn't even on the exchange. In New Hampshire we only have one insurer on the exchange and 10 of our 26 hospitals have been excluded from that exchange.

This constituent from Peterborough wrote:

We are frustrated, afraid, and angry beyond words. . . . I urge a postponement of implementation of the Affordable Care Act while those with the power look harder at the average American and come up with a better plan. Life shouldn't be this hard.

Citizens from across New Hampshire and this country are crying out for relief. I hope the President will listen to them and call a timeout on this law so that we can come together and, rather than what was done in this Chamber—passing a partisan law—come together for bipartisan health care solutions.

The ACTING PRESIDENT pro tempore. The Senator from Kansas.

Mr. MORAN. Mr. President, it is hard to narrow down the best story to tell. In fact, they are all bad stories. They are all terrible stories. Kansans are also struggling under the consequences of the passage of the Affordable Care Act. It bothers me so many times it is suggested that this is only a problem with implementation. The problem that Americans and Kansans are facing today really is the crux, the underlying basis for the provisions of the Affordable Care Act. This is not only an implementation problem; it is not only a computer problem; it is the theory on which the Affordable Care Act was based.

An example I would like to describe to my colleagues in the Senate is from a constituent from Newton, KS, which is a city in the center of the State. He writes:

We were notified by our health insurance carrier that our premiums on our small business plan were to increase 24% on our renewal date because of the coverage mandated by the ACA starting in 2014.

As small business owners in our late 50s we have struggled to find affordable health insurance for years. About 2 years ago we were able to sign up for a plan offered to small businesses through a well known carrier. It was not a "Cadillac" plan since we each had a \$5,000 deductible and no coverage for maternity (didn't need), contraception (didn't need), but it covered the things we wanted and needed. Unfortunately, the premium increase is going to put this plan in the unaffordable range again.

I have not yet been able to get on healthcare.gov. The few times I've tried it has either been down or locked up during access. As a business owner with employees and a lot of responsibilities, the time I have to spend messing around with a slow or non-responsive web site is limited and personally expensive.

Our constituents need help, and the Affordable Care Act is why they need help.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Kentucky.

Mr. PAUL. The President promised the American people that if you like your doctor, you can keep him or her. He promised that if you like your insurance, you can keep it. But he needs to tell Andy Mangione and his family why they can't keep their insurance. They had an individual policy they were happy with. They paid \$333 per month, and they are now going to be

asked to pay \$965 per month for things they don't want and didn't choose to have. This isn't only about health care; this is about freedom of choice. This is about whether one can choose what type of insurance they want. The next question is, What is next? What choices will be taken from us?

I am going to be signing up for ObamaCare. Yesterday I tried 15 times. I wasn't able to get beyond "create an account" because every time I pushed "create an account," nothing happened.

This is a real problem—5 million people without insurance. The President said: If you can keep your insurance, you should be allowed to. You can keep your doctor.

Something has to be done because the Mangione family is going to have to pay three times as much for an insurance policy they don't want. We are taking their freedom of choice away. I, for one, say enough is enough. Let's get rid of this. Let's give back freedom to the consumer. Give back freedom to Kentucky families. In Kentucky, 10 times more families have been canceled than have actually accessed the Web site. Something has to give.

Mr. President, if you said "you can keep your doctor," come forward and tell us why we can't keep our doctor.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CRUZ. Mr. President, millions across this country are losing their health care, are losing their doctors because of ObamaCare. In Texas this past week the Austin American-Statesman reported that Austin's largest provider of cancer treatment won't participate in the health insurance plans offered through the marketplace set up by the Affordable Care Act. Indeed, they went on: "ObamaCare looked like the sunshine on the horizon. And now it's a tornado," said one Austinite who has breast cancer and is being treated at Texas Oncology.

In its upcoming issue, Texas Medicine, a publication from the Texas Medical Association, references a survey by the Medical Group Management Association that says uncertainty has 40 percent of physician practices across the country pondering their participation in marketplace-based insurance plans.

But by reducing their risk, Texas Oncology is passing the burden on to some already stressed families, said Seth Winick, whose wife is being treated by Texas Oncology for breast cancer. Winick also said: "It's an unwelcome burden and could seriously affect thousands of families who deal with cancer in our communities."

If Winick's family is forced to pay out-of-network rates to treat his wife, the family will have to make some tough decisions. He says: "We will make the financial sacrifice necessary to purchase the best care we can afford and we hope that it is enough."

But Mr. Winick had nothing positive to say about the people and the care

provided at Texas Oncology. He also said:

Expanding health insurance coverage to people who don't have it is a noble goal, but the impact that has on those of us who do have it remains to be seen. Folks in the individual market don't really know what is in store.

President Obama promised the American people: If you like your health care plan, you can keep it. We now know that promise wasn't true. ObamaCare isn't working and it is time to start over.

