

be done. But like many of my colleagues, I have been pushing for entitlement reform for years. During all that time I have seen politics and fear get in the way of progress. With this bill we have a chance to, at the very least, take a meaningful step forward—a bipartisan step, no less—in the effort to secure the safety net for future generations. Any Senator who, like me, supports entitlement reforms will welcome the changes we have made in this bill.

I am not here to say the bill is perfect. It is certainly not. But as the saying goes, we should not make the perfect the enemy of the good. This is a good bill. Once again, it passed in the House with a huge bipartisan majority and it is supported by groups across the health care spectrum. I ask unanimous consent to have printed in the RECORD a list of groups supporting this legislation at the conclusion of my remarks.

As it stands right now, in less than 12 hours doctors all over the country will face a 21-percent cut in Medicare reimbursements. In other words, we are out of time. We need to pass this legislation and we need to do it now. In fact, it is encouraging to see that even Members on the other side of the aisle support this good policy now, and I am proud of them for doing so.

Let's get this done. I hope all of my colleagues will join me in supporting H.R. 2.

I repeat what Speaker BOEHNER said today:

Unless the Senate passes the House-passed “doc fix” bill, significant cuts to physicians’ payments will begin tomorrow. The House legislation passed with overwhelming bipartisan support, and we do not plan to act again, so we urge the Senate to approve the House-passed bill without delay.

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

**H.R. 2, THE MEDICARE AND CHIP REAUTHORIZATION ACT (MACRA)**

**LETTERS OF SUPPORT**

Alliance for Academic Internal Medicine (AAIM), Alliance of Specialty Medicine, AMDA The Society for Post-Acute and Long-Term Care Medicine American Academy of Allergy, Asthma, and Immunology (AAAAI), America’s Essential Hospitals, American Action Forum, American Congress of Obstetricians and Gynecologists (ACOG), American Health Care Association, American Hospital Association, American Medical Association, American Academy of Dermatology Association, American Academy of Family Physicians, American Academy of Neurology (AAN), American Academy of Pediatrics, American Academy of Physician Assistants, American Association of Clinical Endocrinologists (AACE), American Association of Neurological Surgeons/Congress of Neurological Surgeons, American Association of Nurse Anesthetists, American Association of Nurse Practitioners (AANP) American Academy of Ophthalmology.

American Association of Orthopedic Surgeons, American Association for the Study of Liver Diseases (AASLD), American College of Allergy, Asthma and Immunology (ACAAI), American College of Cardiology (ACC), American College of Chest Physicians (CHEST), American College of Gastro-

enterology, American College of Physicians (ACP), American College of Radiology, American College of Rheumatology (ACR), American College of Surgeons, American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Health Care Association (AHCA), American Medical Society for Sports Medicine (AMSSM), American Medical Student Association, American Osteopathic Association (AOA).

American Psychological Association Practice Organization (APAPO), American Society for Blood and Marrow Transplantation (ASBMT), American Society of Clinical Oncology, American Society for Gastrointestinal Endoscopy (ASGE), American Society of Hematology (ASH), American Society of Nephrology (ASN), American Society for Radiation Oncology (ASTRO), American Thoracic Society (ATS), Americans for Tax Reform, Association of American Medical Colleges, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, Aurora Health Care, Billings Clinic, Bipartisan Policy Center, California Hospital Association, California Medical Association, Catholic Health Association of the United States, Center for American Progress (CAP).

Center for Law and Social Policy (CLASP), Children’s Hospital Association, College of American Pathologists, Council of Osteopathic Student Government Presidents (COSGP), Digestive Health Physicians Association, Endocrine Society (ES), Essential Health, Families USA, Federation of American Hospitals, Fight Crime: Invest in Kids, Grace-Marie Turner for the Galen Institute, Greater New York Hospital Association (GNYHA), Gundersen Health System, HealthCare Association of New York State, Healthcare Leadership Council, Healthcare Quality Coalition, HealthPartners, HealthSouth, Hospital Sisters Health System, Iowa Medical Society.

