

Now these co-ops have sunk, others are sinking, and they are taking the taxpayer loans with them. The ones that are trying to survive have been saying we are going to have to hike our rates. The co-op in Utah plans to raise its premiums by 58 percent starting in January just to be able to stay open. Is that what the President promised when he said rates would drop \$2,500 per family?

In Montana, the rates are set to go up 43 percent for some co-op plans. That is not what anyone in America needed, and it is certainly not what rural Americans need. President Obama said the American people were going to get more choices—more choices—because of his law instead of getting fewer choices. Yet he stands up and boldly says it is working better than he expected.

ObamaCare created the illusion of coverage. Now even the illusion is disappearing. What is even worse for rural Americans is that it is not just the coverage that is turning out to be an illusion under ObamaCare. The care is actually disappearing. Earlier this month, we learned that Mercy Hospital in Independence, KY, will be closing soon. This is the 56th rural hospital to close in the United States since 2010 when ObamaCare became law. Another 238 hospitals are in danger of closing. The added expense, the regulations, and the other destructive side effects of ObamaCare are a big reason for this. The patients who rely on these hospitals will have to find some other place to go to get their medical care—somewhere further away from home.

Democrats in Congress—many who live in big cities—may take for granted they can get to a hospital quickly. It is not the case in rural America. As a doctor who has practiced medicine for 25 years, I can tell you that the extra time people spend traveling to a hospital can make all the difference in the world between life and death. For someone who has had a heart attack or has been in a traffic accident or for a woman with a high-risk pregnancy, every minute counts. Only 20 percent of the U.S. population lives in rural areas, and these areas account for 60 percent of all trauma deaths. Americans living in these rural areas don't and didn't need President Obama making it tougher for their rural local hospital to stay open. Mercy Hospital was the center of medical care in the community for 100 years. It has provided jobs for nearly 200 people.

In many parts of the country, such as in Independence, KS, and in much of my home State of Wyoming, the local hospital can be the biggest employer in the community. If the hospital closes, these people lose their jobs and the tax base for the community goes down, which means fewer services, such as schools, firefighters, and public safety, and maybe the local restaurant or florist won't have enough business to stay open. Nurses, teachers, and other workers may move away looking for a bet-

ter opportunity somewhere else. It would also make it harder for the town to attract new businesses, new doctors, and more teachers, and the town suffers.

That is what these communities across America are facing. Is that what President Obama promised the American people? Is that how ObamaCare was supposed to work?

Ezekiel Emanuel is one of the President's architects of the health care law. He says that shutting down 56 hospitals is not enough. He has actually written a book about this. It is astonishing. The architect of the President's health care law has written a book, and he says that over the next few years—between now and 2020—more than 1,000 hospitals will close. There will be 1,000 American communities where people will be farther away from medical care. We will have 1,000 American towns in danger because of the lost jobs and lost health care.

There is no dispute that we needed health care reform in this country. We did not need this destructive, disruptive, and dangerous ObamaCare law. It has been bad for patients, it has been bad for the providers—the nurses and doctors who take care of those patients—and it has been terrible for the American taxpayers. It has been especially hard on rural communities.

We have to do something to stop this corrosive condition that causes hospitals to close, insurance co-ops to collapse, and health care choices to disappear.

Democrats in Congress need to sit down with Republicans and start talking about the kind of health care reforms that the American people need, want, and deserve.

I thank the Presiding Officer.

I yield the floor.

The PRESIDING OFFICER (Mr. COTTON). The Senator from Indiana.

WASTEFUL SPENDING

Mr. COATS. Mr. President, I return to the floor this week for my 24th edition of “Waste of the Week.” I have been coming down every week that Congress has been in session during this cycle talking about waste, fraud, and abuse of hard-earned taxpayer dollars. This is the 24th edition, and today I want to highlight improper Medicare payments.

We all know that Medicare is important to our older citizens, of which I am one. Tens of millions of Americans depend on Medicare for their health care coverage, and we all know that we have the responsibility here in this body to preserve these important health benefits for those who depend on them. Preserving these benefits is protecting Medicare from waste, fraud, and abuse. Unfortunately, throughout the history of Medicare, it has been plagued by improper payments, and it is shocking to hear the numbers.