I thank the Chair.

The PRESIDING OFFICER (Mr. BOOKER). The Senator from Arizona.

Mr. FLAKE. As my colleagues have said, I think all of us have heard from hundreds of our constituents in the past week who have had their insurance policies canceled or their insurance policies have been made unaffordable by the Affordable Care Act.

I wish to talk a minute about Greg and Linda. They live a couple doors down from me. I heard from Greg earlier this week. Greg and Linda are in their late fifties, early sixties. They know at this stage in life what kind of policy they need. They know what they do not need. They had a premium of about \$400 under their old policy. They paid \$440, to be exact. The new plan they have been able to find that matches most closely with what they had, after their other policy was canceled, would cost them just over \$1,000—\$1,055 to be exact. How is that affordable?

The President promised: If you like your plan, you can keep it. If you like your doctor, you can keep him or her. Period. That has not been the case. The President needs to explain to Greg and Linda and to hundreds and thousands of other Arizonans who are losing their health coverage how it is he said they could keep their coverage and now they can't.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. LEE. Mr. President, the President of the United States promised: If you like your plan, you can keep it. We all know now that simply wasn't true. Though many of us have been saying this for years, many Americans, including many in my State, are realizing the pain of the President's false statement.

Dave from Utah says: My company just dropped the good insurance plan we have had for years due to ObamaCare. The Affordable Care Act is costing me more money. I am barely able to keep my family out of poverty, and now health care is going to cost me even more. Please do something to change this.

Marcy from Utah says: We own a small business in Utah and we will be forced to cancel our insurance and ourselves go on ObamaCare.

We can start over with a new way to fix our health care system, but starting

over doesn't necessarily have to mean starting from scratch. We should take those lessons we have learned and we should build around the concept of a market-driven, patient-centered health care system, one that empowers individual Americans to choose their own health insurance based on their own personal needs and based on their own preferences.

I thank the Chair.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. GRAHAM. Mr. President, I have two stories from South Carolina I will quickly share with the body.

Scott, from Goose Creek, SC:

I am a college professor from Columbia, SC, at a private university. We are up for our insurance open enrollment. I am 35 years old, a vegetarian, never smoked, ridiculously low blood pressure and cholesterol.

Obviously, I have nothing in common with Scott.

Continuing Scott's story:

I noticed the following about my policy: My share of premiums went up by 35 percent to 40 percent. In addition, my actual policy changed. My deductible tripled from \$250 to \$750. I cannot get regular monthly prescriptions at my pharmacy now. I am sure there are other changes that I have not examined closely enough to notice.

Thomas Dougall, from Elgin, SC: After submitting his personal information on healthcare.gov received a phone call from a Mr. Justin Hadley, a North Carolina resident, who informed him that when he signed onto healthcare.gov, he received all of Mr. and Mrs. Dougall's personal information.

This is beginning to be a very famous case.

There are 572 people who have been enrolled in ObamaCare in the State of South Carolina.

ObamaCare care is not working, and I fear it will never work. The best way to fix it is to repeal it and replace it with something that will work.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I have received letters from constituents all over Utah who are scared, angry, and confused about the changes they are facing under ObamaCare. I have heard countless stories from Utahns losing their coverage and who will be forced into more expensive plans, thanks to the so-called Affordable Care Act.

One such story came from Kathy in Salt Lake City. I spoke briefly about Kathy on the floor a few weeks ago. Kathy wrote to tell me how she was notified by mail that her existing health care plan was no longer going to be offered. Instead, she was presented with an ObamaCare-compliant policy that will increase her deductible from \$3,000 to \$5,000, increase her copays for doctor visits by 30 percent, and increase her copays for prescription drugs as much as 50 percent.

As a result of these changes, Kathy's health care expenses will exceed her income. To quote Kathy:

The claim that only substandard policies were canceled is a lie—the plan I was on was a good policy.

She does not trust the new healthcare.gov Web site and feels there is not adequate security to protect her personal information. In her words: "I wouldn't touch the exchange with a 10-foot pole."

She is not alone in feeling this way, which spells trouble for these new health care exchanges and for the President's health care law.

I yield the floor.

Ms. MURKOWSKI. Mr. President, I rise today to discuss higher premiums and deductibles facing Alaskans, despite President Obama's promise that he will lower premiums by up to \$2,500 for a typical family per year. I can assure you that families in Alaska that I have heard from are experiencing just the opposite; significant, double digit increases in their premiums and they are not pleased with the President's failed promise to lower their healthcare costs.

