

political games. They are treating a human trafficking bill as a chance to play some of these games. This is not the time for games. Republicans' behavior on these issues is irresponsible and beneath the dignity of this institution. We can and should do better.

Mr. President, what is the business of the day?

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, the Senate will be in a period of morning business for 1 hour, with Senators permitted to speak for up to 10 minutes each, with the time equally divided. The Democrats will control the first half and the majority will control the final half.

The assistant minority leader.

AFFORDABLE CARE ACT

Mr. DURBIN. Mr. President, last week I had an opportunity to cross the street into the Supreme Court, and I witnessed the first oral argument I have ever seen. It was a historic moment for me and for our Nation because it was a moment for the Court to argue about the Affordable Care Act and the intention of Congress when it was creating this Affordable Care Act.

Having been here at the time it was debated and having voted for it, it was interesting to hear arguments made on the floor of the Supreme Court that suggested something we had never intended. The exchanges that were created under the Affordable Care Act are exchanges created by each State or Federal exchanges. There was never a distinction made in the debate nor any intention that the subsidy given to those who bought insurance in these exchanges would be different if the exchanges were State-created or federally created, and that is basically the argument before the Supreme Court.

One can only imagine what the final decision of the Supreme Court will be, but we know it is critically important to millions of Americans. In the past year alone, 10 million uninsured Americans finally have insurance because of the Affordable Care Act. In the private market, millions more now have access to expanded coverage for preventive health services, such as a mammogram or a flu shot, without any cost sharing. Because of the Affordable Care Act, a person no longer needs to stay in a job simply to carry health insurance or be denied coverage because of a pre-existing condition—a situation which virtually every family faces. And because of this law, prescription drugs for seniors cost less.

Last week, when the Supreme Court heard arguments in *King v. Burwell*,

the plaintiffs made an argument that those who were governed by Federal exchanges were supposed to be treated differently under this act. That was never the intention of those of us who were part of the creation and voting for this legislation.

A ruling in favor of King would change this provision as we intended it. It would mean 8 million Americans would no longer be able to afford health insurance.

According to the Urban Institute, premiums for people able to purchase insurance would increase by 35 percent. I can't imagine that even Senators who voted against this bill are cheering at the prospect that 8 million Americans would lose insurance and many others would face higher premiums.

Well, the Republicans have argued they have an alternative to the Affordable Care Act in the Senate. They put out a draft proposal last month. The chairman of the Ways and Means Committee in the House said he was going to release his own plan.

The Affordable Care Act puts families in charge of their care instead of insurance companies. It expands health care coverage and lowers health care costs, makes Medicare stronger, and lowers the deficit.

What part of that do my Republican colleagues disagree with?

Before the enactment of the Affordable Care Act, 50 million Americans lacked health insurance while health care costs for working families and small businesses were increasing by double digits. The Affordable Care Act changed all of that. Ten million people now have private health insurance, millions more are covered by Medicaid, and for the first time ever insurance companies have to live up to their promise of being there when you actually need them.

The Senate Republican proposal falls short. It would allow insurance companies once again to charge higher premiums to women, to decide that people with preexisting conditions will not get any coverage at all, and to decide that certain individuals will only get so much help for paying their bills. If Republicans have their way, insurance companies will get to decide again whether you can renew your health insurance policy as you become older. Worse yet, under the Republican proposal, 12 million people would lose their health insurance and taxes on working families would go up. That is not right.

The Supreme Court would put in jeopardy health insurance coverage for Ariana Jimenez. She lives in Chicago and works part time as a nursing assistant at a community health center. Ariana pays \$52 a month for her health insurance premium. When asked what would happen to her coverage if the Supreme Court took away the tax credit, she simply said: "I wouldn't be able to afford it."

In Illinois over 800,000 people now have health insurance. Over 290,000 peo-

ple purchased their plan through the Illinois marketplace, which is a Federal marketplace. An additional 530,000 people have enrolled in Medicaid, and 125,000 young adults in Illinois can still stay on their parents' health insurance plan.

