

Last week, during a markup of legislation in the Veterans' Affairs Committee, Chairman ISAKSON stated multiple times that he wanted new policies to go through regular order, to be considered by the committee in a legislative hearing before being voted on by committee members and certainly before being voted on by the full Senate. He also stated numerous times that we should not be passing legislation without paying for it.

The Congressional Budget Office score of the bill appears to show the legislation is paid for. However, the reality is there are \$1.2 billion in lost revenues included in the VA title of the bill that are being swept under the rug. These enormous, unnecessary costs are being covered up by offsets intended to pay for transfers from the general fund to the highway trust fund. These are not savings or revenue that will actually pay for the lost revenues in the VA title. They are savings and revenue intended to make much-needed repairs to roads and bridges. And I fully support those funds being used the way they were intended. But what I do not support is that we are turning a blind eye to \$1.2 billion in costs in the VA title of this bill that have nothing at all to do with the funding shortfall at VA. So what are these policies that are so important that they should not be considered through regular order and take money out of critical transportation infrastructure projects?

They are anti-veteran, anti-small business provisions that threaten to strip veterans of their access to affordable health care and treat them as second-class citizens in the workplace while putting new administrative burdens on small business owners.

If Members really believe these unrelated policies are necessary, we should spend time on them. We should use the committee process that Senator ISAKSON talked about just last week in the Veterans' Affairs Committee markup to consider them through regular order. We should debate them on the Senate floor. But we should not link these politically motivated provisions to must-pass legislation to provide critical health care services to millions of veterans who need it.

It used to be the case that Congress kept veterans above politics. Despite fierce debate over going to war, we all agreed that when servicemembers came home from war, we would take care of them.

It is sad to say, that is no longer the case. Today, powerful political contributors like the Koch brothers are using veterans to push forward anti-worker, anti-union legislation under the guise of caring for veterans. They want to strip away the rights and protections of workers and will use any means necessary to accomplish those goals, even if it means using VA employees who serve veterans every day—and many of whom are veterans themselves—as the target.

Congress should stand up and be honest with the American people about the

reason for the VA budget crisis—that members of this Chamber would rather stand here trying to score political points. They would rather use veterans as pawns to promote their anti-worker, anti-union, anti-health care agenda, even if it means closing hospitals and local clinics.

Let us not do that, instead let us say to the brave men and women who have served our country in uniform that we will put aside our differences and give VA the funding they need. Just as our veterans promised to fight for our country, we promised to take care of them when they came home. They fulfilled their promise to us. It is time for us to fulfill our promise to them.

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

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

Mr. BLUMENTHAL. Mr. President, in a couple of minutes we will be voting on a bill that includes a transfer of \$3.4 billion within accounts of the Veterans' Administration to make possible, literally enable VA to continue providing health care for millions of veterans across the United States. We are in this situation because of, quite frankly, gross ineptitude in planning that can be characterized only as management malpractice.

This crisis emphasizes the importance of accountability, and I thank the chairman of the Veterans' Affairs Committee, Senator ISAKSON, for his leadership in addressing the shortfall and also in his cooperation in meeting the crisis and accountability of management that the VA continues to face.

This crisis must stop. Congress cannot be expected to continue to bail out the VA because of mismanagement and management malpractice.

In the longer term, there is a need for fundamental reform. There are some good ideas in this bill. I have supported many of them. I thank Senator TESTER for his leadership as well in framing a proposal that addresses these issues.

But make no mistake. This bill is only one small step toward the reform that I have been advocating and will continue to champion, and hope to continue to work on specifics to advance, as the ranking member of the Veterans' Affairs Committee.

Again, I thank my colleagues and our chairman.

The PRESIDING OFFICER. The Senate has a previous order at this time.

Mr. BLUMENTHAL. I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAKSON. I thank the ranking member for his comments.

This is the first step for reform in the VA. We are beginning to move in the right direction.

I urge a "yes" vote.

SURFACE TRANSPORTATION AND VETERANS HEALTH CARE CHOICE IMPROVEMENT ACT OF 2015

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of H.R. 3236, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 3236) to provide an extension of Federal-aid highway, highway safety, motor carrier safety, transit, and other programs funded out of the Highway Trust Fund, to provide resource flexibility to the Department of Veterans Affairs for health care services, and for other purposes.