I received a letter from a couple in Fairbanks, AK who is in the 55-plus age group and make "decent" but not significant incomes. They also do not qualify for Federal subsidies. They say the new cost of their insurance is "like another mortgage payment—over \$1,500 per month with an increase from \$5,000 to \$6,350 for each deductible." By my assessment, that's over \$18,000 in premiums plus \$6,350 for their initial out-of-pocket expenses, which totals over \$24,000 before any non-routine checkups are covered. They say they would rather pay the penalty, and unfortunately, this couple is not alone in their thinking. In Alaska, a State with the second highest premiums in the Nation according to CMS' own data, many of my constituents will opt for the penalty rather than bankrupting themselves to pay for a health insurance policy. It's not surprising that the letter ends by saying, "Not happy with the Affordable Care Act." I agree. And recent polls indicate that many Americans aren't happy with the Affordable Care Act.

Contrary to what we've been hearing about how higher premiums are actually making health insurance better or more affordable, that's just not the case. Mr. President, this couple wants to contribute to society. They want to be responsible citizens. But they can't when their insurance premiums costs are like another mortgage payment. This is the harsh impact the Affordable Care Act is having on everyday Alaskans who are trying to do the right thing.

The PRESIDING OFFICER. The Republican time has expired.

The Senator from California.

Mrs. BOXER. Mr. President, we have seen an array of my Republican colleagues come to the floor, which is their right—and I am glad the government is open so they can have their staff help them prepare their speeches—but I have to say this is typical of the Republicans when it comes to

health care. All they do is criticize. Not one—not one because I monitored the speeches—gave one new idea of how to make sure our citizens are protected with the insurance they have or how to insure the 48 million uninsured Americans—not one.

But this is the way the Republican Party has been for years. Let's look at what happened when Medicare came to the Senate floor and to the House floor—Medicare, which is one of the most beloved programs. Sixty percent of Republicans in the Senate and 50 percent of House Republicans voted against Medicare in 1965.

Representative Durward Hall, a Republican from Missouri, said:

We cannot stand idly by now, as the Nation is urged to embark on an ill-conceived adventure in government medicine, the end of which no one can see, and from which the patient is certain to be the ultimate sufferer.

This is typical of Republicans through the generations. Every time we have tried to expand health care they have opposed it and opposed it and tried to derail it.

Senator Milward Simpson, a Republican from Wyoming, said:

I am disturbed about the effect this legislation would have upon our economy and upon our private insurance system.

That is what they said about Medicare, and they read horror stories. They read horror stories about it.

Here is what the Republicans aren't saying. They are saying there is a problem with the health care law that needs to be fixed, which is that people who want to keep their substandard plans are having trouble keeping their substandard plans. But President Obama has already said he is going to fix that. There is legislation to fix that. We will fix it. But that is not good enough for our Republican friends. They want to tear it down, just like they wanted to tear down Medicare.

They have even wanted to tear down Medicare more recently. This isn't ancient history, let's be clear. In 1995, Dick Armey, the Republican House majority leader, said that Medicare is "a program I would have no part of in a free world."

This is the Republican sentiment about health care being offered to our people. That same year, after leading an effort to raise premiums and costs for seniors, Newt Gingrich predicted that Medicare was "going to wither on the vine."

We have tea partiers saying hands off my Medicare. OK. That is how out of touch the Republicans are with where the people are.

In 1996, Senate majority leader Bob Dole bragged:

I was there, fighting the fight, voting against Medicare . . . because we knew it wouldn't work in 1965.

Now PAUL RYAN's budget ends Medicare as we know it.

So let's be clear. When you see almost the entire Republican caucus come down and try to repeal the Affordable Care Act, this is not just

stemming from today or yesterday or a glitch in the Web site or a problem we have that we have to fix about people losing their substandard plans. If they want to keep them, we will figure out a way to help them fix that. But notice they never said anything about the good things the Affordable Care Act is doing for millions of people.

Because of the Affordable Care Act, 3 million young adults are now insured on their parents' plan. Yet they want to repeal the Affordable Care Act. What is going to happen to those 3 million young adults?

We have 71 million Americans getting free preventive care such as checkups, birth control, and immunizations. There are 17 million kids with preexisting conditions, such as asthma and diabetes, who can no longer be denied coverage.

They want to talk about people who are having a problem. We are going to fix that. We think it is about 5 percent of the people, but even if it is 1 percent, we should fix it.

Yesterday we learned in the first month of the open enrollment period, 106,000, or 1.4 percent of consumers expected to sign up in the first year, have enrolled. If you look at Massachusetts during its first month—and I am sure the Chair is aware of this, being from New Jersey, close to Massachusetts—only 0.3 percent, or 123 people, signed up for coverage out of the 36,000 who ultimately signed up in the first year.

So let's be clear: We all wanted to see bigger numbers, but the Affordable Care Act numbers are four times better than what Massachusetts did in its first month. If you talk to the people in Massachusetts, they love their health care plan, and our plan is based on their plan. By the way, the Massachusetts plan is a Republican plan.