Since September 2010, children under the age of 18 enrolled in the employer-based or marketplace plan have been eligible to receive vaccinations for diseases such as measles without any cost sharing.

A few years ago Domingo Carino found out he had a health condition that required medication he couldn't afford. Thanks to the Affordable Care Act and to some help from staff at the Asian Human Services Family Health Center in Chicago, Domingo found good health insurance that only costs him \$11 a month. Domingo's plan not only allows him to afford the medication he desperately needs, but he is also able to keep his current primary care physician. According to Domingo, he can now live without worrying about how to afford his medication.

For Domingo and millions like him the tax credits provided by the Affordable Care Act are a lifesaver. If those who oppose the Affordable Care Act prevail in the Supreme Court, that tax subsidy, or tax credit, will not be available to Domingo.

Over 54 million people also benefit from Medicaid. Before the Affordable Care Act, two out of three people on Medicaid were pregnant women and children. That is 36 million vulnerable Americans. Medicaid also provides for people with disabilities.

Before the Affordable Care Act, almost 3 million people were covered by Medicaid in Illinois. More than half a million births were covered by Medicaid in Illinois, too. Since the Affordable Care Act was signed into law, another 290,000 people in Illinois are covered by Medicaid. That means these people finally get better from a condition they could not afford to treat. That is a success story.

The new Republican plan uses something else out of an old playbook. Republicans want to cap Medicaid spending for each beneficiary. This budget gimmick would hurt the most vulnerable people in America—low-income seniors, people with disabilities, children, and pregnant mothers. States would be forced to make harsh choices on what they would cover and what they would not cover.

Is that what America wants?

According to a recent Gallup poll, the uninsured rate dropped 3.5 points from 2013 to 2014. In Illinois the uninsured rate dropped 4.5 percent in the same period of time.

The Affordable Care Act includes changes meant to help slow the growth in health care costs, and they are working. We need to stick with the Affordable Care Act.

HEALTH CARE RESEARCH
FUNDING

Mr. DURBIN. Mr. President, another critical part of this conversation is health care research.

One of the most outstanding men serving the Federal Government in America is named Francis Collins. He is an amazing man who heads up the National Institutes of Health. He is a great physician and a great researcher.

When the United States wanted someone to head up the Human Genome Project, they picked Francis Collins. He managed to bring that project to success by providing more information than anyone ever dreamed of, and now we are better in treating problems and diseases across America.

I went to see him last year at the National Institutes of Health. We talked about medical research in America, and what he had to say was terrifying. There has been a 23-percent decline in medical research in the United States over the last 10 years. We have not even kept up with inflation in providing money for medical research, and that is not lost on people in the research field.

We are now finding that our medical researchers are older and older. Younger researchers have given up. They don't think they are getting approvals for their research applications. As they leave the field, the new generation of researchers has diminished and our ability to find cures has also diminished.

At the same time that the United States is backpedaling and falling away from its leadership in biomedical research, the rest of the world is charging forward. The European Union is making massive investments in medical research and in just a few years the Chinese will pass the United States for the first time in their investment in biomedical research. They understand that in addition to finding cures, biomedical research is really the opening for entrepreneurship, profitability, pharmaceutical companies, medical devices, and they want to make sure China is in the lead. Why isn't the United States in the lead?

I will speak about two particular diseases that need to be researched.

Mr. REID. Will my friend yield for a question?

Mr. DURBIN. I am happy to yield.

Mr. REID. Mr. President, I have to leave the floor in a moment, and I would like to direct my question to my friend, the senior Senator from Illinois.

I too met with Francis Collins. He is a genius. We are so fortunate that he is there. He told me something I can't get out of my mind—sequestration. It took \$1.5 billion away from the things that the Senator from Illinois has been talking about. The second year of sequestration will take away \$2 billion.

I read in the press that Republicans in the House—with their budget and the budget over here—are going to continue the sequestration.

I ask my friend, what will that do to Francis Collins and the people he has working at that institution?

Mr. DURBIN. Mr. President, I will respond to the Democratic leader and say that I have heard the same thing. There are some Republicans in the House who believe that sequestration—this across-the-board cut—is what we should do, and I could not disagree more.