The bill was ordered to a third reading, and was read the third time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall the bill pass?

Mr. ISAKSON. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Tennessee (Mr. ALEXANDER), the Senator from South Carolina (Mr. GRAHAM), the Senator from Kansas (Mr. MORAN), and the Senator from Louisiana (Mr. VITTER).

Further, if present and voting, the Senator from Tennessee (Mr. ALEXANDER) would have voted "yea" and the Senator from Louisiana (Mr. VITTER) would have voted "yea."

Mr. DURBIN. I announce that the Senator from Hawaii (Mr. SCHATZ) is necessarily absent.

The PRESIDING OFFICER (Mr. HOEVEN). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 91, nays 4, as follows:

[Rollcall Vote No. 261 Leg.]

YEAS—91

Ayotte	Ernst	Merkley
Baldwin	Feinstein	Mikulski
Barrasso	Fischer	Murkowski
Bennet	Flake	Murphy
Blumenthal	Franken	Murray
Blunt	Gardner	Nelson
Booker	Gillibrand	Paul
Boozman	Grassley	Perdue
Boxer	Hatch	Peters
Brown	Heinrich	Portman
Burr	Heitkamp	Reed
Cantwell	Heller	Reid
Capito	Hirono	Risch
Cardin	Hoeben	Roberts
Carper	Inhofe	Rounds
Casey	Isakson	Rubio
Cassidy	Johnson	Sanders
Coats	Kaine	Schumer
Cochran	King	Scott
Collins	Kirk	Shaheen
Coons	Klobuchar	Shelby
Cornyn	Lankford	Stabenow
Cotton	Leahy	Sullivan
Crapo	Manchin	Tester
Cruz	Markey	Thune
Daines	McCain	Tillis
Donnelly	McCaskill	Toomey
Durbin	McConnell	
Enzi	Menendez	

Udall	Warren	Wicker
Warner	Whitehouse	Wyden

NAYS—4

Corker	Sasse
Lee	Sessions

NOT VOTING—5

Alexander	Moran	Vitter
Graham	Schatz	

The bill (H.R. 3236) was passed.

VOTE EXPLANATION

• **Mr. VITTER.** Mr. President, I unequivocally support the passage of a 3-month extension to the Federal highway program. I would like the Record to reflect my support for the 3-month extension, as well as for a long-term highway bill. Unfortunately, I will be notably absent for the vote on the 3-month extension—but not without just cause. A week ago today, Lafayette, LA—a vibrant, wonderful city in the heart of Acadiana—was rocked by a senseless tragedy that took the lives of two of its residents. I believe it is imperative Louisianians come together as a community, and I will be in Lafayette today to stand with and support family members of the victims. Earlier today, the Senate passed its version of the highway reauthorization bill, known as the DRIVE Act. With the passage of the DRIVE Act and the 3-month extension today, the Senate has laid the foundation for Members of both Chambers to work together and produce a long-term highway reauthorization bill. ●

PROHIBITING FEDERAL FUNDING OF PLANNED PARENTHOOD FEDERATION OF AMERICA—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. The Senator from Utah.

50TH ANNIVERSARY OF MEDICARE AND MEDICAID

Mr. HATCH. Mr. President, as you may have heard, today marks the 50th anniversary of both Medicare and Medicaid. While the last half century has seen a pretty robust debate about the merits of these programs, today there is no question that they provide significant and vital elements to our Nation's safety net.

This week many are celebrating the lives that have been saved and improved by Medicare and Medicaid over the last 50 years. While this is appropriate, I hope that we will also take the time to look at how these programs will function over the next 50 years.

Let's start with Medicare. Medicare is, quite simply, a massive program designed to provide care to our Nation's seniors. Currently, it covers more than 50 million beneficiaries—roughly one-sixth of the current U.S. population—and processes more than 1 billion claims a year.

Last week the Medicare board of trustees issued its report for 2015, which once again detailed the fiscal challenges facing the Medicare Program. For example, in 2014 alone, we spent roughly \$613 billion on Medicare expenditures. That is roughly 14 per-

cent of the Federal budget and 3.5 percent of our gross domestic product for a single health care program. In coming years, these numbers are only going to go up as more baby boomers retire and become Medicare beneficiaries.