Hundreds of thousands have started the enrollment process, and I am one of them. I have created an account and I am going to go shopping and buy my plan. I am taking my time because I have some time—until December—and I wish to discuss it with my husband. We are going to decide what is best for us and I am going to sign up. I think it was Secretary Sebelius who said this isn't like buying a toaster. This is a commitment for 1 year and you have to take your time.

So don't come here and tear down the Affordable Care Act without having to put anything in its place and focus on one problem the President has said he is going to fix—and we are going to fix it. Things are going to pick up.

But I wish to tell you the great news about California. Just in the first 2 weeks of November, California's enrollment has doubled. Our story is a truly good one. There is a huge amount of interest in California. People are enrolling. We do have a good Web site, which is important. People are finding affordable health care options.

At the end of the day, when the kinks are worked out, I believe the California experience will be repeated across the

country to the benefit of all our families.

So I will break down some of the numbers from California. We have the largest State in the Union. I hate to say this to my friends here, but we are always ahead of the curve.

During the month of October, 370,000 Californians began the process of signing up for private coverage or Medicaid through our health insurance marketplace, Covered California—coveredCA.com. Of those, over 30,000 Californians enrolled in health exchange plans and over 72,000 applied for Medicaid. So we are off to an excellent start in California. In October, there were more than 2.4 million unique visits to Covered California. In other words, this doesn't count people going back and back. These are unique visits. More than 249,000 calls were made to Covered California call centers, and they have got it down to just a couple of minutes of wait time. To date, more than 17,000 counselors, agents, county workers, and others have been certified to offer in-person assistance to Californians.

We have heard the horror stories from over there—one side of the story—of people having a problem. We are going to fix the problem. I will quote what Californians are saying.

I enrolled online on Monday! No website troubles! Took me about 15 minutes! I'll be saving \$628 a month after January 1st! So grateful!

Very short wait on the phone; helpful cheerful person to talk to. This online app is very easy. Thank you!

The insurance package I am getting is more comprehensive and way cheaper than the one I've had for the last 9 years. Thank you for creating the marketplace and making the information more accessible and understandable.

I find the new coverage provisions to be amazing compared to what was out there before. Many of the plans are cheaper than anything I've seen before and the one I chose has zero deductible.

Simple, straightforward, and intuitive. I haven't had health insurance since 1985, so this site has made it unexpectedly easy to enroll. Thank you.

What we heard from the Republicans is from a group of people we are going to help who have substandard plans—they don't meet the standards of the Affordable Care Act; sometimes they are called junk plans—some a little better than junk, many of them are not there when you need them. I have to say, to come down here and echo that sentiment without saying the good things which have been done is outrageous.

I ask unanimous consent for 2 more minutes.

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

Mrs. BOXER. So we now know the history of the Republican Party. Sad to say, but they opposed Medicare when it went in. They tried to tear it down; they still are trying to tear it down in the Ryan budget. They come down here, and they talk about a problem that exists that we are going to fix.

They never said: The President is going to fix it. He may be on the way to fixing it in moments here. But they ignore the fact that the signups are ahead of where Massachusetts was at this time.

Sage McCollister from Castro Valley told me how the law is helping her family. She was able to get insurance for her 7-year-old daughter, Leah, who was born with an autoimmune disorder. Sage said that before the Affordable Care Act was passed she applied to eight different companies to try to get insurance, but none were affordable. After the law went into effect, she was able to get insurance for Leah for \$8 a month. Leah was able to get a procedure done to treat a spinal cord problem that could have resulted in paralysis. Sage said that without the Affordable Care Act, "my family would be bankrupt and Leah wouldn't have gotten the health care she needs."

"Obamacare saved my family from financial ruin," said another constituent, Janine Urbaniak Reid.

So let's be fair. To come down to the floor one after the other and shed light on one problem we are going to fix—that the President said he was going to fix—and then say you are going to repeal the whole thing sounds just like their predecessors who said that Medicare was terrible and that Social Security was an awful idea. That is what this is about.

We are going to make history here. We are going to do the right thing. We are going to fix the problems, and there will be more because that is what happens when we are tackling this big issue. But at the end of the day, we will be a better nation, a healthier nation. Our children will have a brighter future, and I stand with those who want progress. We are not going to tear something down like they want to do and go right back to where we were before—with parents like these having to choose between feeding their families and giving their kids health care.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, I thank the Senator from California for telling the stories of people in California, which are not unlike the stories in Connecticut—an exchange that is working, a flood of people signing up way above expectations from where we originally thought the numbers would be. I thank her as well for pointing out what is the reality—which is that over 40 times Republicans in the House of Representatives and in the Senate have voted to repeal the health care reform law. Even well over the last 5 years, using over and over this mantra of repeal and replace, they have offered absolutely no replacement.

