I ask unanimous consent that a copy of one of the resolutions be printed in the RECORD.

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

RESOLUTION IN SUPPORT OF THE ONE PERCENT SPENDING REDUCTION ACT OF 2014

Whereas, the U.S. National debt currently exceeds $17.5 trillion and continues to grow;

Whereas, the estimated population of the United States is 318,360,075, so each citizen's share of this debt is $55,037.88.

Whereas, the National Debt has continued to increase an average of $2.38 billion per day since September 30, 2012.

Whereas, the "One Percent Spending Reduction Act of 2014" reduces discretionary and mandatory spending (less interest payments) by 1 percent each year for 3 years until total spending has reached approximately 18 percent of gross domestic product (GDP).

Whereas, the Congressional Budget Office reports that reduced spending in this fashion would result in a balanced budget in FY2017.

Whereas, total spending would then be capped at 18 percent of GDP for FY2018 and subsequent fiscal years.

Whereas, over a 10-year budget window, the bill would cut spending by about $7.6 trillion from currently projected levels.

Whereas, the bill amends the Congressional Budget Act of 1974 to make it out of order in both chambers to consider any bill, joint resolution, amendment, or conference report that includes any provision that would cause the most recently reported, current spending limit to be exceeded.

Whereas, the "One Percent Spending Reduction Act of 2014" is also referred to as the Penny Plan.

Whereas, upon passage by Congress and signature from the President of the United States, the Penny Plan would be effective in FY2015 and each fiscal year thereafter.

Whereas, the Penny Plan would quickly halt the nation's debt spiral and set our country on a fiscally responsible path.

Therefore, the Board of Directors of the Petroleum Association of Wyoming supports the One Percent Spending Reduction Act of 2014, on this 20th day, August 2014.

Mr. ENZI. Another step we can take to stop the autopilot spending path we are on, passing the CRs year after year, is to enact my Biennial Appropriations Act. The legislation we are considering illustrates once again why we need to pass my bill.

In less than 1 month the new Federal fiscal year begins. Yet once again we have not passed a single one of the 12 appropriations bills for the 2015 fiscal year which starts October 1. Our answer? Another short-term continuing resolution. What will come after that? One big omnibus bill put together by a couple people in the backroom and we will get to vote yes or no on it.

That is not responsible spending. We have to be able to look at the items in the bill. A short-term continuing resolution is not the way the government should operate, nor does it meet the expectations of those who sent us to Washington to represent them. It is no wonder our approval rating is sinking perpetually lower.

Congress should debate each individual spending bill. It should vote on amendments and it should pass all 12 separate spending bills.

However, the last time we passed all the appropriations bills separately before the start of the fiscal year was 20 years ago, in 1994. That is a pretty poor record, especially since that is the main responsibility we are charged with overseeing spending for the United States. We ought to be starting on the spending bills April 15, right after the budget is required to be finished—which also doesn't get finished by then—and considering each of those until we have resolution on each of them. We could easily have that done before October 1.

When we don't follow that regular order, we can't adequately consider the detail including a line-by-line look at individual programs and an analysis of appropriate funding levels and duplication in government. Inevitably, we get the types of agreements reached in January in which Congress is given one chance to vote on $1.1 trillion, up or down, with no amendments.

It is time for this chronic and debilitating pattern to stop. We have to start legislating and stop deal-making. My biennial appropriations bill would allow for each of the appropriations bills to be taken up over a 2-year period. That gives us a little more time to do it. It would also give the agencies 2 years' worth of time to use that money the most efficient way possible, instead of having to worry each year and then not receive the money until late.

The six most controversial bills—the six that are the toughest—we take up right after an election. The six that are the easiest we take up just before the election. That way we can get through both of them in some detail and not have to worry about the election. The Defense appropriations bill, however, would be taken up each year. Another one of our main charges is to ensure the defense of our country, and this would allow us to scrutinize the spending details and eliminate duplication and waste there as well.

Biennial budgeting is an idea both parties have endorsed.

In 2000, former OMB Director, now-Treasury Secretary, Jack Lew told the House Rules Committee that the budget process took so much time that there wasn't as much time to devote to making programs better. He said: "I think biennial budgeting, if it is properly designed, could very much help alleviate these pressures."

I think anybody who observes our appropriations process would agree we need to do something different. If we keep on doing what we have always been doing, we are going to keep on getting what we have, which is an omnibus bill of $1.1 trillion with little scrutiny. We can't keep doing that. Let's move our budget and appropriations process into the 21st century, providing the prudent oversight and judgment of our budget and appropriations while at the same time guaranteeing a more secure future for the generations to come.