Infectious Diseases Society of America (IDSA), Latino Medical Student Association Midwest, Let Freedom Ring, Louisiana Rural Health Association, LUGPA, March of Dimes, Marshfield Clinic Health System, Mayo Clinic, McFarland Clinic PC, Medical Group Management Association, Mercy Health, Military Officers Association of America (MOAA), Minnesota Hospital Association, Minnesota Medical Association, National Association of Community Health Centers, National Association of Psychiatric Health Systems, National Association of Spine Specialists, National Association of Urban Hospitals, National Coalition on Health Care, National Retail Federation, North American Primary Care Research Group, Novo Nordisk.

Oregon Association of Hospitals and Health Systems, Premier healthcare alliance, ReadyNation, Renal Physicians Association, Rural Wisconsin Health Cooperative, Society for Adolescent Health and Medicine (SAHM), Society of Critical Care Medicine (SCCM), Society of General Internal Medicine (SGIM), Society of Teachers of Family Medicine, Student National Medical Association, Student Osteopathic Medical Association, Tennessee Medical Association, Texas Medical Association, The 60 Plus Association, ThedaCare, The Hospital & Healthsystem Association of Pennsylvania, The National Committee for Quality Assurance (NCQA), The Society of Interventional Radiology, VHA Inc., Wisconsin Collaborative for Healthcare Quality, Wisconsin Health and Educational Facilities Authority, Wisconsin Hospital Association, Wisconsin Medical Society.

Mr. HATCH. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. GARDNER). Without objection, it is so ordered.

Mr. WHITEHOUSE. I ask unanimous consent to speak in morning business for up to 15 minutes.

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

**CLIMATE CHANGE**

Mr. WHITEHOUSE. Mr. President, the distinguished majority leader, the senior Senator from Kentucky, is resolutely opposed to any serious conversation about climate change. Under his leadership, the Republican Party in the Senate has exactly zero legislation for addressing carbon pollution in any serious way. The majority leader has even written to Governors around the country urging defiance of the climate change regulations of the U.S. Government, namely, the Environmental Protection Agency’s forthcoming clean power plan to cut presently unregulated carbon pollution from our powerplants.

I thought I should take a look at what Kentucky is doing about climate change. It turns out that Kentucky is already crafting a plan for complying with President Obama’s clean power plan. Why are they doing that? In a statement, the Kentucky Energy and Environment Cabinet said it was because “the overwhelming majority of our stakeholders are telling us to make preparations to submit a plan.”

The overwhelming majority of Kentucky stakeholders are telling the State of Kentucky to submit a plan. Kentucky has an energy and environment secretary. His name is Dr. Len Peters. Dr. Peters does not mock or disparage the EPA. Indeed, he praised the EPA at a recent national climate change conference for the flexibility and openness of its rulemaking process. Dr. Peters began his talk by saying, “I’m from Kentucky and I’m not a climate science denier.”

Setting aside compliance with the administration’s clean power plan, Kentucky actually had its own climate action plan, written all the way back in 2011. The Kentucky climate action plan sets forth more than 40 actions to address climate change. It would reduce Kentucky’s greenhouse gas emissions by 1.3 billion metric tons between 2011 and 2030.

The Kentucky Department of Fish and Wildlife within that climate action plan has its wildlife action plan. The wildlife action plan opens its chapter on climate change by quoting the Intergovernmental Panel on Climate Change. Around here a lot of fun is sometimes made of the Intergovernmental Panel on Climate Change, at

least on the other side of the aisle. But Kentucky's Department of Fish and Wildlife quotes them as follows: "[W]arming of the climate system is unequivocal."

That is the Commonwealth of Kentucky, quoting the Intergovernmental Panel on Climate Change.

The Kentucky wildlife action plan goes on to report that—and I will quote it again—"Climate change has the potential to exacerbate existing conservation threats . . . in Kentucky by altering both terrestrial and aquatic systems."

As you know, I am from the Ocean State. I am very concerned about what climate change is doing to our oceans and what it is doing to our coasts. Kentucky is landlocked. So imagine my surprise to read the Kentucky wildlife action plan's discussion of sea level rise. Sure enough, it is in there. Here is what the Kentucky wildlife action plan says about sea level rise: "With the predicted increases in severity of hurricanes and tropical storms, coupled with potential shoreline losses in Florida and throughout the eastern seaboard, people may begin migrations inland," it says. It continues, "If and when these events occur, Kentucky may experience human population growth unprecedented to the Commonwealth."