There is a story in one of the trade publications this morning saying that the Republicans were just going to change their strategy. Instead of piling on repeal vote after repeal vote, they are now just going to come down to the

floor and use their committee chairmanships to simply criticize the law, and shelve, for the time being, their incessant efforts to try to repeal the law entirely.

But make no mistake, that continues to be their intention. While they are going to come down to the floor of the Senate, as they did this morning, and tell a handful of anecdotes about people who are dissatisfied with the law, their true intention is to get rid of the entire law and go back to a world in which 30 million people in this country had no access to insurance; that if you got sick, you would lose your insurance; a world in which insurance companies essentially set the rules of the game, to the disadvantage of providers and patients. That is what the agenda is here, to repeal the law and go back to the status quo, which is unacceptable—the highest number of uninsured citizens in the industrialized world, the most expensive health care system by a factor of two, compared to all of our G-20 competitors.

I get it that there are people who are unhappy, and the President is going to make an announcement later today which is going to set a path forward to try to fix one of the issues with the law with respect to cancelled policies. But I will share a couple of other stories about what the reality of the old system was.

Kyle is today about 11 years old, but when we first came into my office he was an 8-year-old living with hemophilia. Kyle is an amazingly brave young man who inspires courage in his parents. But Kyle has to get three to four injections a week in order to treat his hemophilia, and each one of those injections costs \$3,000.

His plan prior to health care reform had a feature in it that most people didn't know was included in their health care plan. That was a lifetime cap on the amount of money his health insurance company would pay for his care. Because Kyle was mounting up bills in the tens of thousands of dollars every week, his family was going to hit that cap very quickly and then be on the hook for those \$3,000 injections that Kyle needs to take three to four times a week. That was going to bankrupt Kyle's family. They thank their lucky stars that we passed this health care reform law, because now their insurance has to be real insurance. It protects them against their lifetime exposure of high health care costs.

Think about the Burgers from Meriden, CT. Betty and her husband had insurance their entire life, except for a 1-week period of time when Betty's husband switched jobs. During that 1-week period of time, their son was diagnosed with cancer, and because that was then a preexisting condition, her husband's new insurance plan wouldn't cover their son's treatment. Their story, unfortunately, can be told millions of times over across this country—because the Burgers went bankrupt. They lost their savings, they lost their

house, and they lost everything as they mounted up huge bills to pay for their son's cancer treatments, just because he got diagnosed during a 1-week period of time in which their family had no health care insurance. That practice ends with the implementation of this health care law. No sick person can be denied insurance simply because of a preexisting condition, simply because a diagnosis happened to happen during a small window of time in which their family didn't have insurance.

I get it that the road has been a little bumpy as we have implemented this new health care system. But it is nothing compared to the bumps which have been encountered by millions of families across this country who have been abused by a system which simply does not work.

If our biggest problem is that enough people who don't have insurance aren't signing up quick enough for insurance, that is a problem I will accept because it is a problem we can fix. If all we are talking about here is just the pace at which people are going from uninsured to insured, then we can fix that. We can fix that because we know the product is good.

Senator BOXER talked about the Massachusetts experience, where during the first month of their enrollment for the Massachusetts exchange only 0.3 percent of the total signed up during that month. Why? Because people take their time. This is not an easy decision, to sign up for health care. But in Connecticut, where we have an exchange which has been up and running and a Web site that is working, in the first month our number wasn't 0.3 percent. We enrolled nearly 10 percent of our expected total in the first 30 days.

Here is what people say about their experience with Connecticut's exchange. One person said: This is a great resource for Connecticut residents to apply for health coverage thanks to the health care law.

Another said: I chose Access Health because I have been denied in the past by other carriers before this law changed.

Another said: Thank you so much for this health care law. I haven't been insured in a decade. I am so, so thankful.

Another said: Thank you for this program. I lost my job a year ago and couldn't find anything that I can afford in health coverage before this law passed.

Finally, another said: Thank you. This law is helpful and appreciated. God bless America, and thank you President Obama.

The President is going to make an announcement which will paint a path forward for the relatively small number of Americans—4 percent—who get their insurance in the individual market, some of which have had their plans canceled. But the solution with respect to the timing of enrollment is not to abandon the law, as is the real agenda of people on this floor. The solution is to fix the problem so that,

like in Connecticut, more people across this country can for the first time have access to affordable quality health care.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I thank my colleagues from Connecticut and California for coming to the floor.

We saw for the last hour Republican Senators come to floor and tell a number of stories about individuals and the difficulties they have run into with health insurance. I don't dispute the facts they have brought to the floor, but I do dispute their characterization of what America faces at this moment in time.