We need to pass the Penny Plan and biennial budgeting, get our spending under control, and change our legislative process to where we actually make decisions on how government tax dollars are being spent.

As I have said before, one of the reasons government expands is we have this rule of RIFing people, which is, if someone is the last person hired, they are the first person fired.

Consequently, as soon as someone gets a government job, it is very important for them to expand their workload, because if they can expand their workload, they can show they need an assistant. Once they have an assistant on board, they are not the first one fired. I attribute a lot of the reports produced as a means to expand work so somebody has something to do so they can get an assistant. We can't keep doing that. That leads to duplication.

I hope we will pay attention to the Penny Plan and the biennial budgeting process. I will be giving more details on that as we go along.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I ask that the order for the quorum call be rescinded.

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

(The remarks of Senator SANDERS pertaining to the introduction of S. 2832 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. SANDERS. Mr. President, thank you very much. With that, I would yield the floor and note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Ms. HEITKAMP). Without objection, it is so ordered.

HEALTH CARE

Mr. MURPHY. Madam President, last week the House of Representatives voted for the 53rd time to repeal or undermine all of—or aspects of—the Affordable Care Act. This is beginning to sound like a broken record. I was in the House of Representatives for a period of time, so I had the privilege to vote on 30 or 40 of those different pieces of legislation.

Republicans, of course, shut down the government a year ago because of their pique over the health care law. There are those who still have a desire to shut down the government again.

The other day one of our colleagues said they were hopeful that among the

Republicans priorities—should they increase their numbers in the Senate this fall—would be, once again, to repeal the health care bill. It is a story we have heard over and over despite an absolutely overwhelming array of data points which tell us only one story, and that is that the Affordable Care Act is working.

I don't deny that my colleagues can come down to the floor of the Senate or House and tell stories of people who have had poor interactions with the health care system. In fact, some people have had poor interactions with the Affordable Care Act. But those are stories. Data and information tell us something fundamentally different.

At the very least, I am glad that our Republican colleagues say they are still focused on this very vague idea of repeal and replace. But here is the problem: We have had 53 votes in the House of Representatives to repeal the law and not a single vote to replace it with anything of any substance. So it is one thing to just say you want to replace the health care law, and it is another to actually put together a plan to do it.

I wish to credit three of our Republican colleagues in the Senate. They are the only ones who have outlined an alternative. It is only an 8-page summary, but it is important for people to know what it would do. It would allow insurance companies to go back to their old ways of imposing annual limits on coverage, charge women more than men, provide little coverage for individuals with preexisting conditions, and effectively charge millions of Americans more by capping the tax exclusion for health care benefits. It is just an 8-page summary, but it is not pointing the way to a better health care reality for thousands of Americans.

Frankly, Republicans are not listening to what the American people are telling us. Over and over polls tell us that the American people don't want this law repealed. They want changes and so do Democrats and Republicans, but they don't want to repeal it.

A recent poll from Bloomberg, which I think is the most recent on this subject, found that two-thirds of Americans want the new law to either be left alone entirely or given the chance to work with small improvements. That is the reality of where people are in this country.

Why is there growing support for the law, and why is there diminishing support for repeal? Well, because 10.3 million uninsured Americans—as outlined by the New England Journal of Medicine—now have insurance thanks to this law. The uninsurance rate among 18-to 64-year-olds, which is our target audience, fell from 21 percent in September of 2013 to 16 percent in April of 2014. I will say that again. In a 6-month period of time, the uninsurance rate in this country dropped by 5 percentage points. That is an absolutely stunning achievement, and there is only one reason for it—the Affordable Care Act. The people who have this insurance are using it.

According to the Commonwealth Fund, nearly 2 in 3 newly covered consumers who went to the doctor or filled a prescription said they would not have been able to afford or access those services if it were not for the new coverage.

In a moment I will talk about what is happening when it comes to rates and health care expenditures. But the theory of the case is this: If you get people insurance, they are going to use it for preventable coverage rather than wait until their illness is so serious that they go to the emergency room, which would require much more expensive interventions. It is bad for them, and it is bad for the taxpayers and ratepayers as well.

We are seeing record low rates of increase in health care spending. Premiums—probably for the first time in my lifetime—are stable from year to year, and that is because the theory of the case is actually working out in practice. People are getting insurance, using preventive coverage, not getting as sick, and as a result health care is costing less.

The Kaiser Family Foundation said that in the 16 major cities they surveyed, families will pay less on average to enroll in a health care exchange in 2015 than they did in 2014. I don't mean they will have a premium increase in 2015. They will actually pay less. The cost of the plan in the exchange will be less in real dollars than they were in 2014.

I will talk about Connecticut in a second. We are an example of that trend line.