That is Kentucky's statement on this. I hope the majority leader will appreciate why I am so insistent that we tackle this climate change problem when his own home State projects that people in our coastal States will be so grievously affected by climate change that we may have to flee to landlocked Kentucky.

The State government of Kentucky is not alone. Kentucky's cities—Lexington, Louisville, Frankfort, Bowling Green, and Villa Hills—have signed the U.S. Mayors Climate Protection Agreement, quoting the city of Lexington, "to act locally to reduce the impacts of climate change by lowering (manmade) greenhouse gas emissions."

Lexington, KY, actually proudly notes that the Sierra Club has designated Lexington a cool city for signing the U.S. mayors agreement. Maybe in time the Sierra Club will designate Kentucky's senior Senator a cool Senator. Here is hoping.

Even fossil fuel companies in Kentucky get it. Columbia Gas of Kentucky has a climate change link on its Web site that says "Meeting the Climate Challenge." Columbia Gas of Kentucky pledges to "address climate change issues through business activities which promote sustained economic growth in a manner consistent with [our] environmental obligations." Columbia Gas of Kentucky also pledges to "promote adoption of reasonable policies addressing climate change," including "appropriately crafted legislation on climate change." Regrettably, their Kentucky Senators have responded with exactly no legislation on climate change, appropriate or otherwise.

Local Kentucky news station WFPL brought on a climate scientist from NASA not too long ago who said that scientists have exhaustively studied the numerous signs of climate change—the warming oceans, the melting glaciers, the changing temperatures—and narrowed it down, and the only culprit to explain what is happening is increases in mankind's carbon emissions. The NASA scientist on the Kentucky radio station compared it to the TV show "CSI." He said, "We've looked at all the different suspects . . . and there's only one suspect that's still in the picture," and that is human carbon emissions.

Kentucky Woodlands Magazine reports that "the world is changing right before our eyes. . . . our natural systems are changing as a result of a warming climate." Indeed, the author says that "we are experiencing some of the 'predicted' effects today." They include an observed shift in Kentucky wildflower seasons. The article warns that "climate change is happening as you read this article," and it describes the result as "global climate weirdness."

One thing we know about Kentucky is that it is renowned for its horses. So I turned to Horse & Rider magazine and found an article on climate change and horses' health. The article noted climate change's effects, including "more intense extreme weather events and the altered timing, intensity and distribution of precipitation."

Horse & Rider magazine asked the question of "how climate change might affect our horses' health." For the answer to that question, Horse & Rider magazine turned to Dr. Craig Carter of—guess what—the University of Kentucky, who said, "It's a scary thing to watch." Because "climate change affects all forms of life," he said, "mosquitoes, ticks, flies and other insects are moving northward" in describing how that move affects crops and trees and disease vectors such as West Nile virus. This University of Kentucky expert cited specific concerns for equine health, but he also offered this reminder: "It's not just horses (and people) at risk; crops are being affected, as are trees, due to beetle infestations. Climate change affects all forms of life."

Since so many of my Senate colleagues say they are not scientists, I concluded my Kentucky review where scientists gather: at Kentucky's universities. Paul Vincelli is a professor at the University of Kentucky Cooperative Extension Service. He says:

In the scientific community, it is widely accepted that the global climate is changing and the human activities which produce greenhouse gases are a principal cause. Greenhouse gases have a strong capacity to trap heat in the lower atmosphere, even though they are present at trace concentrations.

Dr. Vincelli concludes:

This trapped heat is driving many of the recent changes in the Earth's climate, in-

cluding rising temperatures in the oceans, on Earth's surface, and in the lower atmosphere.

Dr. Vincelli, University of Kentucky.

Another University of Kentucky summary produced by Vincelli and his colleagues says this:

Scientific evidence that our global climate is warming is abundant . . . Practicing scientists consider the evidence of human-induced global warming to be extremely strong.

The University of Kentucky climate summary said:

In fact, 97 to 98 percent of the most knowledgeable experts—scientists who actively publish research papers in climate science—are convinced that global warming is occurring and is caused primarily by human activities.