I supported the Affordable Care Act. I believe it was the right thing to do. I still believe it. I will tell you right off the bat—and most Democrats and Republicans would agree on this point—it is off to a rocky start.

This Web site that was supposed to be ready October 1 we are told will be ready by November 30. I hope it is, and the sooner the better. I am told it is improving by the day. That is good. Americans need access to information about health insurance. And when they have that access, they can do something—for many of them for the first time in their lives—go shopping for health insurance. There are a lot of people who have never had that luxury. Some have never had health insurance one day in their lives. Others have been given a “take it or leave it” situation, with a policy that may or may not be worth anything.

I listened carefully to the Republicans for a long time on the issue of health insurance. I have heard a lot of criticism, a lot of complaints. They want to defund ObamaCare. They want to delay the Affordable Care Act. They want to destroy it.

They do not have an alternative. “We want to repair it and replace it.” Then let's hear your proposal. We never heard one during the course of our debate on creating this law 3½ years ago. We kept waiting for a Republican plan. The honest answer is they had none and apparently they still do not.

The reason they do not is they fall back and say let the marketplace decide. Many of us know the marketplace in health care personally. We know a marketplace that has turned away 40 to 50 million people who are uninsured in America, people who still get sick, still go to the hospital, and whose bills are paid by everyone else.

The Republican Party is supposed to be the party of responsibility and rugged individualism. What about the responsibility we all have, if we can afford it, to have health insurance and as a country to provide the means for those who cannot afford it so they can have protection too. That to me is responsible. Trying to just stop this reform is irresponsible.

When you get into the specifics on the Affordable Care Act you never hear

a Republican Senator come to the floor and make a case against the specifics. Do you know why? They cannot. Is there a Republican Senator who will come to the floor and defend the right of a health insurance company to turn down a person or a family because of a preexisting condition? That is the situation we faced when we passed the Affordable Care Act. Is there a family in America who does not have someone with a preexisting condition? Most families do. My family has in the past and does now too.

Preexisting conditions can range from the very serious to conditions which are chronic and manageable, from asthma and diabetes to cancer survivors. The list is long. The Affordable Care Act says you cannot turn down a person in America for health insurance because of a preexisting condition.

The Republicans say they want to repeal that. If they want to go back to the day where you can turn down a person because of a preexisting condition, then have the courage to come to the floor and say it. They will not.

The law also says you cannot limit the lifetime payout on a health insurance policy. There were a lot of people who thought \$100,000 was a lot of money for health care until they got into a serious situation. We are one diagnosis, one serious disease, one accident away from medical bills that would wipe out \$100,000 in a day or two. So we put in the Affordable Care Act that there can be no upper lifetime limit when it comes to the payout under the health care insurance policy.

The Republicans say they want to repeal it. I challenge any Republican Senator to come to the floor and explain that one.

Did you know as well that of the family policies sold in America, 60 percent of the family policies did not cover maternity benefits? We require the coverage of maternity benefits. Let me tell you, my wife and I are not in a situation where we are likely to ever use those personally, but we happen to believe it is a good policy across America and it is family friendly across America to make sure policies cover maternity. Those who talk about family values and love of family and love of babies and children, why in the world would you not want to include that protection in all family policies? Spread the risk across the population but make sure every family can afford to have prenatal care for a healthy baby and a healthy mom when that blessed event arrives. I am waiting for the first Republican to come to the floor and say that is a bad idea too.

Incidentally, health insurance policies used to discriminate against certain groups, particularly women. We said that is over. You cannot discriminate against women and treat them differently. You have to be fair in the allocation of this risk and you cannot use gender as a basis for increasing the cost of a policy. The Republicans want

to repeal that. I am waiting for the first Republican Senator to come to the floor and say health insurance policies, because of the free market, should be allowed to discriminate against women. That is a reality.

The other provision we provide in the Affordable Care Act, finally, is families with children coming out of college, looking for a job, can keep their kids on their health insurance policies to the age of 26. We do not know exactly how many are helped by this. Some estimate 300,000-plus young people still on their families' policies. Why is it a good thing? Because a lot of young people coming out of college do not find a job right away, and some that do may not have a full-time job or benefits. If you have ever been a mom or dad—and I have been in that circumstance as a father, where I called my daughter and I said: Jennifer, do you have health insurance? Dad, I don't need it; I am healthy. Those are things that keep you up at night. The Affordable Care Act provides additional protection for these young Americans who are just starting out in life and trying to find a job. The Republicans want to repeal it. I am waiting for the first Republican Senator to come to the floor and make that case. Oh, we should make sure young people in their twenties do not have health insurance. That is the result if you repeal the Affordable Care Act.