It is not just the exchange that has stabilized. Employer-sponsored coverage has stabilized as well.

I get it. There are outliers here. There are examples where health care insurers are still passing along big increases to employers. So the information I am giving is the average across the country. There are always outliers on the high side—but also on the low side.

Kaiser's study also says that the average premium for family coverage through employer-sponsored coverage care increased by 3 percent in 2014, tying 2010 for the slowest rate of increase on record for employer-sponsored premiums. That is the reality of what is happening. More people have coverage, and the growth of health care spending is at a historic low. Medicare's 2019 budget is about $95 billion less than it was projected to be 4 years ago.

We are saving $100 billion a year on just Medicare alone, and that is on top of all the money that is being saved through relatively low rates of increase on exchanges. That $100 billion—just to give you some perspective, because I know it is hard to get your head wrapped around what it means to save $100 billion—is greater than the total amount of money we spend as a country on unemployment insurance, welfare programs, and Amtrak combined. It is a lot of money to save as a government.

The quality is getting better too—because that is what this is really about. It is about delivering a better quality of life and a longer life expectancy to consumers. Hospital readmissions—you go in for a surgery, you go back home, and then you have to come back in—are dropping like a stone. Hospital-acquired infections—one of the leading causes of death in this country—are dropping precipitously. Costs are getting lower, more people have insurance, and the quality is getting better.

Here is the Connecticut story. We have dropped the overall insurance rate in the country by about 25 percent—unbelievable news over the course of 6 months. Connecticut is double that. We cut our insurance rate in half in Connecticut. We are a small State with 3.5 million people and had about 285,000 uninsured individuals. Connecticut has taken the 250,000 people and put them into either the Medicaid expansion or the private health care exchanges and a little more than half of those people were previously uninsured.

A lot of my friends on the other side of the aisle say: That is great, but those numbers are illusory because over time people aren't going to pay those premiums; they are just going to drop off the plans. Well, here is Connecticut's experience: 80,000 people signed up for private plans on the health care exchanges, and 78,000 are still paying their premiums about 4 to 6 months in. Everybody is still paying their premiums. And we know why. Because it is largely affordable and because people need that health care.

People love the exchange and their interaction with the new plan in Connecticut. Tomorrow the Connecticut exchange will release data showing that about 83 percent of people who went through the exchange to buy private health care were satisfied with their experience. Of those who went through the program to get Medicaid expansion, over 90 percent were satisfied as well.

We are saving money. Medicaid in Connecticut is 2 percent lower this year than it was last year. We have cut our uninsured rate by half. We are spending less as a government. People are satisfied with it. Rates are stable.

Here are the three plans in Connecticut that submitted rate increases on the exchange, and, at least for our biggest insurer, they are also going to be the rates of increase outside the exchange. Our biggest insurer, Anthem, which is our Blue Cross Blue Shield: Rates are going down by an average of .1 percent. ConnectiCare is raising its rates by 3.1 percent. Our other insurer on the exchange, Healthy Connecticut, is reducing its rates by 8.5 percent.

Republicans have kind of moved the ball on this a little bit. They now say the way we judge a successful ACA is that health care rates go down from year to year—not that we are controlling the rate of increase but that the Affordable Care Act isn't succeeding unless rates are going down. I heard my colleague from Wyoming make this claim about Connecticut a few weeks ago in which I was talking about rates going up by 1 percent and the claim was made: Well, that is not good enough.

People have been used to 10-, 15-, 20-, 30-percent increases in premiums in Connecticut. They are pretty happy with a .1-percent reduction. Frankly, they are pretty happy with a 3.1-percent increase. That is because of the Affordable Care Act.

So there is all the data. There it is. That is just the tip of the iceberg. Costs are going down, more people have insurance, and quality is getting better. It seems as though we open the paper every week and there is some new piece of good information.

I get it. This needs to be better. This needs to be perfected. The law still has warts. The Senator sitting in the Presiding Officer's chair is leading the fight to make this law work even better for people. I look forward to being involved in that conversation. But that is where the conversation should be—perfection, not repeal. And we are reminded again that if Republicans were to win control of this body, at the top of their agenda would be this same old fight—53 different votes in the House of Representatives over the past several years—to repeal the law without any real tangible plan to improve it.

This morning I met with a good friend of mine whom I have spoken about on this floor before, but because she is here in town I wish to speak about her one more time, and that is Betty Berger. Betty is here with the American Cancer Society. We will see them all over the Hill today in their light-blue shirts. Betty is arguing for a lot of things to happen here, with research funding increases at the top of the list, but she is also here to make a very personal case to protect the Affordable Care Act.