They go on to note that "a consensus of 97 to 98 percent . . . is remarkable."

That summary adds the following warning:

Regardless of what you may read on blogs or in the media, there is almost no meaningful scientific controversy on these points.

There is just the controversy here in Congress.

Let's now move on to Kentucky State University. Kentucky State University is pleased to appoint a climate change fellowship to "engage college students in climate change education and action" and to provide "in-depth training on climate change, how to best teach the basics of climate change." Maybe a little of that around here might be in order.

Over at Western Kentucky University, they host the Kentucky Climate Center, which is the State climate office for Kentucky, on their campus in Bowling Green.

Eastern Kentucky University offers concentrations in environmental sustainability and stewardship, including courses on global climate change, and its Environmental Research Institute's Web site on climate change links you right to the IPCC work on climate change that is so often derided here in Congress. Obviously, Eastern Kentucky University doesn't think the U.N. Intergovernmental Panel on Climate Change is unreliable.

Northern Kentucky University does even better. Former Northern Kentucky University president James Votruba signed the American College and University Presidents' Climate Commitment, pledging Northern Kentucky University to "an initiative in pursuit of climate neutrality," i.e., having "no net greenhouse gas emissions," if necessary by "using carbon offsets or other measures to mitigate the remaining emissions." In 2010, Northern Kentucky University adopted an action plan calling on every department and all members of the Northern Kentucky University community to do their part to help the university achieve carbon neutrality by 2050.

My tour of Kentucky's great centers of higher learning leads me to one last Kentucky university—one that is unique in that its Web page display of

notable alumni includes none other than our distinguished majority leader, Senator MCCONNELL. This is the University of Louisville.

The University of Louisville goes out of its way to expose its students to the reality of climate change. Professor Keith Mountain is chair of the University of Louisville Department of Geography and Geosciences. He has lectured on “Stewardship in a Time of Global Climate Change,” a talk about “how climate change is a measurable reality and how people have contributed to the trends.” That is the chair of the University of Louisville Department of Geography and Geosciences.

The University of Louisville has also brought in Lonnie Dupre, “mountain climber, polar explorer, and a climate change activist,” to describe for University of Louisville students “his personal witness of the detrimental effects of global climate change over 25 years of polar exploring.” They brought in prize-winning ecologist Diana Wall for a University of Louisville Biology Department lecture series to talk about “fragile soil systems and their role in climate change.”

University of Louisville students have been involved, too, in Climate Change Teach-Ins, where students, faculty, and staff join together “to inform, inspire and educate others about the climate change crisis.” One student concluded, “The university needs more events similar to the teach-in to raise awareness about climate change.” I hope they will consider raising awareness among their alumni as well.

Let me close this discussion with two slides that were prepared for Kentucky’s Governor’s Conference on Energy and the Environment for a presentation on “Kentucky and the President’s Climate Action Plan.” This is a depiction of our country’s energy mix broken out by renewables, natural gas, coal, petroleum, hydroelectric, and nuclear. We can see there are a lot of layers in the cake. This layer represents coal in the U.S. energy mix as of 2012. This is Kentucky’s energy mix. As we can see, it is a black wall of coal. Even Wyoming, which produces more than four times as much coal as Kentucky, has a more diverse energy mix than this. Could they do better? I think so.

There is a song called “Warm Kentucky Sunshine.” Kentucky has a town named Sunshine. There is even a cocktail called a Kentucky Sunshine. But we would never know it from their energy mix. That is one of the reasons that Kentucky’s efforts to prepare for the Clean Power Plan are so promising.

So before our distinguished majority leader, the senior Senator from Kentucky, asks all of the other States to throw in the towel on conforming to the U.S. Government’s plan for dealing with carbon pollution, I would ask that he acknowledge that his own State recognizes climate change as a problem and as an opportunity and that Kentucky is trying to do something about it.

As to the possibilities, ask Senator GRASSLEY, whose State has 28 percent wind energy. Look at Kentucky’s mix. Iowa has 28 percent wind energy.