I chair the Defense Appropriations Subcommittee. If we go forward with the sequestration, this will be devastating to America's national defense. If we get into this practice of cutting back in biomedical research, it will not only deny us the basic money we need to fund research grants—and we are now funding a lower percentage than we have in decades—it will also mean a discouraging message to researchers. They are going to think: What is the point in becoming an NIH researcher if the government and Congress will not provide the basic resources we need? The third element, which we cannot overlook, are all of the millions of people in the United States and around the world who are praying that we will be able to come up with breakthroughs when it comes to medical research.

In the United States of America, a person is diagnosed with Alzheimer's disease once every 68 seconds. Last year we spent over \$200 billion on Medicare and Medicaid for the care of Alzheimer's patients.

What Francis Collins has said to me is that if we can dedicate growth in research funds, we can—with the grace of God and maybe miraculously—find a cure or find a way to delay the onset of Alzheimer's, even for a few months. The savings to the Federal Government would be so much more than the actual cost of the medical research.

This notion of cutting back on NIH research, which some in the House are pushing, is really an effort that will cost us more in the long run—not to mention the human suffering.

Mr. REID. Mr. President, if I could, through the Chair, ask my friend one final question. During my last trip to the National Institutes of Health, when I met with Dr. Collins and others, one of the issues they were so in tune with was that they were so close to having a universal vaccine for flu. In the past they would come up with the best solution they could for a flu vaccine every year. If we are fortunate, it is 50-percent effective. They are very, very close to having a universal vaccine for flu.

Tens of thousands of people in the United States die from the flu every year. Why didn't they proceed? Sequestration. They didn't have the money to continue the research.

I thank my friend very much for bringing this subject up. It is something that is devastating not only to the scientific community, but it is devastating to the people out there who would benefit from the research who really don't know what could be in store for them.

It is such a shame for our country that China—Japan has done a good job for many, many decades. They have the lowest death rate in the world. The European Union is trudging way ahead of the United States in something on which we have lead forever.

Mr. DURBIN. Mr. President, I thank the Senator from Nevada.

It was not that long ago that America was consumed with Ebola and what it meant in terms of threats to life in Africa, the United States, and around the world, and it was right that we focused on stopping the scourge of the Ebola epidemic in Africa.

But there was a concern, as well, expressed over and over again this last fall, about how many Americans would be a victim to this Ebola epidemic. It turns out at the end of the day that fewer than a handful were actually affected by it, but every year in the United States and around the world, hundreds, if not thousands, die from flu—influenza.

Again, just to get to the point the Senator from Nevada makes, we are penny wise and pound foolish by denying the money for research for a universal flu vaccine that will save lives around the world. A minimal investment in the United States can make a dramatic improvement in the morbidity and mortality of those who are affected by flu.

So I thank the Senator from Nebraska for joining in this conversation this morning and talking about the biomedical research deficit which we are facing in the United States.

I wish to mention one or two other specific examples in this field. The kind of research we are talking about at NIH holds great promise when it comes to treating disorders such as multiple sclerosis. MS is an unpredictable and disabling disease that affects the central nervous system. Symptoms range from numbness and tingling to blindness and paralysis, and there is no known cure.

Today more than 2.3 million people have been diagnosed with MS worldwide, including 20,000 in my home State of Illinois.

Typically, MS is diagnosed between the ages of 20 and 50, but between 8,000 and 10,000 children and adolescents live with it in America, people such as Meghan Malone. In 2004, at the age of 14, Meghan was diagnosed with MS. Her first symptoms began when she was in the eighth grade. She lost vision in her right eye for a few days. One year later her feet went numb while she was out trick or treating with friends. By the next morning she couldn't feel her thighs, and a few days later she was completely numb from the waist down.

Her parents quickly brought her to the hospital where she was diagnosed with MS. She panicked, thinking she was too young for this disease and afraid of what it meant for her future, but she is doing what she can to stay healthy. She spends a lot of time exercising every day. She tries to think positively.