Years ago Betty's family was faced with a terrible choice when her son was diagnosed with cancer. In the 1-week period of time her family didn't have health care insurance—her husband had one job and he switched jobs—in the 1-week period of time between when he went from the first job to the second job, the diagnosis of cancer came down and it became a preexisting condition not covered by the new employer. Betty's family was left to pay for their son's cancer treatments on their own. They eventually lost their home, they lost their savings, and they had to declare bankruptcy.

Unfortunately, Betty's story is pretty familiar. Half of all bankruptcies in this country are due to stories very similar to Betty's. A mistimed illness at a point where the family didn't have insurance results in them losing everything.

The reality is that the Affordable Care Act makes sure that Betty's story never has to be told again, that no family ever has to make the choice between declaring bankruptcy, saving their home, protecting their savings, or choosing to care for a loved one.

Let's talk about making this bill better, but let's recognize that the data, the numbers tell only one story; that is, the Affordable Care Act is working.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

HEALTH CARE

Mr. BARRASSO. Mr. President, I come to the floor today, as Republicans have come to the floor week after week ever since the President's health care law was passed. I have many concerns about the way this health care law is impacting families in my home State of Wyoming as well as families all across the country. In one State after another, people are feeling the devastating side effects of the health care law.

President Obama says Democrats who voted for the health care law should, as he said, "forcefully defend and be proud of the law."

I heard earlier today the Kaiser Family Foundation's report being quoted. What they said is that premiums have gone up, on average, $3,500 from 2009 for family workplace coverage, plus the deductibles are higher. So premiums are up $3,500 since 2009 for family workplace coverage, and the deductibles are higher—higher money paid out-of-pocket.

The President of the United States said they would go down by $2,500 per family. NANCY PELOSI said they would go down for everyone. She was the Speaker of the House. She was the one who said: First you have to pass it before you get to find out what is in it. Americans have found out what is in it, and they don't like it. People do not like what they see with the President's health care law. It continues to be very unpopular.

So I ask, is the President really proud that families all across the country are suffering because of his health care law and the many dangerous side effects they are now having to live with?

Let's look around the country a little bit and see what the new headlines are bringing, and there are new headlines every day. In Virginia a television station in Charlottesville, WVIR, reported on what is happening there. Last Wednesday they had a report which said that "nearly a quarter million Virginians will have to change their insurance plans this fall." The President said: If you like what you have, you can keep it. Not in Virginia. A quarter of a million Virginians will have to change their insurance plans this fall. It is because the plans don't include all of a very long list of things Washington mandates have to be offered.

Even if a person had an insurance plan that worked well for their family, that met their needs, the President and Democrats in this body say: Sorry, you can't keep it. The President said: If you like your plan, you can keep it. What happened there? At least 27 Democrats stood on the floor of the Senate and said: If you like what you have, you can keep it. If you like your plan, you can keep your plan. That is what they said. What happened? Was this intentionally to deceive the American people? Why are nearly a quarter of a million Virginians losing their insurance plan?

The head of the Virginia Association of Health Plans says it is simple. He told the TV station: "We're not allowed to offer those plans anymore." The President said they could, and now these people are being told by the law they are not allowed to even offer the plans to people who want to buy them because it works for them.

Are the Democrats in the Senate willing to forcefully defend the fact that 250,000 people in Virginia will have to buy new plans that they don't want, don't need, and many can't afford, with all of these additional provisions Washington says have to be included? To me, that is a very expensive and unnecessary side effect of the President's health care law.

But it is not just people's health care plans. People are concerned about keeping their doctors and keeping their hospitals that they go to in their own communities. Let's take a look at what happened in Connecticut, in a report that came out. Hartford Courant: "Five Connecticut Hospitals Could Leave Anthem's Network on October 1." What about the people who go to those hospitals and get their health care coverage that way? What are those people supposed so do? The President said: If you like your plan, you can keep your plan. If you like your doctor, you can keep your doctor. If you like your hospital, you can keep your hospital. These people may be losing their hospital come October 1.

Here is another side effect of the law that is hitting middle-class Americans and their wallets. It is the part of the law that says the workweek is no longer 40 hours. Now it is just 30 hours. That is what the law says. People who are working part time have had their hours cut to below 30 hours, and they are getting lower take-home pay. I hear about this in Wyoming. I hear it from school district workers, from folks who have had their hours cut, who are having to get by with less pay because if they have their hours cut, their take-home pay goes down. It is another destructive side effect of this health care law.

It is not just Wyoming; it is happening all around the country. In Louisiana there was a report by KNOE television in Monroe last Thursday which said that 400 employees within Lincoln Parish schools—people who work within the school system—are getting their hours cut in half. Four hundred workers, one school district, Louisiana, half