As to the possibilities, the distinguished majority leader could ask his deputy majority leader, Senator CORNYN of Texas, whose home State has more than 10 percent wind energy and a solar industry providing more than 330 megawatts, more than 7,000 jobs, and rapid growth.

I hope Kentucky doesn’t decide to change its present course and to throw in the towel without even trying. We can do this.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

#### SGR LEGISLATION

Mr. CARDIN. Mr. President, I am hopeful—and most of us are—that soon we will be able to consider Medicare legislation that has passed the House of Representatives. It is probably best known as the SGR permanent fix.

The SGR, which is a payment system that affects physicians under the Medicare system, is badly broken. On 17 previous occasions we have extended the current policy in order to make sure that physicians don’t get an automatic cut that would deny many Medicare beneficiaries access to their physicians. These are pretty extreme measures.

We all understand that it is time to permanently fix this—not just to eliminate the problem but to substitute a payment system that encourages physicians to provide high quality care and to deal with incentives that reduce the volume of care. And that is what the legislation that passed the House of Representatives does.

It fixes the problem on a permanent basis. I am certainly hopeful we can get that enacted shortly because it already passed the deadline in regard to when the current patch expired. The bill also provides for an extension for the Children’s Health Insurance Program. I do hope we can provide a longer extension than the 2 years that is provided in the House bill. I know there will be amendments offered to deal with that.

I want to talk about an amendment I will be offering. I am not sure how much time will be available when a consent arrangement is entered into—which I hope will be soon—to consider this. It is an amendment I am offering with Senator VITTER. It is a bipartisan amendment. In previous Congresses, we have had many of my Republican colleagues who have joined me, we have had many of my Democratic colleagues. This should be, I hope, a non-controversial amendment we can adopt.

What it does is provide a permanent fix, as we do for physicians, for the physical therapy cap. I was in the House of Representatives in 1997 when we passed the Balanced Budget Act of

1997. I was on the Ways and Means Committee. I remember a chairman’s mark coming to us. For the first time there was a cap placed on physical therapy services.

I asked the chairman of the committee why was this being done. There was absolutely no policy reason whatsoever for imposing an arbitrary cap on the amount of physical therapy services. When you think about it, what it does is discriminate against those who have the greatest needs, those who have severe needs, those who have a stroke or traumatic brain injury or a spinal cord injury or managing Parkinson’s disease, multiple sclerosis, arthritis.

These are the individuals who run up against the cap and therefore could be denied the ability to deal with their needs, causing them, in many cases, to incur much greater costs. It makes no sense whatsoever, the therapy cap.

For that reason, on a pretty regular basis, we have extended the revised policy. Twelve times we have done it to prevent the implementation of the therapy cap. We have acknowledged the negative consequences that would result from the imposition of such limits. In 2009, a report issued by the Medicare Payment Advisory Committee, MEDPAC, it was estimated that the therapy cap, if enforced without an exception process, could harm 931,000 Medicare beneficiaries.

So we have an identical situation on the therapy cap as we do with the SGR physician reimbursement issue. That is why historically these two measures have always been moved together in tandem. What my amendment will do, cosponsored by Senator VITTER, is permanently fix the therapy cap issue by replacing the arbitrary limits on outpatient rehab therapy services with a more rational system which will require prior authorizations in certain circumstances.

So we fix it permanently, as we do the physicians’ reimbursement issue. I do not need to tell the Presiding Officer that we do not always have an opportunity to get legislation done here. I do think we have a chance—an excellent chance—that this bill we will be taking up is going to be signed by the President in the next few days.

This is our opportunity to get several matters taken care of. The therapy cap cries out for that type of attention. So I would urge my colleagues, when this amendment comes up—it is cosponsored by a large number of my colleagues. As I already mentioned, Senator VITTER, who is my cosponsor. On the Democratic side, we have both Senator REID and Senator REED, Senator WHITEHOUSE, Senator HIRONO, Senator CASEY, Senator SHAHEEN, Senator MENENDEZ, Senator MIKULSKI, Senator BROWN, Senator STABENOW, Senator LEAHY, Senator CANTWELL, Senator BENNET, Senator BOOKER.

I could mention many of my Republican colleagues who have joined me in the past in the repeal of the therapy