What about senior citizens? Medicare Part D provides prescription coverage so senior citizens can stay healthy, independent, and strong for as long as possible. The problem we had, of course, was something called the doughnut hole. It meant out-of-pocket expenses seniors had to pay for those prescriptions. We are closing and filling the doughnut hole so seniors are not giving up their life savings in order to have the prescription drugs they need for a healthy life. They want to repeal that. They want to repeal the Affordable Care Act. I am waiting for the first Republican Senator to come to the floor and say seniors ought to pay more for the prescriptions they need under Medicare, because that is the result of repealing the Affordable Care Act.

Let me also say this. Life experience tells us several things. First, premiums on health insurance go up with some frequency. We are trying to slow down the rate of growth, but they have been going up for a long time. In some markets, for example, when it comes to individual policies people are buying, those have gone up rather dramatically, sometimes 15 percent a year for a long period of time. Second, in that market of individuals buying health insurance, 67 percent of those policies are canceled every 2 years. Now they come to the floor and tell us stories about premiums going up and cancellations. Can I remind my friends on the Republican side that has been going on for a long time. Now they blame every cancellation on the Affordable Care Act.

They blame every premium increase on the Affordable Care Act. That is just not factual. It is not true.

Let me tell you about some mail I have received on the subject. Here is an email from a constituent in Illinois I would like to read. Here is what this constituent writes:

As a lifelong Republican I am absolutely appalled by the extremists who have hijacked MY party! And I am thoroughly ashamed of all the attempts to defund President Obama's healthcare act.

Already, my medical costs have dropped due to early provisions of the act—and if it passes [becomes law] it appears I will be able to save \$6,000 per year on the cost of my premiums!

I realize that not everyone shares my enthusiasm for the healthcare bill, but I would make two comments:

1. When the act is broken down into its component parts, polls consistently show that the American people do agree with the program.

2. All I'm asking is that we give it a fair trial—[give it a fair chance]—say, two years. Of course it will need tweaking and revising.

But if it doesn't work, it can be repealed then. Quite frankly, obstructionists are a public embarrassment to those of us who grew up with a different Republican party that cared about people and was not madly trying to exclude as many as possible through hateful bigotry and racism.

This is TOO IMPORTANT to let it fail! I stand with the President and the Democratic Party on this issue and hope that you will do everything in your power to see that the Healthcare Act remains in force.

Take a look at what is going on around this country. There have been Senators from States who come to the floor, and I will use for example the Senators from the Commonwealth of Kentucky, both of whom came to the floor and called for the repeal of the Affordable Care Act. Let's take a look at the numbers. I believe, with a flawed startup, which I will readily concede, in the Commonwealth of Kentucky, according to the Washington Post, 76,294 people have already submitted completed applications under the new health care law; 39,207 are eligible to enroll in the plan, and as of this date, 5,586 have selected a plan. Kentucky is leading, on a per capita basis, many other States; some larger, some smaller. Kentucky is leading while its two Senators come to the floor and rail against the very health care law the people of Kentucky apparently need and want and are exercising their right to choose.

I salute Governor Beshear in Kentucky. He stood and said: Get out of the way. If you don't want to help Kentuckians to get good health care, get out of the way. We are going to give them a chance, and he is doing it. Other States, fighting the President and fighting Congress tooth and nail, they are not going to cooperate at all. We wonder why the startup has been so slow. It has to be without that cooperation, it makes it more difficult. I am not making any excuses for the Web site. It has to be improved. It has to be better—and it will be.

Take a look at that experience in Massachusetts. The Senator from California talked about that earlier. During the first month of enrollment in Massachusetts, 123 people signed up—in the first 30 days. By the end of the year, though, 36,000 had signed up. The number of uninsured young people went from 25 percent to 10 percent within 3 years. Massachusetts today, because of the leadership of Gov. Mitt Romney and the cooperation of the Democratic legislature in that State, has nearly universal health insurance coverage. However, the rollout was not without some problems, just as ours. The current Governor, Deval Patrick, said there were a series of Web site problems. He also said the Web site was a work in progress for the first few years. There were outages during peak times and problems searching for providers.

I recently met with a doctor from Boston. He is one of the best. He said people in Massachusetts cannot remember what it was like before, what it was like before people had health insurance. This doctor is an oncologist. He deals with people who are diagnosed with cancer. He had a 19-year-old woman come into his office before they had this version of the affordable health care act in the State of Massachusetts, and he said to her: We can cure you, but we have to really do this aggressively. It is going to take chemo, going to take radiation, it is going to take surgery.

This 19-year-old woman said: Please, don't tell my parents. I cannot afford to pay for this. If they hear this, they are going to mortgage their home to pay for my medical care and I don't want them to do it.

The parents learned and the parents made the decision and they mortgaged their home and their daughter's life was saved. This oncological doctor, this cancer doctor, said to me: Senator, I have never run into another case like that since Massachusetts passed its affordable health care act, since people have basic insurance and basic protection.

