

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.

According to a recent study by Premier Alliance, which includes 30 Colorado hospitals, sale prices of drugs that are in shortage are, on average, 650 percent higher than the contracted prices. These hospitals have absolutely no idea whether the businesses that are approaching them are reputable and how they can have supply of these drugs that are in shortage.

Investigations into the gray market have shown that the current law offers a huge incentive to make outrageous profits at the expense of patients, whether through selling and reselling or counterfeiting or tainting drugs.

A little over a decade ago, criminals in Florida made \$46 million by counterfeiting 110,000 dosages of Epogen, a drug used to treat anemia—a side effect of chemotherapy and dialysis. These criminals sold the counterfeit drugs to pharmacies around the country. The FDA recovered less than 10 percent of the counterfeit product.

In 2009, nearly 130,000 vials of insulin, a temperature-sensitive drug to treat diabetes, were stolen and later found across the country in a national pharmacy chain. The FDA—which had been notified that patients who used some of this insulin were reporting poor control over their insulin levels—was able to recover less than 2 percent of these stolen drugs.

A few years ago \$75 million worth of drugs were stolen from an Eli Lilly warehouse and later found in south Florida—becoming the largest drug heist in the country's history.

Just this year the FDA notified the public about counterfeit Avastin, a drug used to treat cancer, which was being sold from a licensed wholesaler in Tennessee.

These stories should scare any person in any State who takes a prescription. Fortunately, the practical compromise before us today will give consumers and businesses around the country peace of mind.

Over the next decade, manufacturers, repackagers, wholesale distributors, and pharmacies will form an electronic interoperable system to track and trace drugs at the unit level. The barcode on our pill bottles will soon tell us who has actually handled the medicine we take and give to our children.

Starting in 2015, the FDA will also know where every drug wholesaler is located across the country and begin to ensure that all wholesalers meet a minimum national standard.

This legislation, after 25 years, is a model of what can be accomplished through hard work and pragmatism in the U.S. Congress. This bipartisan effort has the support of business groups, such as PhRMA, GPhA, and BIO, as well as consumer groups, such as the Pew Charitable Trusts, and many others.

I cannot say enough about the leadership of Chairman HARKIN and Ranking Member ALEXANDER in driving us to get consensus on this bill. Their

commitment to track and trace, as well as compounding, sets an example that I wish could be replicated many times over.

I thank Senator FRANKEN and Senator ROBERTS for their leadership on the compounding part of this bill.

Finally, I want to acknowledge the relentless—and that is the only way to describe it—effort of Senator RICHARD BURR. He has been a true advocate and outstanding partner with me and my staff. His tireless efforts, and that of his staff, helped us move this legislation into law.

While we are on that topic, and to close, I thank all of the staff who have worked on this important legislation.

I ask unanimous consent that their names be printed in the RECORD at the conclusion of my remarks.

I hope we have a strong show of support for this bill—as I know we will—on the floor of the Senate so we can get it to the President's desk. This bill will restore a sense of safety about our pharmaceutical distribution chain.

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

Rohini Kosoglu, Senator Bennet; Anna Abram, Senator Burr; Jenelle Krishnamoorthy, Senator Harkin; MarySumpter Lapinski, Senator Alexander; Elizabeth Jungman, Senator Harkin; Grace Stuntz, Senator Alexander; Nathan Brown, Senator Harkin; Molly Fishman, Senator Bennet; Margaret Coulter, Senator Burr; Pam Smith, Senator Harkin; David Cleary, Senator Alexander; Hannah Katch, Senator Franken; Jennifer Boyer, Senator Roberts.

Mr. BENNET. I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, I realize the Presiding Officer is not allowed to respond, but I want to add my words to those of the distinguished Senator from Colorado that I am delighted to see the Senator in the Chair. Again, as I did the other day, I welcome him to the Senate.

GUANTANAMO BAY

Mr. LEAHY. More than 12 years after the terrorist attacks of September 11, as we see our military presence in Afghanistan wind down, it is time to take a hard look at our counterterrorism policy. We need to consider which of our policies are working and which, while perhaps well-intentioned when they were adopted in the highly charged weeks and months after 9/11, are not making us safer. There is ample evidence that the status quo is unsustainable.

As recent revelations have made clear, we need a careful review of our surveillance activities. For example, this summer many Americans learned for the first time that Section 215 of the USA PATRIOT Act has for years been secretly interpreted to authorize the collection of Americans' phone records on an unprecedented scale.

Despite the massive privacy intrusion of this program, the executive

branch has not made the case that this program is uniquely valuable to protecting our national security, and that is why I introduced the bipartisan USA FREEDOM Act with Congressman SENBRENNER. We want to end this dragnet collection and place appropriate safeguards on a wide range of government surveillance authorities.

We also must close the detention facility at Guantanamo Bay. In the coming days the Senate will take up and debate the National Defense Authorization Act for Fiscal Year 2014. That act contains many provisions that are central to our national security, and many of those provisions will help our allies around the world.

Among the most important are provisions that would help make it possible to close the facility at Guantanamo. As long as Guantanamo remains open, it doesn't protect our national security. It serves as a recruiting tool for terrorists, it needlessly siphons away critical national security dollars, and discredits America's historic role as a global leader that defends human rights and the rule of law. As a United States Senator, I feel that this is not the face of America I want the world to see.

Currently, 164 individuals remain detained at Guantanamo. Most of them have been there for more than a decade. More than half—84—have been cleared for transfer to another country, but efforts to do so have stalled largely due to irrationally onerous restrictions imposed by Congress. These unnecessary and counterproductive hurdles have made it all but impossible to close Guantanamo, and they have also severely damaged our credibility when we criticize other governments for their use of indefinite detention. We used to be able to do that. Now they look at us and say: How can you speak?

Provisions in the 2014 NDAA would ease these restrictions. While they are incremental, they would streamline procedures for transferring detainees to other countries, and, where appropriate, allow them to be transferred to the United States for trial or detention. These are common sense changes and they are necessary if we are serious about putting an end to what I believe is an ugly chapter in our history.

There are some who will come to the floor of this Chamber over the next several days to tell us how dangerous and irresponsible it would be to close Guantanamo. I would answer that the facts are simply not with them. The bottom line is that Guantanamo hurts us; it does not help us.

Guantanamo does not make us safer. We are all committed—all of us in this body—to protecting the national security of the United States and the American people, but Guantanamo undermines those efforts. Our national security and military leaders have concluded that keeping Guantanamo open is itself a risk to our national security.