Over the next 10 years, the trustees project that the number of Medicare beneficiaries will expand by 30 percent. We will spend roughly \$7 trillion on the program as it expands, and by the end of that 10-year period we will be spending more on Medicare than on our entire national defense. Over the next 25 years, spending on the program as a percentage of GDP will grow by 60 percent, and by 2040 about \$1 out of every \$5 spent by the Federal Government will go to Medicare.

As spending on the program expands, so does its unfunded liabilities. Using the most realistic projections of the Centers for Medicare & Medicaid Services—remember, this is the government agency's most realistic projections—Medicare Part A by itself faces long-term unfunded liabilities of nearly \$8 trillion. The story is even worse with Medicare Part B and Part D, which unlike Part A, do not have a dedicated revenue stream. Medicare's trustees estimate \$24.8 trillion in additional taxes will need to be collected over the next 75 years to pay for Medicare Part B and Part D services.

When we look at the entire Medicare Program over the next 75 years, once again using CMS's most accurate projections, we are looking at \$37 trillion of spending in excess of dedicated revenues. Those numbers are astronomical. They are too large to even comprehend. So rather than talk about the numbers in broad terms, let's talk about what they mean for seniors and beneficiaries.

As I mentioned, Medicare Part A, which includes the Hospital Insurance, or HI, Program has a dedicated funding stream. It is paid for by a 2.9-percent payroll tax split between employers and workers, and under ObamaCare that rate went up by an additional 0.9 percent on wages over \$200,000 for single tax filers and \$250,000 for married couples.

Due in large part to the financial downturn, Part A ran a deficit—meaning that expenditures for the program exceeded income from the tax—every year between 2008 and 2014. Last year that deficit reached \$8.1 billion in just 1 year.

Because of the economic recovery and the increased tax rates, Part A is projected to generate surpluses between 2015 and 2023. However, after that, deficits are projected to return, and by 2030 the Part A trust fund will officially be bankrupt and the Medicare Program will be unable to pay full benefits to seniors. Let me say that again. In 15 years, Medicare Part A will be bankrupt.

All of this, of course, assumes that current law remains unchanged and Congress is unable to reform the pro-

gram. I don't think I would be going too far out on a limb to suggest that reforms to Medicare are absolutely necessary if we are going to preserve the program for future generations. Furthermore, I don't think it would be outlandish to suggest that Congress should begin working on such reforms immediately to avoid future cliffs, standoffs, and the usual accompanying political brinkmanship. I am not the only one saying that.

The Medicare trustees themselves said in last week's report that "Medicare still faces a substantial financial shortfall that will need to be addressed with further legislation. Such legislation should be enacted sooner rather than later to minimize the impact on beneficiaries, providers, and taxpayers."

These are not the words of fiscal hawks in the Republican Congress. The Medicare board of trustees is comprised of six members, four of whom are high-ranking officials in the Obama administration, including Treasury Secretary Jack Lew, Labor Secretary Thomas Perez, Health & Human Services Secretary Sylvia Burwell, and acting Social Security Commissioner Carolyn Colvin.

All of these officials signed on to a report recommending "further legislation" to reform Medicare and suggesting that it happen "sooner rather than later."

Let's keep in mind that we are only talking about Medicare. I haven't said anything yet about Medicaid, our other health care entitlement program, which also faces enormous fiscal challenges. Currently, Medicaid covers more than 70 million patients, and that number is growing thanks to expansions mandated under the so-called Affordable Care Act. Since the passage of ObamaCare, more than a dozen States have chosen to expand their Medicaid Programs and enrollments have surged well beyond initial projections. This has a number of people worried about added costs and additional strains on State budgets, particularly when the Federal share of the expanded program is set to scale back in 2 years. Already, without the expansion under ObamaCare, Medicaid took up nearly one-quarter of all State budgets. That is right: Nearly \$1 out of every \$4 spent at the State level goes to Medicaid, and that number is going to get much higher.

In the recent years, combined Federal and State Medicaid spending has come in around \$450 billion a year. By 2020, that number is projected to expand to around \$800 billion a year or more, and with all of this expansion—that increased fiscal burden and instability—we are not seeing improvements in care provided by the program.

Put simply, Medicaid is probably the worst health insurance in the country and the President's health care law did nothing to improve the quality of care provided by the program. Fewer and fewer doctors accept Medicaid because