The Government Accountability Office has reported that improper Medi-

care payments totaled nearly \$60 billion in 2014 alone, and over the last 10 years, there has been \$336 billion of improper payments in the Medicare system. This figure does not even include improper payments for certain Medicare programs whose record keeping does not date back that far.

Examples of improper Medicare payments include services that are not medically necessary, duplicative billing for services by providers, ineligible practice locations, and spending on services that actually never took place. Yes, actions that never took place have been billed to the government. It wasn't discovered until later that those reimbursements were improper, and it is rampant. This is taking money out of American people's pockets. It is also denying those who have Medicare the coverage that they are entitled to under the program. It is driving Medicare down a road to insolvency that we are going to have to deal with, and I think we should have been dealing with it over the past few years.

Since we can't summon the political will—to my great distress—to recognize the fact that Medicare is careening toward insolvency at some point, which will result in significantly cutting benefits for current members receiving benefits under Medicare or require massive tax increases to cover the deficit, one of the areas we can deal with now is to at least address those issues where we know that abuse has taken place.

This is the 24th time I have come down to the floor to talk about this issue, and I have this chart with a thermometer on it to demonstrate the spending that has taken place. We wanted to reach the goal of defining \$100 billion of waste, fraud, and abuse. Well, we shot way past that. I mean, we just can't catch up with it. These are matters that have been accounted for by the Government Accountability Office. This is not something that Republicans are just making up or drawing from anecdotal items that appear in the paper or are raised on the talk shows. These are examples of what we have already documented.

Every once in a while when I come down here, I could talk about the \$60 billion, and we could add \$60 billion to our climbing accountability of the total of waste, fraud, and abuse. But every fourth or fifth time I like to address something that is so egregious that it draws the public attention to say that we ought to look into this or to press their elected representatives to do something about this matter and say: Can you believe we are wasting money on something as frivolous as this?

The Washington Post recently said in an editorial about improper Federal payments: “Every misspent dollar lining an undeserving pocket is a dollar not available for those who need the help.”

Now, from time, as I have said, I try to bring up something that catches the

public interest. We have talked about Federal grants that were used to prove that massaging of rabbits—using rabbits as an example—makes them feel better after a strenuous workout. I think most of us could have figured that out without having to spend some \$300,000. I think it was even more than that—as a grant. Somebody came to the conclusion that this would be a worthy project and a good use of taxpayer dollars. That got a lot of attention.

Today I will talk about improper payments that were made to ambulance suppliers. Medicare coverage allows ambulance transports when a patient's medical condition at the time of transport is such that any other means of transportation would endanger the patient's health.

If something happens with the patient at home where the spouse decides to drive the patient to the hospital but then comes to the conclusion that, no, that could potentially endanger the person's health further and decides to call 911 instead for an ambulance and they decide they need to transport this person so he or she has medical care on the way to the hospital, then a person is eligible under Medicare for transportation by the ambulance if they can prove that is necessary. The transport has to be for a patient who has a condition that is covered under Medicare in order to get a ride home from the hospital. So the patient gets transferred both to the medical provider, usually the hospital, and is then transported back to his or her house if it is medically necessary.

As a further requirement to qualify for the reimbursement, the provider who is providing the ambulance service has to meet specific qualifications in addition to what I just said. It can only be transportation that takes you to a hospital, a skilled nursing facility or a dialysis facility for certain patients, and then the ambulance can take them back home after they have received the care. Unfortunately, even with these guidelines, fraud is taking place and millions of taxpayer dollars are being wasted.

A recent report by the inspector general from the Department of Health and Human Services, which oversees Medicare, found that Medicare made \$207 million in questionable ambulance service payments during the first half of 2012. Shockingly, these payments include \$30 million where Medicare paid for transportation even though the beneficiaries may not have received any Medicare services at either the time of pickup or dropoff or at the locations or anywhere else. Thus, we are talking about millions of taxpayer dollars that may have been spent on phantom transports.

These improper charges were made and sent to Washington and the ambulance services were reimbursed.