The life-and-death choices people make every single day should be front and center here and not the political squabbles that have become the trademark of this town. We have to understand that there are hard-working people across America who have no health insurance. There are families with people with preexisting conditions who cannot get a decent policy. They are going to be given their chance. We will be a better America for it, and I say to the Republican critics: After this is in place, after thousands, maybe even millions of Americans have signed up, you are not going to take it away. They are going to fight to keep it, and I am going to stand by them in that fight to make sure they have supporters and champions on the floor of the Senate.

Mrs. BOXER. Will the Senator yield through the Chair for a couple of questions?

Mr. DURBIN. I will be happy to yield for a question.

Mrs. BOXER. I thank the Senator. I see the Senator from Colorado is here as well. It was so interesting to see Republican Senator after Republican Senator come down here to focus on one of the problems we are having and are going to fix. Not one of them touched any of the issues my colleague spoke about or I spoke about or that the Senator from Connecticut did, which is the broad look at what we were facing when we passed the Affordable Care Act, the benefits that have gone into place that are saving our families from bankruptcy and saving lives. I know my friend was very clear.

When the Senator said that to see this become all about politics is something that is so wrong—we all know there is a time for politics. The Senator and I are into that. We understand that. There is a time and place.

There is also a time and place to put that aside and help our families. I wished to ask my friend a couple of questions. Does he not remember, as I do, that years ago as we were facing a crisis in health care in this Nation, before the Affordable Care Act, we found out from constituents over and over that their insurance company would walk away from them just at the time they got sick?

They thought they had a policy, as some of our people think they have good policies that do not meet the standards, but when they got sick—I remember constituents saying they get a call: You know, back 5 years ago you didn't mention the fact that you once had high blood pressure. We are sorry. We are canceling your policy.

Does my friend remember that? Does my friend remember learning, as I did, with shock, that being a woman was a preexisting condition? For example, if you were a victim of abuse as a woman, they said you were too much of a risk and they turned you away.

Does my friend remember just those two problems before we tackled the Affordable Care Act?

Mr. DURBIN. I thank the Senator, and responding through the Chair, there was a time, as a Member of Congress and a Senator, this was a normal request. People would call your office and say: I am at my wit's end. My health insurance company will not cover the problems my family faces. Can you make a call to an insurance executive? And we have. Almost to a person, Members of the House and Senate have done it, trying to advocate to get them to open coverage under a health insurance policy. That was the reality and, frankly, for many of these health insurance companies, any excuse would do. They would disqualify people on preexisting conditions because as an adolescent the insured had acne. Acne was deemed as a preexisting condition and subject to disqualification.

I see the Senator from Colorado is on the floor, and I want to yield time to him.

I thank my colleague from California for coming forward. I hope at some point the Republicans—who are so adamant about repealing and ending ObamaCare, as they call it, or the Affordable Care Act—would have one good idea on their own about providing affordable health insurance to the people across America. We all share that responsibility.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

DRUG QUALITY AND SECURITY ACT

Mr. BENNET. I have to say what a joy it is to see the Presiding Officer in that Chair, and welcome to the Senate.

I am here to talk about the Drug Quality and Security Act for a few minutes because at this moment of dysfunction in the Congress, we are at the brink of accomplishing something we have not been able to do for the last 25 years—the last quarter of a century.

This bill, which we are about to send to the President, reforms our drug distribution supply chain, making it more secure and safer for families. It puts us on a path to electronic interoperable tracing at the unit level for drugs.

It also raises the bar for wholesale distributors around the country and weeds out bad actors who find loopholes in the system to stockpile drugs and create shortages. This bill cannot come soon enough.

Our Colorado pharmacies fill over 60 million prescriptions every single year, and the Coloradans who take these prescriptions, just like people all over the country, expect their medicine to be safe. The sad fact is that given the current laws in place, we cannot guarantee this. Pharmacists cannot determine with any certainty where a drug has been and whether it has been secured and safely stored on its way to a pharmacy. Right now you can get more data from a barcode on a gallon of milk than you can from one bottle of aspirin two aisles over in the store.

The normal chain moves drugs from the manufacturer to a wholesaler to a pharmacy. Under the current patchwork of State laws, drugs travel back and forth across State lines among repackagers, wholesalers, and pharmacies with no real oversight by anybody.

The more times a drug goes back and forth and changes hands, the more opportunities criminals find to enter the system. In the last decade this lack of oversight has created an enormous gray market in the United States of America. Companies can stockpile drugs that are in high demand and sell them later at dramatically higher prices.

Hospitals in Colorado are bombarded by daily calls and messages from various businesses around the country offering them drugs that are on the FDA drug shortage list and unavailable through their contracted wholesaler.