Can you imagine an ambulance with its lights flashing and going down the road on its way to the hospital while

cars pull over to the side of the road, as we are required to do, because presumably the person in the ambulance is in danger and their health is at risk? They need to get them to the hospital or maybe the person needs dialysis and doesn't have means of transportation. No, these may be empty ambulances with their lights flashing—cars pulling over. Then they bill the government and are getting reimbursements for the trip to and from the hospital. There has been \$207 million of documented improper billing for these services.

Let me give one example. One of those services is a Pennsylvania company that fraudulently billed Medicare \$3.6 million for transports, and the supplier recruited patients that did not require any transport. They made a deal with them. They said: Look, we are going to use your name to submit the billing for reimbursement. We know that you don't need the transportation for anything, but we need to document this so we can get our money back. So what we will do is give you part of the reimbursement. We will pay you some of the money that we get if you will allow us to use your name and identity—maybe your Social Security number or Medicare card number—and you will be in on the deal. So if you get a call from an inspector or somebody trying to verify this reimbursement, say: Yeah, I had to go to the hospital or dialysis, and yes, that was a legitimate charge. This company was finally identified after charging \$3.6 million for transportation that did not meet Medicare coverage requirements.

You might say: OK, that is one company charged with fraud. You read about that in the paper. The inspector general found that one out of every five suppliers had a questionable billing practice, and that is how it totals up to \$207 million. Clearly, this is a problem that has to be addressed, and if we address this problem, we can save the taxpayer money or we can at least make sure that this money is going to cover the necessary medical treatment for those under Medicare. With 10,000 retirees entering the Medicare program every day, we need to slow down the movement toward insolvency. We need to deal with that here in Congress. We should have been dealing with this issue before. So by putting these proper safeguards in place, over \$207 million in questionable ambulance services could be eliminated and taxpayers' dollars could be saved.

This is a small addition to an ever-growing list of savings to the taxpayer if we can eliminate waste, fraud, and abuse.

I will bring up my chart. As I said before, we used to have a thermometer here to show this, how we were creeping up, and it went so high, it started going to the ceiling. We now have a total of \$117,141,182,855 and change in terms of waste, fraud, and abuse. We will be back next week for the next installment of many more to come.

Mr. President, with that, I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

NATIONAL DEFENSE AUTHORIZATION ACT

Mr. ISAKSON. Mr. President, last night the National Defense Authorization Act arrived at the White House and on the desk of the President of the United States. President Obama has said he is going to veto it or he has threatened to veto it. I rise on the floor of the Senate today to beg him to rethink his position and caution him before he moves too swiftly to send the message to the rest of the world that America is disengaged. If he vetoes the National Defense Authorization Act, he is convincing and confirming for Vladimir Putin, Kim Jong Un, the Chinese Government, the Ayatollah in Iran, and the rest of the world that America is relegating itself to a spectator on the sidelines of world affairs rather than a beacon of hope for the oppressed, those in search of democracy, and those who are at the feet of dictators.

It is time that we make sure our military is funded and authorized to the levels that are necessary to confront the world's challenges, which are more today than I have ever seen. I have just returned from the Mediterranean, where I was on the *USS Winston Churchill*, the destroyer that is dealing with some of the problems of the migration of people fleeing totalitarian governments in the Middle East. I was at Fort Gordon, GA, where the cyber command is now being set up by the U.S. Army. Cyber terrorism and cyber threats are the biggest threats we face today. I was at Fort Benning, and our Strykers in the brigade are there and in need of upgrades and continuation of improvements. I was at Fort Moody in Valdosta, GA, where the A-10s are housed, but they are going away unless we extend them, and this Defense authorization bill will do that.

While the rest of the world is burning and falling apart, this President is looking the other way and saying: No, I am not going to agree with the overwhelming majority of Congress. Instead, I am going to put America on the sidelines of world affairs.

We cannot afford for that to happen. We are the greatest country on the face of this Earth. We don't find anybody trying to break out of the United States of America; they are all trying to break in. But if we abandon our role of strength, we will never have the peace and the prosperity and the democracy we want to see around the world. Instead, we will be a second-string player in the influence of world affairs.

The National Defense Authorization Act is one thing the Congress—House and Senate alike—has agreed upon overwhelmingly. The vote in the Senate was a veto-proof vote. The vote in the House was a very significant vote. The President should read that to understand that the representatives of